Implementing the CLAS Standards

Purpose of this Resource Brief

The Office of Minority Health (OMH), U.S. Department of Health and Human Services has placed an increasing emphasis on implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards). For example, in August, 2015, they rolled out a *Guide to Providing Effective Communications and Language Assistance Services.*[1] We have designed this brief to supplement the Guide released by the OMH with a focus on behavioral health organizations. It is tailored to aid you in developing and implementing policies, providing services and supports, and conducting on-going quality improvement activities for organizations in your system of care to meet the CLAS Standards. The brief will cover the background of the CLAS Standards, including the legal and regulatory history. It will then discuss why it is important to effectively implement the CLAS Standards. Finally, it will provide you with resources to get started implementing the CLAS Standards or improving CLAS Standard in the behavioral health context.

What are the CLAS Standards?

In 2000, based on Title VI of the Civil Rights Act and Presidential Executive Order 13166, the Office of Minority Health (OMH) published the *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care.* 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."[2] In 2010, the OMH began an enhancement initiative that concluded in the publication of the *Enhanced National CLAS Standards for Health and Health Care* in 2013.

The CLAS Standards are not laws. However, they contain mandates, guidelines and suggestions. The mandates included in the CLAS Standards are those that include activities that are covered under Title VI of the Civil Rights Act of 1964 Policy Guidance. The mandates in the CLAS Standards are found in Standards 4, 5, 6, 7, and 10.[3]

Title VI of the Civil Rights Act of 1964 and its accompanying Executive Order 13166 prohibit recipients of federal financial assistance from discriminating based on national origin (among other things) by failing to provide meaningful access to persons with Limited English Proficiency (LEP).[4] The Executive Order requires each federal agency to issue guidance on how recipients can provide meaningful access to individuals with Limited English Proficiency and thus comply with Title VI. The U.S. Department of Health and Human Services (DHHS) published their guidelines on August 8, 2003.[5] The DHHS guidelines define who qualifies as an individual with Limited English Proficiency. It details how to determine the extent of an organization's obligation to provide LEP services. In addition, the guidelines explain what language assistance

services should be provided and how they should be selected. Finally, the guidelines outline the requirement that recipients of federal funds must have an effective written plan for language assistance for individuals with Limited English Proficiency. The Enhanced CLAS Standards give further guidance on complying with these requirement to provide meaningful access to individuals with Limited English Proficiency.

Why It's Important to Effectively Implement CLAS Standards

It is necessary to provide culturally and linguistically competent services in order to respond to current and projected demographic changes in the United States. The number of cultural and linguistic minorities in the United States continues to grow. For example, a rural school district in Arkansas reported having 2,237 English language learners who spoke 16 different languages. Meanwhile, one of the nation's largest school districts (Houston Independent School District) served 58,000 English language learners representing more than 80 languages.[6] The national statistics are similar. For example, in 2011, 9% of the U.S. population age 5 and over (25.3 million people) does not speak English in their home *and* rates their English-speaking abilities as "not at all" or "not well."[7]

With such a growing diverse population, culturally and linguistically competent services are needed to eliminate behavioral health disparities. According to the Surgeon General's Report, *Mental Health: Culture, Race and Ethnicity,* minorities are less likely to have access to available mental health services; are less likely to receive necessary mental health care; often receive a poorer quality of treatment; and are significantly underrepresented in mental health research.[8] Financial barriers, alone, do not explain these gaps. For example, studies have found that Hispanics/Latinos are less likely to use behavioral health services even when insurance coverage and socio-economic status are held constant. Experts believe that language barriers, socioeconomic restraints, and a "mismatch between a program's goals and the cultural values and beliefs of the target population" likely cause these differences.[9] The cultural and linguistic competence techniques and standards

discussed in the Enhanced CLAS Standards improve communication, increase trust, improve culturally specific knowledge that improves service delivery and outcomes, and expand understanding of participant's cultural behaviors and environments.[10] Therefore, CLAS standards work to reduce health disparities.

In addition, culturally and linguistically competent services are needed to improve the quality of behavioral health because culture plays an important role at each step of the access, diagnosis and treatment stages.[11] More specifically, the CLAS Standards help to ensure that the care provided is effective, equitable, understandable and respectful.[12] By implementing the CLAS Standards, organizations will address the following objectives:

» Ensure that all have access to health services

» Improve family and youth health satisfaction

» Increase staff competence and confidence

» Become more viable for grants and contracts

» Reduce costs

» Prepare to meet federal and state requirements

» Increase emphasis on cultural identity, which encompasses and exceeds race, ethnicity or language

» Increase cultural competence

Getting Started and Moving Forward with CLAS Implementation

CLAS implementation must be structured – that is, deliberate and not left to happenstance. The principles and activities of CLAS should be integrated throughout an organization and system of care *and* undertaken in partnership with the families, youth and communities being served. More specifically, CLAS Standards need to be integrated into and implemented at all levels of a system of care, policy making, management, community and service (or front line practice) levels. Therefore, multiple strategies are necessary to implement CLAS Standards.[13]

In their *CLAS Implementation Manual,* the Massachusetts Department of Public Health presents

a comprehensive strategy for getting started with CLAS.[14] They summarize their strategy into a 12 step process that involves the following steps:

1. Implement a diversity plan.
2. Assess cultural competence.
3. Know the populations you serve.
4. Become familiar with their cultures.
5. Plan and evaluate.
6. Make services accessible.
7. Match services to needs.
8. Reflect community diversity in your workforce.
9. Offer diversity training.
10. Involve the community.
11. Monitor progress.
12. Share what you've learned.

This list provides an excellent starting point for any organization implementing the CLAS standards or reviewing their CLAS implementation. The manual then groups the 15 CLAS standards into six categories and provid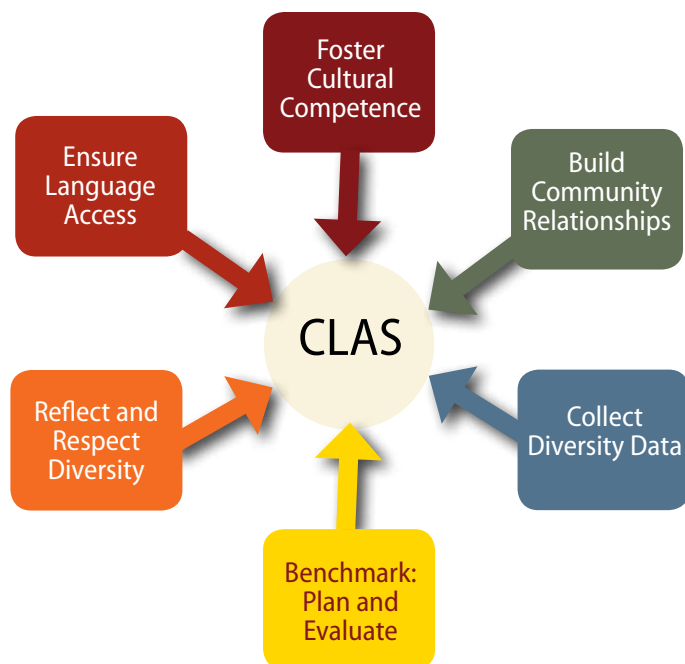es tools and promising practices for each of the six areas. These six categories should help organize and focus CLAS Implementation efforts.

The successful implementation of the CLAS Standards depends on-going dialogue with key stakeholders within the community. Work with partners to share information, such as training agendas, jobs openings, and interpreting services. Your agency is just one of many agents of change. Collaboration benefits everyone.

In an effort to assist you in your CLAS implementation efforts, we have created a chart that lists each CLAS standard and provides resources, ideas or promising practices for each standard. The CLAS Standard Resource Chart is attached as Appendix A. This list of resources and ideas is designed to help you effectively implement CLAS standards so that your organization can provide meaningful access to behavioral health care services to culturally diverse populations.

If you need additional technical assistance please contact the authors of this brief:

» Catalina Booth at csbooth@cfclinc.org or
» Kathy Lazear at klazear@usf.edu

Adapted from Massachusetts Department of Public Health.
2013. *Making CLAS Happen: Six Areas for Action.*

Endnotes

1 https://hclsig.thinkculturalhealth.hhs.gov/

2 https://www.thinkculturalhealth.hhs.gov/content/clas.asp (accessed July 2015).

3 Jane Perkins, National Health Law Program, *Ensuring Linguistic Access In Health Care Settings: An Overview of Current Legal Rights and Responsibilities* (available from The Kaiser Family Foundation, August 2003).

4 http://www.lep.gov/faqs/faqs.html#Two_EO13166_FAQ.

5 65 FR 153 (August 8, 2003. Accessed in July 2014 at http://www.justice.gov/crt/about/cor/lep/hhsrevisedlepguidance.pdf.

6 http://www.sedl.org/pubs/sedletter/v12n02/2.html. Accessed July 2015.

7 http://www.migrationpolicy.org/article/limited-english-proficient-population-united-states (accessed July 2015).

8 *Cultural Competence in Mental Health,* University of Pennsylvania Collaborative on Community Integration. http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/community_inclusion/Cultural_Competence_in_MH.pdf.

9 McCabe, K.M., Yeh, M., Garland, A.F., Lau, A.S., & Chavez G. (2005). The GANA Program: A Tailoring Approach to Adapting Parent Child Interaction Therapy for Mexican Americans. *Education and Treatment of Children, 28,* 111-129.

10 Brach, C., & Fraser, I. (2011). *Reducing Disparities through Culturally Competent Health Care: An Analysis of the Business Case. Alliance for CLAS.* .

11 U.S. Department of Health and Human Services. (2001) *Mental Health: Culture, Race, and Ethnicity-A Supplement to Mental Health: A Report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

12 U.S. Department of Health and Human Services. (2013). *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice.* U.S. Department of Health and Human Services, Office of Minority Health.

13 Lazear, K.J. (2015). *Implementing CLAS: Meeting the Behavioral Health Needs of Diverse Populations. Presentation for Families & Communities Empowered for Success.* Miami Dade County's Child Mental Health Initiative

14 Massachusetts Department of Public Health. 2013. *Making CLAS Happen: Six Areas for Action.* http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html (accessed July 2015).

APPENDIX A

*Implementing
the CLAS Standards*

**CLC HUB
RESOURCE
BRIEF 2**

CLAS Implementation Resources

CLAS STANDARD	IMPLEMENTATION IDEAS AND RESOURCES
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.	» Create a cultural and linguistic competence plan. See attached sample plan from FACES in Appendix B. » Evaluate access to service and create a plan to increase access. See page 20 of : http://www.mass.gov/eohhs/docs/dph/health-equity/chapter-1-foster-cultural-competence.pdf » Assess cultural and health beliefs of each participant and incorporate into the care/service plan. » Review educational and written materials provided to participants. Assess the language literacy level of the materials. Include participants in the review. » Create a cultural and linguistic competence committee that includes participants and other community members. » Review Lessons Learned on the Implementation of the National CLAS Standards in Behavioral Health Settings at http://gucchdtacenter.georgetown.edu/resources/Webinar%20and%20Audio%20Files/June182015WebinarPPT.pdf.
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.	» Include CLAS compliance and regular evaluation of CLAS implementation in contracts for service providers. » Include CLAS implementation and compliance steps into work plan.
3. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the populations and service area.	» Recruit at minority health fairs. » Develop relationships with minority affairs office and career placement office at local colleges and universities. » Advertise job opportunities in minority publications and news sources and post information in multiple languages. » Utilize community members as volunteers or paid staff to serve as interpreters, cultural mediators, trainers, community health workers, etc.
4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	» Utilize Language Assistance and Health Beliefs Toolkits developed by TA Network and Covian Consulting. • http://cfs.cbcs.usf.edu/projects-research/_docs/2015-01HealthBeliefToolkit.pdf • http://cfs.cbcs.usf.edu/projects-research/_docs/2015-01LanguageToolkit.pdf » Ensure that all training is culturally and linguistically competent. Utilize the checklist in Attachment B. » Identify cultural mediators/translators that can provide seminars or trainings on unique issues in their local communities. Use the session to round-table/brainstorm ideas on how to serve the identified population. » Provide incentives for staff and leadership to volunteer in the community and learn about the community members and other cultures.

CLAS STANDARD	IMPLEMENTATION IDEAS AND RESOURCES
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.	» Create language access plan, policies and procedures. Some samples can be found under the subheading CLAS Implementation: Language Access and Communication in the CLC Hub Library which can be accessed at: http://cfs.cbcs.usf.edu/projects-research/CLChub_CLAS.cfm » Create signs for use at reception, intake or meeting areas that simply state available language assistance. Provide the signs in the different languages of the populations served. » Provide voice mail or automated phone messages in multiple languages. » Utilize the Ensure Language Access Checklist developed by the Massachusetts Department of Public Health http://www.mass.gov/eohhs/docs/dph/health-equity/chapter-6-ensure-language-access.pdf See page 155-168 for additional resources.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	» See No. 5. » When appointments are made or participants are invited to meetings or events, remind them of availability of language assistance 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.	» Observe interpreters on a regular basis to assess their language skills, cultural competency, and other communication skills. » Review the TA Network CLC Hub webinar on Using Interpreters: https://theinstitute.adobeconnect.com/p1fg28q1016/ » See Interpreter Competencies and Screening Questions at page 160 of the Mass. Department of Public Health Manual http://www.mass.gov/eohhs/docs/dph/health-equity/chapter-6-ensure-language-access.pdf » See resources for working with interpreters found under the subheading CLAS Implementation: Language Access and Communication. http://cfs.cbcs.usf.edu/projects-research/CLChub_CLAS.cfm
8. Provide easy-to-understand print and multi media materials and signage in the languages commonly used by the populations in the service area.	» See resources from Vanguard Communications at www.vancomm.com.

9. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.	» See sample manuals, policies and procedures.
	  • http://cfs.cbcs.usf.edu/projects-research/CLChub_generaltools.cfm
	  • http://cfs.cbcs.usf.edu/projects-research/CLChub_CLAS.cfm
	  • http://www.mass.gov/eohhs/docs/dph/health-equity/chapter-4-benchmark-plan-and-evaluate.pdf (see pages 103-106 for Cultural Competence Planning Worksheets)
	» Involve the CLC Committee in goal and policy setting. Ensure that the CLC Committee includes leadership/executives, staff members, key community members and stakeholders such as clients or participants.
	» Include CLC plans, activities and resources in the organization's budget. Include funding for interpretation and translation needs.
	» Include these CLC goals, policies and procedures in contract language with partner agencies and service providers.

*Implementing
the CLAS Standards*

APPENDIX A

**CLC HUB
RESOURCE
BRIEF 2**

CLAS STANDARD	IMPLEMENTATION IDEAS AND RESOURCES
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.	» See resources found at: http://cfs.cbcs.usf.edu/projects-research/CLChub_assessments.cfm » See example of self assessment tool crated by the Massachusetts Department of Public Health: http://www.mass.gov/eohhs/docs/dph/health-equity/clas-self-assessment-fy15.pdf » See attached sample assessment to be completed by participants. See Appendix D for a sample Self Assessments.
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.	» Complete training on Behavioral Impact Statement and data collection. One resource is a webinar put on by TA Network which can be accessed at: https://www.youtube.com/watch?v=JNKSjDWp3s0 » Collect data beyond race, ethnicity and language. Include disability status, mobility needs, gender identity, sexual orientation, educational level, and religion or spirituality. » For additional resources and ideas see: http://www.mass.gov/eohhs/docs/dph/health-equity/chapter-3-collect-civersity-data.pdf

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.	» Conduct a survey of community assets using community members as information sources. See the following resources:
	  • Appendix D of http://communityscience.com/knowledge4equity/AssetMappingToolkit.pdf
	  • http://www2.nami.org/Content/NavigationMenu/Find_Support/Child_and_Teen_Support/CIT_for_Youth/CITYouthWorkbook_Web_Step2.pdf

13. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.	» Involve community stakeholders and utilize community health workers or cultural brokers, mediators or interpreters.
	» Use the Community Collaboration Checklist created by the Massachusetts Department of Public Health. See pages 41-52. http://www.mass.gov/eohhs/docs/dph/health-equity/chapter-2-build-community-partnerships.pdf
	» For additional information on cultural brokers:
	  • http://culturalbroker.info/1_overview/index.html
	  • http://www.cebc4cw.org/program/cultural-broker-program/detailed
	  • https://www.fresnostate.edu/chhs/ccassc/documents/TheRoleofaCulturalbrokerrevpubvers.pdf

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.	» Appoint a cultural competence committee to hear and address grievances. » Implement a grievance policy. See pages 136-139 of the Massachusetts Department of Public Health CLAS Manual http://www.mass.gov/eohhs/docs/dph/health-equity/chapter-5-reflect-and-respect-diversity.pdf
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.	» Create a list of media sources that includes media from all the populations of focus. » Develop social marketing resources. For ideas and resources on this topic see page 53 of: http://www.mass.gov/eohhs/docs/dph/health-equity/chapter-2-build-community-partnerships.pdf

CLC Plan 2013-2015 FACES Expansion

The Cultural and Linguistic Competence Plan has been divided on three different parts:

- **I.** Introduction
- **II.** Tasks on Process to be Accomplished
- **III.** Task accomplished

I. Introduction

Core Agreements/ Definitions

For the purpose of this document, the cultural and linguistic competence definitions have been adapted from Cross, Bazron, Dennis & Isaaac's (1989) *Toward Cultural Competent System of Care: A Monograph on Effective Services for Minority Children Who are Severely Emotionally Disturbed.*

Cultural Competence is a set of congruent behaviors, attitudes, knowledge, responsiveness, wiliness, skills and policies that come together in a system, agency or among professionals that enables effective work in multicultural and cross-cultural contexts.

The word **culture** refers to integrated patterns of human behaviors that include the language, strengths, thoughts, world perceptions, communications patterns, literacy, actions, customs, rituals, traditions, norms, rituals, beliefs, values and institutions of racial, ethnic, religious, generational, intergenerational differences or groups.

The word **competence** implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, strengths and needs presented by consumers and their communities.

Cultural Competent Care: organizations should ensure that participants receive from all the staff members' effective, understandable, and respectful care that is provided in a manner compatible with the cultural health beliefs and practice and preferred language. Participants should be educated and advocated for.

Values and Principles

- **4.** Holding a person in a positive high regard
- **5.** Person Centered
- **6.** Creating safety
- **7.** Valuing the person
- **8.** Respect and validate for individuals and communities

F.A.C.E.S Cultural and Linguistic Competence Plan

The Cultural and Linguistic Competence Plan (CLCP) is designed to ensure that all of the services and strategies are designed and implemented within the cultural and linguistic context of the children, youth and families to be served. The overarching goal of the CLCP is to ensure that the system of care adopts a systemic, systematic and strategic approach to increasing the cultural responsiveness of services and supports delivered to children, youth and families, and a sensitivity and appreciation for diversity and cultural issues throughout the system of care.

This document contains specific tasks and responsibilities that should be addressed within six critical domains related to cultural and linguistic competence. They are:

- **1.** Governance and organizational infrastructure
- **2.** Services and supports
- **3.** Planning and continuous quality improvement
- **4.** Collaboration
- **5.** Communication and
- **6.** Workforce development.

The CLCP is structured such that specific tasks and action steps from the six domains are provided for all levels of accountability within the system of care, including the policy and governance, administrative, practice, child, youth and family levels of service. This format also reflects the importance of a team approach and shared responsibilities in working

*Implementing
the CLAS Standards*

APPENDIX B

CLC HUB
RESOURCE
BRIEF 2
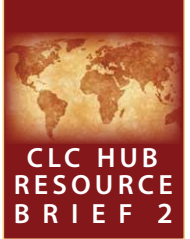
towards the development of a culturally and linguistically competent system of care. Everyone on the system of care team, including the governance body, is responsible for infusing cultural and linguistic competence throughout the system of care.

The following guidelines are provided for understanding the format and completing this template:

» **Action Steps:** This column explicitly states the measurable and time-sensitive tasks to be completed within a year's time by the responsible members of the system of care community at each level of accountability.

» **Benchmarks:** This section provides observable indicators of progress in reaching or measuring the goal. For instance, a benchmark related to the provision of training on cultural and linguistic competence might be: 100% of system of care staff has received mandated CLC training by January, or within 6 months of hiring.

» **Responsible Party:** This area should be used to indicate the specific individuals, teams, agencies and/or systems responsible for completing the task.

GB: Governance Board

CLC: Cultural and Linguistic Competence

CLCP: Cultural and Linguistic Competence Plan

CLCSb: Cultural and Linguistic Competence Subcommittee

E-CLAS Standards: Enhanced – Culturally and Linguistically Appropriate Services

FOF: Federation of Families

PD: Program Director

PS: Program Subcommittee

SM: Social Marketing Subcommittee

SFBHN: South Florida Behavioral Health Network

YM: Youth Move

II. TASKS ON PROCESS
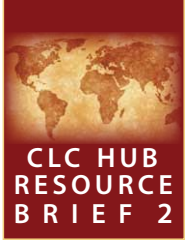## Policy and Governance Level

Role/Responsibility: Develop a governance structure, leadership and infrastructure supports required to deliver or facilitate the delivery of culturally and linguistically competent care.

Action Steps	Benchmarks/Time Frame	Status	Responsible Party
1.1 Develop, review and update the Cultural and Linguistic Competence Plan On going/ Annually Enhanced CLAS Standard #1-15	1. Develop a plan –Implement plan 2. Develop and Haitian Engagement plan 2014-15 3. Review plans November 2014 4. Formulate a revised plan for, January 2014 5. Review CLC plan according with the Enhanced CLAS Standards, August, 2014	1-4 On Going 5. The CLC plan has been reviewed and will be presented to CLC subcommittee on January, 2015. Individual plans were created by each SFBHN provider according with the CLC Self Assessment results. CLC Subcommittee will continue with plan during FY 2013-2015	CLC Sub –primary1
1.2 Identify, recruit and select members of the governing body and CLC Committee that are reflective of the population of focus (including informal and formal cultural leaders, faith-based communities, youth representatives and family members) Bi-Annually Enhanced CLAS Standard #1, 2, 3	1. Identify community based organizations to join the GB 2. Suggest, for approval, list of possible candidates to the GB 3. Invite candidates to the BD meeting 4. Develop and present a demographic grid to CLC subcommittee/ Faces Team and BD 5. Revise GB list and make recommendations to ensure that CLC values and principles are included in the identification, recruitment and selection of members of the GF– March 2015	1-3. On going The FACES project established governance structures and processes that understand, embrace, and commit to the CLC. This was achieved by being inclusive, diverse and representative of the population of focus and the community it serves. 4. Data collected from the grid, among active participants in the SOC planning meetings, yielded information that has been used, to improve the CLC. 5. A new revised grid will be implemented including some of the cultural definitions stated on the Enhances CLAS Standards. As Nov. 2014 the new grid for FOF/YM has been implemented	GB primary CLCSb -secondary
1.3 Select family members to serve on the governance board with specific preference for families with children and youth currently receiving system of care services. By annually Enhanced CLAS Standard #1, 2, 3	1. Review family members list and make recommendations to ensure that CLC values and principles are included in the selection of family members to serve on the governance board. 2. Recruit Haitian family members to serve on the governance board 2013-2015	1. Contacts with LGBTQI -2S and Haitians family members are taking place. One Haitian family member belongs to the FOF Board. 2. Haitian community engagement plan was develop. The Lead Family Contact and the Executive Director of FOF is engaging families involved in services. They also attend family meetings at each provider site and discuss opportunities for involvement in the initiative. While families can see the overall benefit to their own family and the system, the families are overwhelmed by their own challenges and need more time to achieve stability before they can share their experience. Continued to engage and support families. Trainings will be offered to families and when they are available to participate FOF will support their involvement.	PD, FOF, YM – primary CLC Sub. –secondary

Policy and Governance Level Tasks *(continued)*

Action Steps	Benchmarks/Time Frame	Status	Responsible Party
1.4 Develop and implement strategies to support and retain diverse board members through the provision of support services, as indicated. (i.e. including mentoring and partnering). On going- Review by annually Enhanced CLAS Standard #1, 2, 3	1. Review strategies and make recommendations to ensure that CLC values and principles are included in the implementation of strategies to support and retain diverse board members.	FOF continues giving training and support to the family and youth representatives on the BD's subcommittees or work groups. Leadership 1 took place March, July and September 2015. The trainings will be in English for youth, Creole, and Spanish. Leadership 2, has been scheduled for December, 2015	GB - primary CLC Sub. and PS
1.6. Develop criteria for reviewing existing policies to ensure that they support the development and implementation of a culturally and linguistically competent system of care. Every other year Enhanced CLAS Standard #1,2	1. Develop criteria, January 31, 2011. Add criteria to providers "contractual agreements", September 2011. Implement criteria, February 28, 2011. Review criteria for new contract agreements, April 2012 2. Develop new criteria including the Enhanced CLAS Standards, August 2013	1. Contractual agreements were reviewed. 2. Summary of the new standards was presented to the CLC Subcommittee on May, 28 2013. The Executive Summary of the standards was also included on the CLC Training of June 10, 2013.	PD - primary Program Sub – secondary CLC S. Secondary
1.7 Conduct an organizational CLC self-assessment Every other year Enhanced CLAS Standard #1, 10	1. Secure recommendation from the CLC group 2. Propose tool for the CLC self assessment to program subcommittee & GB 3. Ensure that CLC values and principles are included in the assessment 4. Ensure that CLAS related measures are integrated into the Action Plans. 5. Implement CLC Self-Assessment tool. 6. Unfold plan January 2014 7. Revise self assessment for yr. 2014-2015 application	1-4 CLC Self Assessments reports have been presented to the CLC Subcommittee. The CLC assessment identified the needs and strengths in order to formulate a plan for the training needs of the staff, system partners, families and youth. 5. A draft of a generic Action plan will be presented to the CLC subcommittee on August, 2013	CLC Subcommittee Evaluation Team/Spectrum Program - primary

Policy and Governance Level Tasks *(continued)*

Action Steps	Benchmarks/Time Frame	Status	Responsible Party
1.8 Recommend adequate specific funds to support activities related to cultural and linguistic competence, including funding the CLC coordinator position. On going – Review annually Enhanced CLAS Standard #1,2, 9	1. Explore alternatives for possible budget 2. Ensure that CLC line item budget is included on the budget 3. Review budget –February 2014 4. Present Budget on May, 2014 CLC Subcommittee.	1-3 The FACES project allocated funds within budget to support the requirements of the CLC Plan, for such things as CLC training, dialogues, anti stigma groups and campaign, CLC communication, capacity building of the Peers Support workers. 4. The 2014 Budget was presented to the CLC Sub. July 2014	Finances -primary CLC Subcommittee - secondary
1.12 Conduct annual demographic analysis and needs assessment. A. Population Focus: B. BG, providers, staff Annually Enhanced CLAS Standard #1, 3,12	1. Finalize stakeholders grid analysis 2. .Present grid to CLC committee 3. Complete assessment 4. Explore need of conducting a new demographic analysis. 5. Apply survey annually August 2014	1-3 Data collected from the grid yielded information that has been used, among active participants in the SOC planning meetings. 4. A revised grid will be develop integrating the Enhanced CLAS Standards definition of Culture by August 2014	CLC Subcommittee and Evaluation - primary

Administration / Management Level Tasks

Role/Responsibility: Develop an organizational structure, administrative guidelines and system of evaluation to ensure that effective, efficient, accessible and high quality services are provided to the population(s) of focus. This section refers specifically to Project Directors, Clinical Directors and other SOC administrators.

| Action Steps	Benchmarks/Time Frame	Status	Responsible Party
2.1 Work closely with program subcommittee and GB to ensure implementation of CLC services. Ongoing Review annually Enhanced CLAS Standard #1, 2,3	1. Assign a CLCSb member to attend to report all subcommittee and BD meeting. 2. Disseminate information in / out in advance April 2013	1-2. On going meetings with PD to give and received feedback related to the implementation of CLC services.	PD, and CLC Sb - primary
2.2 Services are located geographically such that they are accessible and acceptable to the population. Ongoing Enhanced CLAS Standard #1, 2	Ensure that CLC values and principles are implemented at all the service providers' locations.	FOF is considering the option of having mobile FOF at the different providers recruiting non-Latino families by establishing chapters at the provider agencies.	Program Subcommittee - primary
2.3 Recruit youth and their families reflecting the diversity of the service population to actively participate in the development and evaluation of the service array. Ongoing Enhanced CLAS Standard #1, 2,3	Ensure that CLC values and principles are included in the recruitment of youth and families who are going to participate in the development and evaluation of the service array Review process April 2014	FOF created a CLC plan based on their own CLC Self Assessment. The plan addresses the recruitment of diverse family members and FOF and YM are attending family meetings at each provider and discuss opportunities for involvement in FACES. Recruitment of Haitian families is in progress.	PD, FOF, YM - primary
2.4 Develop and implement a continuous quality improvement plan, staff evaluation, and customer satisfaction survey. Ongoing Enhanced CLAS Standard #1, 2,4,5	1. Review job descriptions and give recommendations 2. Ensure that CLC values and principles are included in the revision and modification of job descriptions for CCST Review process by July 2014	1. Costumer Satisfaction survey is reviewed and approved by Tallahassee. 2. The job descriptions will be review by the program subcommittee after we meet with PI about FOF. At the next program subcommittee, we are going to discuss how the new reimbursement methods will affect all aspects of the FACES model.	PD, Program Subcommittee, and SFBHN - primary
2.5 Review and modify job descriptions for SFBHN and project staff to include requirements for development of cultural knowledge and cross-cultural practice skills. On going Enhanced CLAS Standard #1, 2, 4	Ensure that CLC values and principles are included in the development of job descriptions. Review process by July 2013	The providers' CLC action plans include the development of cultural knowledge and cross-cultural practice skills for the providers and the project staff.	Program Subcommittee, and SFBHN – primary CLC Sub. - secondary

13

Administration / Management Level Tasks (*continued*)

Action Steps	Benchmarks/Time Frame	Status	Responsible Party
2.6. Develop performance indicators related to the delivery of cultural and linguistic competence and include them in performance reviews and professional development plans. On going Enhanced CLAS Standard #1, 4, 9, 10	Ensure that CLC values and principles are included in the development of performance indicators. Review process by September 2014	The PD will review the results of the CLC Self-assessment. Some performance indicators based on the Enhanced CLASS standards will be developed.	Program Subcommittee, and SFBHN – primary
2.7. Provide training in cultural and linguistic competence to all personnel, including support staff. The training should be tailored to the needs of the staff and based on job function and level of knowledge and expertise. On going Enhanced CLAS Standard #1, 2, 4	Ensure that CLC values and principles are included in the training to all personal. Review process by October, 2014	SFBHN staff has attended CLC relevant workshops such as Health Beliefs and Healing, and Santeria and Voodoo. Training on the CLAS Standards has been scheduled for December, 2014	PD, Program Subcommittee, and SFBHN – primary
2.8 In conjunction with program subcommittee, review and recommend culturally and linguistically appropriate evidence based practice. This should include appropriately normed and standardized evidence-based treatments and practices, including the need for appropriate cultural adaptations. On going	1. Review and ensure that CLC values and principles are included in the provision of training for youth and families.	Ongoing.	PD, Program Subcommittee, and SFBHN – primary
2.9 Hire culturally and linguistically diverse family members at all levels of the system of care. Enhanced CLAS Standard #1, 2	1. Ensure that CLC values and principles are included in the hiring of employees in key leadership positions. 2. Review demographic grid and implement. August, 2013	The Federation of Families developed a non-discrimination policy taking into consideration the language recommended by the CLAS Standards	Project Director CCST providers, managers

Administration / Management Level Tasks (*continued*)

Action Steps	Benchmarks/Time Frame	Status	Responsible Party
2.10 Provide specific training to youth and families reflective of the diversity of the service population to ensure meaningful participation at all levels within the system of care. Enhanced CLAS Standard #1, 2, 4	Create a plan for the training, mentoring and couching of youth and family. Review plan January 2013 -2014	CRPS trainings were held Nov 20-22, 2013 and Sept 30-Oct 2, 2014	Nicole Attong Myriam Monsalve Serna, FOF
2.11 Hire employees in key leadership positions and direct service positions who reflect the populations of focus. Enhanced CLAS Standard #1, 3	1. Ensure that CLC values and principles are included in the employment of key leadership positions. 2. Review and implement a revised grid.	Providers have developed a CLC plan to address all standards.	SFBHN Monitor Unit Contract manager Human resources
2.12 Establish a plan for retention of diverse workforce; review and revise as indicated. Enhanced CLAS Standard #1, 3	1. Ensure that CLC values and principles are included in the plan for retention of diverse workforce	A plan to address the retention of the FACES work force has been incorporated into the FACES Exhibit.	SFBHN Monitor Unit Contract manager Human resources
2.13 Establish a plan to train, and support supervisors and program managers in their role of promoting culturally and linguistically competent service delivery on a daily basis; review and revise as indicated. Enhanced CLAS Standard #1, 3, 4	1. Complete CLC assessment 2. Develop individual/agency TA and support plan based on results 3. Ensure that CLC values and principles are implemented and providers "Walk the Talk" April 2013	1, 2.Assessment was completed. Results were presented to the CLC subcommittee, and the providers. An individual/agency TA and support plan, was developed. A generic CLC Action Plan has been drafted.	CLC Subcommittee - primary Evaluation team - secondary
2.14 Ensure that the commitment to CLC is reflected in the celebration of cultural holidays. Enhanced CLAS Standard #1, 3, 4	Introduce cultural celebrations as part of the agency activities. December 2014	A draft has been presented on the cultural and religious holidays we might like to celebrate	

CLC HUB
RESOURCE
BRIEF 2

*Implementing
the CLAS Standards*

APPENDIX B
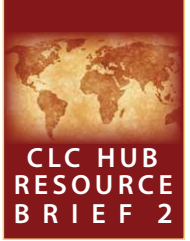
Practitioner Level Tasks

Role/Responsibility: Implement outreach, engagement, assessment, diagnosis, treatment processes and procedures, and support services which are responsive to and respectful of the family's racial and ethnic cultural traditions, beliefs, values, and preferred language. This section refers to both clinical and non-clinical service providers

Action Steps	Benchmarks/Time Frame	Status	Responsible Party
3.1 Read and sign written agreement that CLC plan has been read, and practices will be implemented within the designated time period. End September 2013 Enhanced CLAS Standard #1, 2	1. Disseminate CLCP to youth & family providers, September 2014 2. Review list of providers who had signed the agreements	New contracts contain the language of the CLC plan.	PD –primary CLCSb –secondary
3.2 Draft treatment/service plans which include the identification of 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. End September 2011 Enhanced CLAS Standard #1,4	1. Ensure that CLC values and principles are included in the drafting of the treatment/ service plan.	Due to changing DCF requirements SFBHN is exploring several methods to maintain fidelity.	PS—primary CLCSb – secondary
3.7 Develop professional development goals related to cultural and linguistic competence and include them in the performance appraisal review plan. End September 2011 Enhanced CLAS Standard #1, 4	1. Ensure that CLC values and principles are included in the creation of goals related to the professional development plan and performance appraisal process.	Individual providers action plans will be developed after results from the CLC Self Assessment are presented to the providers.	PD –primary CLCC, and CLCSb –––secondary

Youth / Family Level Tasks

Role/Responsibility: Provision of cultural information articulation of community strengths, identification of community supports, and assisting in the development of collaborative relationships among the system of care; providers; children, youth and families; cultural communities, and the community at large in ways that promote cultural and linguistic competence.

Action Steps	Benchmarks/Time Frame	Status	Responsible Party
4.1 Attend and participate in Cultural and Linguistic Competence Committee meetings Review Annually Enhanced CLAS Standard #1, 2, 13, 14	1. Develop strategies for the engagement of youth and families. 2. Review strategies to ensure that CLC values and principles are included in the strategies.	1. Plan to engage Haitian community is in place. Results will be evaluated. Strategies to engage LGBTQI community have been developed and will be implemented during the Summer and Fall, 2013. Strategies to engage nontraditional providers have been developed. Non traditional providers have contracts to train parents and CCST staff. On going.	FOF, Youth Move-- primary CLCSb –secondary
4.5 Identify and provide outreach to specific groups within the community to engage in development and implementation of the CLC plan, including emerging populations, faith–based organizations, etc. Review Annually Enhanced CLAS Standard #1, 3, 6, 13	1. Identify groups/ list of people to be engaged. 2. Review list to ensure that CLC values and principles are included in the provision of outreach to specific groups within the community.	1. Engagement plan for the Haitian community is been implemented.	PD–primary CLCSb – CLCC, and SM secondary

Revised 070313

Accepted by the CLC Subcommittee meeting on 07/09/13 Reviewed: 1/07/14: 11/10/14

II. TASKS ACCOMPLISHED 2011-2013
Policy and Governance Level

Role/Responsibility: Develop a governance structure, leadership and infrastructure supports required to deliver or facilitate the delivery of culturally and linguistically competent care.

Action Steps	Benchmarks/Time Frame	Status	Responsible Party
1.5 Create and/or revise the mission statement to affirm support of a CLC perspective to governance, management and service delivery. Every other year Enhanced CLAS Standard #1, 2	1. Ensure that CLC values and principles are included in the creation and revision of the mission statement 2011 2. Revise mission statement and provide support. Next Strategic planning meeting to take place on 2013	Accomplished 1. The cultural and Linguistic competence values and principles are included in the mission statement. 2. CLC subcommittee members participated on the Strategic plan meetings.	GB - primary CLC Sub. and PS
1.9 Develop employment criteria for the project director which includes requirements for demonstrated skills in working with the populations of focus and diverse populations Every other year Enhanced CLAS Standard #1, 2,3	1. Review job description to ensure that CLC values and principles are included in all the employment criteria 2.. Modify job description as necessary January 31, 2011	Accomplished	Person assigned by GB/ SFBHN personnel office - primary
1.10 Review and give feedback to a communications policy that will ensure an effective, consistent, and bimodal flow of information between the system of care and community stakeholders (inclusive of those stakeholders representing the diversity of the community) including family members and youth. Every other year Enhanced CLAS Standard #1,2,3,14	1. Review and provide feedback for compliance with CLC guidelines 2. Present communications policy to GB January 31, 2011 3.Review policy 2013	Accomplished 1-2. The FACES project implemented effective communication processes to reach diverse audiences such as person with limited English proficiency. The social marketing is working to develop most effective internal communication tools and participant recruitment strategies.	Social Marketing Subcommittee – primary CLC S – secondary
1.11 Develop formal partnerships, MOU's, MOAs, etc. with cultural community agencies, faith-based entities, traditional cultural providers, and other organizations with a distinctive culture focus. On going Enhanced CLAS Standard #, 1, 2,3	1. Review MOU's, MOA's Affiliates Agreements to ensure that CLC values and principles are included 2... Get a list of identified agencies 3. Secure MOU's and/ or contracts with cultural relevant organizations March 2013	Accomplished 1-3 FACES and Federation of Families has develop MOU's and contracts with organizations and providers, both traditional and non traditional providers with a distinctive culture focus, such as Mission Arco Iris, Eyes Wide Open, Jackeline Ripstein, "Awakening," Catalyst Miami, ConnectFamilias, Artisan Lounge under the umbrella of Christ Fellowship.	Contracts SFBHN Subcommittee primary

Tasks Accomplished — Policy and Governance Level *(continued)*

Action Steps	Benchmarks/Time Frame	Status	Responsible Party
1.13 Develop a policy for the timely provision of translation of material, interpretation services and allocation of multilingual staff. Every other year Enhanced CLAS Standard #1, 2,3,5,6,7	1. Develop procedure, March 2011 2. Refine process –Ensure that CLC values and principles are included in all the policies related to the translation of material, interpretation of services and allocation of multiple staff- April 2011 3. Develop policy 4. Review policy 2013	Accomplished 1- 3 Staff debrief, with families and youth, after meetings to find out the quality of the translations. According to feedback some changes of translators has taken placed. CCST providers have diversified the make up of the staff according with population of focus.	PD – primary CLC and Program Subcommittees - secondary,
1.14 Develop policy for reimbursement of services provided by youth and families on boards, committees, advocacy, outreach and the development of services. Annually Enhanced CLAS Standard #1, 2,3	1. Develop policy/procedure March 2011 2. Refine process April 2012 3. Ensure that CLC values and principles are included in all the Policies related to reimbursement of service provided by youth and families April 2011 4. Review stipends policy August 2013	Accomplished 1-3 An stipend policy was created and reviewed by the PS.	PD/ PS
1.15 Develop policy regarding the provision of CLC services Annually Enhanced CLAS Standard #1, 2	1. Develop policy supporting the delivery of CLC services, February 31, 2012 2. Submit policy to the Programs subcommittee for approval, February 2013	Accomplished 1. Policy reviewed by CLC subcommittee. 2. Approved by Program Subcommittee Subcommittee.	CLC Subcommittee and PS

Tasks Accomplished — Practitioner Level

Role/Responsibility: Implement outreach, engagement, assessment, diagnosis, treatment processes and procedures, and support services which are responsive to and respectful of the family's racial and ethnic cultural traditions, beliefs, values, and preferred language. This section refers to both clinical and non-clinical service providers

Action Steps	Benchmarks/Time Frame	Status	Responsible Party
3.3 Ensure that child, youth and family data on race, age, ethnicity and primary language is in treatment records and within the management information system (MIS). End September 2011 Enhanced CLAS Standard #1, 6, 10, 11	1. Review and provide feedback on the data collected to ensure that CLC values and principles are included in the data collection of child, youth, and family. 2. Monitor and evaluate the impact of CLAS on health equity and outcomes to inform service delivery (PS)	Accomplished Records have been reviewed.	MIS and Evaluation Subcommittee –primary CLCSb –secondary
3.4 Collaborate with social marketing, project Management team, to organize and implement one community engagement and/or outreach activity at least semi-annually to facilitate awareness of mental health issues and services within the community. Review Annually Enhanced CLAS Standard #1, 3, 6	1. Ensure that CLC values and principles are included in the implementation of community engagement and outreach activities. June 30, 2011 June, 2012 October, 2013	Accomplished with Caring4Kids in Oct. 2012, and Awareness Day in May 2012	SM
3.5 Develop a mental health directory of local providers, organizations, and other community supports. Review Annually End September 2011 Enhanced CLAS Standard #1, 2	1. Develop new directory with all providers to ensure that CLC values and principles are included in the development of a mental health directory – September 2011	Accomplished The Children's Trust and Switchboard of Miami have developed list of providers used by FACES.	Program Subcommittee and Social Marketing -- primary CLCSb –secondary
3.6 Attend cultural and linguistic competence education and training on an annual basis at a minimum. Annually Enhanced CLAS Standard #1, 4	1. Ensure that CLC values and principles are included in the Policy related to attendance to CLC training	Accomplished CCST providers have attended workshops on Santeria, Gender Dialogues, Gender and Communication, Health Beliefs.	Training subcommittee –primary CLCSBb—secondary

Tasks Accomplished — Youth / Family Level

Role/Responsibility: Provision of cultural information articulation of community strengths, identification of community supports, and assisting in the development of collaborative relationships among the system of care; providers; children, youth and families; cultural communities, and the community at large in ways that promote cultural and linguistic competence.

Action Steps	Benchmarks/Time Frame	Status	Responsible Party
4.2 Identify and link system of care to community base individuals who could serve as Family Peer to Peer Specialist On-going Enhanced CLAS Standard #1, 5, 13	1. Continue recruiting participants Train Participants – November 2010, December 2011, April and November, 2013 2. Couch participants for Certification 3. Provide ongoing TA to families to ensure that CLC values and principles are included in the Identification of Family Peer to Peer Specialist.	Accomplished 2. Accomplished – 30 peers have taken the training, and 14 CCST/ Staff 3. In progress. By monthly meetings are in place. Eight Peers have been certified as CRPS-F.	FACES providers –primary FOF, Youth Move, TS, and CLCC – secondary
4.3 Review all pertinent written and oral and symbolic youth and family materials (including consent forms, statement of rights forms, posters, signs, and audio tape recordings) to ensure that they are interpreted from the appropriate cultural perspective. On going Enhanced CLAS Standard #1, 5, 6, 8	1. All material reviewed by families and youth to ensure the use of simple language, and that CLC values and principles are included in the development of written, oral and symbolic material. 2.Create process to review and approved material.	1-2. Accomplished. Protocols have been created for the parents and youth to review translated material.	CLCSb –primary Social Marketing –secondary
4.4 Participate in the development and delivery of cultural and linguistic competency training activities. End September 2013 Enhanced CLAS Standard #1, 4	1. Explore needs 2. Design training 3. Implement training 4. Ensure that CLC values and principles are included in the development and delivery of training activities	Accomplished 1-5 FOF parents have attended training of Alternative Healing, Circles of Healing, Awakening, Gender Dialogues, Gender and Communication. Series of related trainings have been schedule for July and August 2013	Training Subcommittee –primary CLCSb and Evaluation Subcommittee –secondary

Revised and Accepted by the CLC Subcommittee on 07/09/13

APPENDIX C

Training Checklist

Cultural and Linguistic Competence Checklist for Training

This tool was created in response to a request for technical assistance from the One Community Partnsership 2 (OCP2) in Broward County, Florida. OCP2 requested assistance developing a checklist to assess the cultural and linguistic competence of training provided by the agency. The attached checklist was adapted from the following resources previously developed by the Technical Assistance Network: *Cultural and Linguistic Competence (CLC) Training Rubric* (2014-draft), developed by Dr. Maria Avila for the CLC Hub of the Technical Assistance Network; and *Language Assistance Toolkit*, Villar, M.E. Concha, M. & Azevedo, L. (2014), Technical Assistance Network for Children's Behavioral Health, University of Maryland, Baltimore, MD.

Language Assistance

The following should be completed before the day of the training:

- ☐ Identify audience
- ☐ Consider need for interpreter
- ☐ If an interpreter is needed, use qualified interpreter
- ☐ Notify audience of the availability of an interpreter
- ☐ Provide printed material and multi media materials in the language commonly used by the populations in the service area

Cultural Competence Components

The training discusses components of cultural competence:

- ☐ Acknowledging cultural differences
- ☐ Understanding one's own culture
- ☐ Engaging in self-assessment
- ☐ Acquiring cultural knowledge and skills
- ☐ Viewing behavior within a cultural context

Adapted from the following resources:

Cultural and Linguistic Competence (CLC) Training Rubric (2014-draft), developed by Dr. Maria Avila for the CLC Hub of the Technical Assistance Network.

Language Assistance Toolkit, Villar, M.E. Concha, M. & Azevedo, L. (2014), Technical Assistance Network for Children's Behavioral Health, University of Maryland, Baltimore, MD.

Specific Cultural Competence Topics

The training addresses specific issues regarding cultural competence:

- ☐ Definition of culture that is consistent with the CLAS standards
- ☐ Identifying and correcting biases
- ☐ Behavioral health disparities
- ☐ Discusses racial, ethnic, religious, spiritual, biological, geographical or sociological characteristics of the service population. This includes topics such as: age, cognitive ability or limitations, country of origin, degree of acculturation, educational level attained, environment and surroundings, family and household composition, gender identity, health beliefs and practices, language spoken, literacy level, and military affiliation.

Specific Populations

Addresses specific populations of focus in these categories:

- ☐ LGBTQI2S
- ☐ Racial/ethnic groups
- ☐ Racial minorities
- ☐ Religious/spiritual beliefs
- ☐ Disability status
- ☐ Limited English Proficiency
- ☐ Immigration status
- ☐ Geographic location (rural, urban, suburban, frontier or border area)
- ☐ Socioeconomic status
- ☐ Social class

The Cultural & Linguistic
Competence (CLC) Hub of the
Technical Technical Assistance
Network for Children's
Behavioral Health
(TA Network)

Center for
Community
Learning, Inc

A Core Partner of
THE TA NETWORK
the technical assistance network for children's behavioral health

USF
UNIVERSITY OF
SOUTH FLORIDA
COLLEGE OF BEHAVIORAL
& COMMUNITY SCIENCES