REPORT

Broward County OCP2 CLAS Report

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Lauren Acevedo
Covian Consulting

This report documents the evaluation of 30 cultural and linguistic competence (CLC) plans. It then presents an assessment tool for incorporating the National Standards for Culturally and Linguistically Appropriate Services (CLAS) into behavioral health care delivery. Finally, it makes recommendations for improving CLC and diversity plans to better serve target populations and meet their diverse cultural and linguistic competence needs.

Suggested Citation

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ABOUT THE NATIONAL TECHNICAL ASSISTANCE NETWORK FOR CHILDREN'S BEHAVIORAL HEALTH

The National Technical Assistance Network for Children's Behavioral Health (TA Network) operates the National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC), funded by the Substance Abuse and Mental Health Services Administration, Child, Adolescent and Family Branch. The TA Network partners with states, tribes, territories, and communities to develop the most effective and sustainable systems of care possible with and for the benefit of children and youth with behavioral health needs and their families. The TA Network provides technical assistance and support across the country to state and local agencies, including youth and family leadership organizations.

I.   Purpose

The purpose of this report is to provide feedback on the 30 CLC plans provided by Broward County OCP2. The review and recommendations focus on the implementation of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards). The CLAS Standards are utilized as the benchmark for evaluation because they are aligned with the U.S. Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2010) and the National Stakeholder Strategy for Achieving Health Equity (National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity by providing clear plans and strategies to guide efforts to improve cultural and linguistic competence.

II.   Structure of the Report

The report begins with a table that analyzes the inclusion of the 15 CLAS standards in the CLC Plans reviewed. Table 1 presents the percentage of plans that do not include the listed standards. Next, the report presents an assessment tool to guide the development of CLC plans. The report then includes recommendations for behavioral health agencies to implement when creating or updating CLC and diversity plans. Finally, the report includes an appendix with a detailed summary of the CLC plans provided by each agency.

A. Ranking Process

Two separate researchers (referred to as reviewers) examined each of the 30 CLC plans from Broward County, Florida. The plans from the following agencies were included in this review:

1.	16.
2.	17.
3.	18.
4.	19.
5.	20.
6.	21.
7.	22.
8.	23.
9.	24.
10.	25.
11.	26.
12.	27.
13.	28.
14.	29.
15.	30.

B. Reliability

The results between the two raters were very similar in all but two standards. The score differences in Standard 1 (where rater 1 indicated that only 10% of plans included this standard while rater 2 indicated that 56.7% included this standard) may be attributed to the fact that rater 1 rated this standard keeping in mind health beliefs as a critical component while rater 2 acknowledged other indicators of Standard 1 such as language proficiency and other communication needs. The only other significant discrepancy was with CLAS Standard 2. Rater 2 scored this standard higher than rater 1. This could be attributed to the conceptualization of governance and leadership in policies and procedures.

III. Results

A. CLC Compliance

The two reviewers evaluated the CLC plans to determine whether these plans were in compliance with the CLAS Standards. After reading all 30 plans, an Excel sheet was developed to document the findings. The results are shown in Table 1. This table presents the percentage of plans did not mention or include each of the specific standards. Table 2 presents the results by agency, indicating what percentage of the 15 standards each agency included in their plans, and also indicating what standards were missed.

Table 1. CLAS Standard Omission Rates

CLAS Standards	Rater 1	Rater 2	Average
CLAS Standard 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.	10.00%	56.70%	33.35%
CLAS Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.	26.70%	43.30%	35.00%
CLAS Standard 3: Recruit, promote and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	76.70%	83.30%	80.00%
CLAS Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practice on an ongoing basis.	90.00%	90.00%	90.00%
CLAS Standard 5: Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.	80.00%	76.70%	78.35%
CLAS Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	70.00%	63.30%	66.65%
CLAS Standard 7: Ensure the competence of all individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	66.70%	60.00%	63.35%
CLAS Standard 8: Provide easy to understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	70.00%	60.00%	65.00%
CLAS Standard 9: Establish culturally and linguistically appropriate goals, policies, and management accountability a, and infuse them throughout the organization's planning and operations.	53.33%	60.00%	56.67%
CLAS Standard 10: Conduct ongoing organizational self-assessments of CLAS-related activities and integrate CLAS related measures s into assessments measurements and continuous quality improvement activities.	63.30%	63.30%	63.30%
CLAS Standard 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.	56.70%	60.00%	58.35%
CLAS Standard 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 population in the service area.	30.00%	43.30%	36.65%
CLAS Standard 13: Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.	50.00%	53.30%	51.65%

CLAS Standard 14: Create conflict and grievance resolution processes are culturally and linguistically appropriate to identify, present and resolve conflicts or complaints.	36.70%	43.30%	40.00%
CLAS Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.	36.70%	46.70%	41.70%

The next section focuses on the content of the CLC plans. Each plan was assessed using the preliminary assessment tool included as Table 3. The results shown in Table 2 indicate the CLAS compliance for each agency. The percentages show the percentage of the 15 CLAS standards the agency implemented in their CLC Plans. The table them lists the standards both raters identified as missing. In Appendix A, evaluators provide detailed results for each agency. These results will enable agencies to see what specific standards and tasks/goals were met or missed.

Table 2. CLAS Standards Compliance Rates

Agency	Rater 1	Rater 2	Common standards that were not included in the CLC plan identified by 2 raters
1.	80%	73%	1, 9, 11
2.	93%	93%	1
3.	67%	80%	1, 2, 7
4.	80%	93%	2
5.	67%	80%	13, 14
6.	80%	87%	2
7.	33%	47%	1, 2, 3, 10, 11, 12, 13, 15
8.	40%	53%	1, 2, 9, 11, 12, 14, and 15
9.	53%	87%	10, 15
10.	27%	33%	2, 5, 6, 7, 8, 10, 12, 13, 14, 15
11.	27%	13%	1, 2, 3, 6, 9, 10, 11, 12, 13, 14, 15
12.	40%	53%	5, 6, 7, 8, 11, 12, 13
13.	100%	100%	None
14.	47%	53%	2,3,8,12,13,14,15
15.	80%	100%	1, 12, 14 (by rater 1)
16.	40%	27%	1, 2, 9, 10, 11, 12, 13, 14, 15
17.	0%	7%	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
18.	87%	100%	1 and 2 (by rater 1)
19.	33%	40%	2, 5, 6, 7, 8, 12, 13, 14, 15

20.	60%	53%	1, 2, 11, 12, 13, 14
21.	47%	47%	9, 11, 12, 13, 14, 15
22.	13%	13%	1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
23.	33%	33%	1, 2, 7, 8, 9, 10, 11, 12, 13, 14, 15
24.	67%	73%	1, 9, 12, 15
25.	40%	33%	1, 6, 7, 8, 9, 12, 14, 15
26.	93%	100%	1 (by rater 1)
27.	40%	47%	2, 4, 9, 10, 11, 12, 14, 15
28.	47%	67%	5, 6, 7, 14
29.	27%	20%	1, 2, 3, 4, 7, 8, 15
30.	93%	100%	1 (by rater 1)

B. Assessment Tool

After examining various CLC plans, researchers formulated a list of commonly missed components and other information that was not specified by the plans in accordance with the CLAS Standards. An assessment tool was then created using the CLAS Standards as benchmarks. This tool can serve as a guide for agencies to improve their CLC plans and better serve their target populations.

The tool includes the 4 themes that the CLAS Standards focus on: 1) Introduction: Principal Standard; 2) Governance, Leadership, and Workforce; 3) Communication and Language Assistance; and 4) Engagement, Continuous Improvement, and Accountability. Researchers decided to add two additional themes: 5) Family Involvement and 6) Service Delivery: Intake, Treatment, and Discharge. The family involvement theme centers around taking an individual approach to service delivery, and values the importance of the family during treatment and discharge. The CLC plan should include several statements on how the agency values the individual and their familial preferences. Lastly, the service delivery theme centers on how the cultural and spiritual preferences of the individual are recognized during intake, service, and discharge. These two themes are an integral part of culturally appropriate practices to care that go beyond linguistically appropriate practices that is covered in CLAS standards 1-15.

Table 3. CLC Assessment Tool

Theme 1: Introduction: Principal Standard (Goal of the CLC Plan)

	Statements	Yes/No	Date of Implementation	Data Source	Responsible Party
CLAS Standard 1: Provide effective, equitable,	The plan states that the organization offers _effective_ quality care responsive to diverse cultural and health beliefs and practices.				

	Statements	Yes/No	Date of Implementation	Data Source	Responsible Party
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.	The plan states that the organization offers <u>understandable</u> quality care responsive to diverse cultural and health beliefs and practices.				
	The plan states that the organization offers <u>respectful</u> quality care responsive to diverse cultural and health beliefs and practices.				
	The plan states how the organization collects and recognizes cultural health beliefs.				
	The plan states that the care provided will be provided in the <u>client's preferred language</u>, recognizing their <u>health literacy</u> and other <u>communication needs.</u>				
	The plan acknowledges health literacy and other communication needs, and defines what those are or may be for the organization.				

Theme 2: Governance, Leadership, and Workforce

	Statements	Yes/No	Date of Implementation	Data Source	Responsible Party
CLAS Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	The plan states that the organization annually allocates resources to meeting the diverse cultural and linguistic needs of its clients.				
	The plan revisits its policies and management strategies on an annual basis to determine needs that may need addressing or added.				
	The plan states how often that the CEO and Board meets to set goals to improve diversity and offer continual cultural competence care and training <u>as a part of the strategic plan</u>.				
	The plan details how and when staff members can provide feedback on interactions with LEP and minority populations, to improve interactions and services.				
CLAS Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	The plan has protocols in place for recruiting diverse staff members including leadership and governance positions.				
	The plan specifies how organizations place priority on hiring members of staff with added bilingual or multilingual qualifications.				
	The plan specifies how the organization will recruit staff members that represent the service population, which includes advertising job opportunities in foreign languages in various outlets (social media networks, publications, professional organizations' email listservs, job boards, local schools, faith based organizations, training programs, minority health fairs, etc.).				
	The plan states that the organization recognizes staff who continue to meet the diverse needs of clients by offering the individuals internal promotions and other opportunities for upward mobility before seeking external candidates.				
	The plan states that the organization recognizes the diverse cultural beliefs of its employees.				
CLAS Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	The plan discusses how staff (workforce, leadership and governance positions) are trained on cultural norms, and how they vary by family (such as youth alcohol consumption or physical punishment).				
	The plan states that the organization supports the staff development of its employees, and how it places value on continued education and training in diversity and leadership.				
	The plan states how often staff and leaders receive training.				

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		Yes/No	Date of Implementation	Data Source	Responsible Party
	The plan states that the staff is trained on recognizing and responding to cultural health beliefs.				
	The plan states how both internal and external resources are used to educate the governance, leadership, and workforce on cultural beliefs that they may encounter.				
	The plan states that cultural competence in incorporated into staff evaluations and performance reviews.				
	The plan states what is included in the staff training, and how the training is evaluated.				

Theme 3: Communication and Language Assistance

	Statements	Yes/No	Date of Implementation	Data Source	Responsible Party
CLAS Standard 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.	The plan states that the organization offers language assistance to LEP individuals and/or other communication needs at no cost to the client.				
	The plan details the way that clients are made aware of no cost language assistance.				
	The plan states that the organization offers language assistance to LEP individuals and/or other communication needs for access to services in a timely manner.				
	The plan states how program directors, "point of contact staff" or agency's appointed "gatekeeper" are made aware of and trained in language assistance services, policies, and procedures.				
	The plan identifies how language needs are noted in records for individuals seeking care (which may include language needs, "I speak" cards, etc.).				
	The plan states the maximum time that it will take to provide an interpreter and the maximum amount of time for service delivery using a certified interpreter.				
CLAS Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	The plan states that the organization has the availability of language assistance services clearly displayed.				
	The plan states what language assistance services are available at all times.				
	The plan states how the organization translates appropriate material.				
	The plan states that there is a protocol for verbally informing clients of the availability of services in their preferred language.				
CLAS Standard 7: Ensure competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors should be avoided.	The plan states the protocol for ensuring language assistance providers are certified.				
	The plan states how the organization ensures interpreter competence, including the interpreter's active listening skills, message conversion skills, and clear and understandable speech delivery.				
	The plan states if community brokers are used within the organization.				
	The plan states that untrained individuals and minors should NOT be used as interpreters.				
CLAS Standard 8: Provide easy-to-understand print and multimedia materials and signage in the languages	The plan states that the organization has clear, easy to understand multimedia materials and signage in the languages used within the service community.				
	The plan states what multimedia materials are available in various languages.				
	The plan states that there is a formalized process and what the process is for translating materials into				

		Yes/No	Date of Implementation	Data Source	Responsible Party
commonly used by the populations in the service area.	languages when the materials are not readily available.				
	The plan notes that the materials have been tested with members of the target audience (such as through focus groups, where members may identify content that may be embarrassing or offensive, suggest cultural practices that may be more appropriate examples, and assess whether the graphics are appropriate and reflect the diversity of the community).				
	The plan states that easily understandable signage is posted throughout the service area (including, but not limited to diverse languages, minority representation, and responsive to LGBTQ+ (safe space sign), and youth populations).				

Theme 4: Engagement, Continuous Improvement, and Accountability

	Statements	Yes/No	Date of Implementation	Data Source	Responsible Party
CLAS Standard 9: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.	The plan states that the organization will regularly review organizational planning and operations with the purpose of identifying cultural and linguistic needs that are not being met.				
	The plan states how the annual organizational diversity goals will be created and discussed in meetings throughout the year.				
	The plan states that cultural and linguistic goals created by the organization will be included in the strategic plan, and will regularly be included as agenda items in staff meetings.				
CLAS Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and CQI activities.	The plan ensures that there is an ongoing evaluation of CLAS standards and how they are implemented within the organization.				
	The plan states that all staff are provided with CLAS-oriented feedback in their performance reviews.				
	The plan states how often CLAS standards are evaluated and revisited for quality improvement.				
CLAS Standard 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.	The plan details how and when demographic data will be obtained from the target community, and where the information will be updated and posted within the organization.				
	The plan discusses how the community demographic data will be used in program planning and service delivery.				
	The plan discusses how the community demographic data will be used to guide translated material and signage in the organization.				
	The plan discusses how the community demographic data will highlight any apparent disparities that may exist.				
	The plan states that the community demographic data and disparities will be presented to the governance and leadership of the organization annually.				
CLAS Standard 12: Conduct regular assessments of community health assets and needs and use the results	The plan details how and when community health assets and needs are performed.				
	The plan will discuss when and if qualitative data will be collected and used (such as focus groups or interviews) to enhance the community health assets and needs.				

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		Yes/No	Date of Implementation	Data Source	Responsible Party
to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	The plan discusses how findings from the community health needs assessments are utilized within the organization.				
	The plan offers opportunities for collaboration with other community based partners and stakeholders in discussing assets and challenges of the community and sharing best practices related to: 1) meeting needs; 2) capturing community demographics; and 3) strategies on the dissemination of findings.				
	The plan discusses how findings from the community health needs assessments are used in program development.				
CLAS Standard 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	The plan details the method of targeting and communicating with other community based organizations that offer services that clients would benefit from.				
	The plan recognizes the success of cross-system collaborative efforts and the use of multidisciplinary teams in working with children and families.				
	The plan states the organization's policies on ensuring collaborative agencies practice culturally and linguistically appropriate services and adhere to the CLAS standards.				
CLAS Standard 14: Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	The plan states the organization's strategies for LEP and others with communication needs to fill out conflict and/or grievances with the organization.				
	The plan offers conflict and grievance forms in various languages, including all of the languages that are represented within the target community.				
	The plan details the grievance resolution process, and the maximum length of time that grievances will be addressed.				
CLAS Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.	The plan details where the organization's diversity and linguistic policies are posted for the public.				
	The plan specifies that information collected from stakeholders is used in training, meetings, and for quality improvement.				
	The plan states the organization's policies on open communication to raise concerns of cultural and linguistic needs.				
	The plan states the protocol for a clear communication plan that is discussed with the individual seeking behavioral health care services and their family during discharge.				

Suggested Themes 5 and 6

	Statements	Yes/No	Date of Implementation	Data Source	Responsible Party
Family Acknowledgement	The plan states the organization's policy for including family in the service delivery, including the treatment and discharge of the client.				
	The plan details the organization's efforts and strategies towards coordinated, individualized, family-driven and youth guided services.				

	The plan should detail how the organization identifies 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.					
	The plan acknowledges that treatment plans do not always match family values, and that improved listening to family and youth is suggested.					
Spiritual and Cultural Beliefs in Treatment & Discharge	The plan states that cultural and spiritual beliefs are recognized during the intake assessment.					
	The plan states that cultural and spiritual beliefs are recognized during the service treatment.					
	The plan states that cultural and spiritual beliefs are recognized during discharge of the individual.					
	The plan recognizes that traditional and natural supports may be necessary for treatment and interactions with individuals seeking behavioral health care.					

IV.   Recommendations

This report may be utilized for quality improvement among all service agencies, but particularly those organizations that were reviewed in this report. Based on the information collected and presented in this report, behavioral health care agencies identified challenges in various CLC plans and best practices or recommendations for overcoming these challenges that are beneficial as other organizations create or revisit their CLC plan. These challenges and recommendations are presented below.

Challenge Seen in CLC Plans and Service Agencies	Best Practice/Recommendation
Ensuring quality improvement	Incorporate health beliefs into service planning and delivery.
Incorporating CLAS standards into governance	Ensure that organizational governance is operationalized in actionable steps and actions.
Identifying community health assets	Include plans to conduct assessments of community health assets.
Including grievance protocols	Ensure that conflict and grievance resolution documents are linguistically appropriate, accessible, and handled in a timely manner.
Sharing the organization's CLC plan with the community	Establishing a communication plan to disseminate the organization's progress in implementing and sustaining CLAS to all relevant stakeholders.
Ensuring culture and family needs are addressed	Include family engagement as a component of the CLC plan. Value spiritual and cultural beliefs during treatment and discharge.
Revisiting CLAS standards on a regular basis	Use the CLAS Assessment form to review the CLC plan. Revisit CLC plan every quarter to determine areas that need to be improved; Incorporate these practices and strategies into the agency's strategic plan.