How to Apply CLAS Standards

A National CLAS Standards Coalition Application Guide

Overview

National Culturally and Linguistically Appropriate Services (CLAS) Standards may seem designed for formally functioning agencies within a bureaucracy and may not always be easily applied to coalition work. In this National CLAS Standards coalition application guide, we are looking at CLAS standards in the context of coalition work specifically. We are not changing the standards, rather, we are sharing specific examples of how to apply them within our work.

Coalition structure can vary and CLAS Standards may be applied differently depending on the structure. For the purposes of this document, we will utilize a broad definition of "coalition". SAMHSA defines a coalition as "a community-based formal arrangement for cooperation and collaboration among groups or sectors of a community in which each group retains its identity, but all agree to work together towards a common goal of building a safe, healthy, and drug-free community." In the context of coalition work, anyone working with the coalition or receiving services is the "client". Any actions taken by the coalition related to their work in the community would be considered "services". Some examples of coalition services would be holding coalition meetings, media campaigns, educational classes, behavioral health screenings for at-risk individuals, academic detailing, maintaining and sharing a community resource list, engaging multiple sectors to collaborate on short or long-term goals, communicating the risks of alcohol and substance use to the community, advocating for evidence-based prevention, etc.

The following excerpt is from the U.S. Department of Health and Human Services Office of Minority Health's "Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care."[i] This document also contains details on each standard including the definition, purpose, and implementation strategies.

The Case for CLAS

There is a compelling need to reduce disparities in behavioral health care in communities across the country. These disparities directly affect the quality of life for all individuals. The lack of behavioral health equity adversely affects neighborhoods, communities, and the broader society, making the issue not only an individual concern but also a public health concern. Culturally and linguistically appropriate services are increasingly recognized as effective in

improving the quality of care and services (Beach et al., 2004; Goode et al., 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards, in conjunction with the Behavioral Health Guide, provide the potential to improve an organization's ability to address behavioral health care disparities and ultimately improve behavioral health for communities across the country. 5 Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to "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." This essential goal of the National CLAS Standards is framed in its Principal Standard (Standard 1), and the remaining 14 Standards span three themes including 1) governance, leadership, and workforce; 2) communication and language assistance; and 3) engagement, continuous improvement, and accountability.

CLAS Standard	How Coalitions Can Apply This Standard (What does it mean for coalitions?) and Examples (What could it look like in practice?)	Additional Resources (related to the standard)
Principal 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.	The Principal Standard serves as an overall baseline for the treatment of both coalition and community members. All coalition work should take this standard into account. • Engagement and connection throughout the coalition and within the community. • Offer health literacy courses to coalition leadership and members. • Collect and maintain demographic data of community being served, of those receiving services, and coalition membership. • Provide training for coalition leadership and members on data-driven decision making. • Use language and graphics that are consistent with the look and feel of the community. • Discover and use the preferred method of communication of community and individuals. • Create a resource directory that cultivates a diverse and representative list of providers. If local resources are not available to match the cultural behavioral health beliefs and practices, locate appropriate state or national resources.	• [Think Cultural Health](#)

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Governance, Leadership, and Workforce		
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	Coalition leadership should have knowledge of the CLAS standards and prioritize integration of the standards into organizational structure. ● Ensure bylaws, mission, vision, and values incorporate the CLAS standards. ● Ensure your budget includes resources to make those in your community feel welcome. ● Partner with organizations and others who prioritize health equity. ● Ensure coalition leadership is trained on the CLAS standards. ● Allocate time to regularly review policy for alignment with CLAS standards. ● Request external review of policy and practice. ● Host multi-disciplinary discussion about how any changing cultural norms impact services needed or need to change service delivery.	● [Health literacy collaborative.](#) ● [What Language Does Your Patient Hurt In?](#) ● [Policy Equity Assessments](#)
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 coalition makeup should reflect and look like your community with an emphasis on culturally and linguistically diverse representation. ● Ensure coalition leadership and members know the Guiding Principle of Cultural Competency. ● Work with culturally competent agencies when recruiting or supporting coalition leadership and members. ● Evaluate existing governance structure through cultural lens. ● Reciprocate information sharing with organizations serving specific cultural groups. ● Recruiting within the community and meeting community	● Schools or colleges for help with linguistic or language ● SAMHSA SPF Guide ● Partnerships and collaborations to help translate materials (ACCESS, Latino

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	members where they are comfortable. ● Make meeting notices public and have transparency in reporting. ● Holding meetings in locations and at times that are culturally responsive. For example, avoiding holy days or holding special events to recognize culturally significant dates. ● Encourage coalition leaders and members to learn more by volunteering with and attending events hosted by people who are considered cultural liaisons and community catalysts.	Family Services)
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	Regular and ongoing training on cultural competency and CLAS standards is essential for both coalition leadership and members. ● Have leadership take training (implicit bias, how to connect with specific cultures). ● Training to help leadership develop policies that promote health equity. ● Incorporating teachings from these trainings into actualized policies and practices that become part of coalition bylaws. ● Examine disparities between the populations being served and the community demographics. ● Promote cross-cultural mentoring opportunities. ● Implement a feedback loop about the perception of culturally and linguistically appropriate services. ● Train on data-driven process and address data gaps. Training should include practical application. ● Coalition bylaws may include requiring annual training or refresher regarding CLAS standards. ● After providing knowledge-based training, develop skills needed to implement changes. Identify and track metrics in the community that would change based on this training.	

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Communication and Language Assistance		
5. Offer language assistance to individuals who have limited English proficiency (LEP) and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	Any service provided to community or coalition members, or any other prevention strategy being implemented with individuals with limited English proficiency and/or other communication needs, would require a translator or other accommodations available. ● Develop a process to ask about accommodations needed. ● Working with the schools for interpreters and/or paraprofessionals to support the needs of all participating in in-school or after school activities. ● Partner with local health departments for resources (if they have them available). ● Have presentations translated to other languages. ● Utilize the closed captioning in Zoom, Microsoft PPT, or Google Slides (in English or other language). ● Use a translation app for meetings if a translator is not available.	● Prevention Code of Ethics ● "I speak" resource document from USDA. ● Interpreters and paraprofessionals, translators. ● Call 711 - free help communicating over the phone in all 50 states. ● Respond Crisis Translation
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	Community and coalition members need to be made aware of the availability of language assistance services. ● Add notice of language-assistance services to public facing documents. ● List languages in which translation services are available. ● Identifying community and coalition members who might require language assistance. ● Identifying which services are the 'gold standard' for translating internal communications. ● Handout listing different language information can be translated into and other communication services available. ● Policy in place to inform people of the availability of language assistance services.	

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7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	Individuals providing language assistance need to be properly trained, screened, and competent. • Ask what trainings translators have taken. • Regularly conduct evaluation of services around language assistance. • Hire interpreters. • Partner with schools, CMH, cultural centers, and others offering Professional Development opportunities and Continuing Education for maintaining competence and relevance. • Clearly communicate language services are provided at no charge to participants. • Hire and interview for language assistance that is needed (match to community needs). • Background checks. • Formal agreements for individuals or organizations that offer language assistance (MOU/MOA). • Ask for recommendations from community/statewide organizations who serve population of focus.	• Partner with groups or individuals who are bilingual • National Latino Behavioral Health Association www.nlbha.org offers training for Behavioral Health Interpreters-both monolingual English speakers on how to work with interpreters as well as bilingual staff who would like to serve as interpreters.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	Coalitions should take commonly used languages in their community into consideration when creating any form of media. • ADA compliance is important factor to consider when providing print and multimedia materials to the community, including ensuring imagery (common in social media) has text language describing it. • Ensure the translation is appropriate for the specific population you are engaging. For example, someone from Spain who speaks Spanish may not be able to most effectively translate	• Pilot materials with the people you will be serving.

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	materials to populations from Central America who speak Spanish. These nuances should be considered. ● Consider ability of the people you are serving, including literacy and developmental levels. ● Ensure multimedia materials and signage are representative of the community and available in the languages commonly used in the community. ● Ensuring images are culturally appropriate for groups in your community.	
Engagement, Continuous Improvement, and Accountability		
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.	Cultural competency and CLAS standards should be integrated into coalition structure and activities. ● Updating documents to include culturally, linguistically, and non-stigmatizing language. ● Included in bylaws, coalition policies, community assessment, or other key documents. ● In the coalition planning framework, instead of creating SMART goals, create SMARTIE goals which are SMART+ Inclusive and Equitable. ● Developing a work group for updating the bylaws and policies. ● Ensuring the mission and vision reflect the values of the community and post them as a visual reminder. ● Including the mission and vision at the top of all meeting agendas. ● Develop a process to review key coalition documents at least once every 2-3 years. ● Include accountability for this within strategic plans, annual work plans, and timelines.	

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10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	Evaluate the coalition's implementation and integration of CLAS standards on an ongoing basis. ● Ensure all members know what they are and through Continuous Quality Improvement process make the changes recommended. ● Including CLAS standards in (annual/biannual) self-assessment. ● Include CLAS in coalition orientation materials. ● Conduct quarterly or annual coalition inventory/assessment. ● Track the changes and outcomes of CQI to inform next iteration.	● CLAS Standards Coalition Self-Assessment tool
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.	Effective implementation and integration of the CLAS standards will increase health equity in your community. Data should be collected and analyzed by the coalition to monitor and evaluate the impact of CLAS on health equity. ● Analyze the correlation between the demographics of the community and the coalition. ● Compare the demographics of the community and those being served by prevention services. ● Establish or maintain accurate records to track short and long-term trends related to coalition activity. ● Offer epidemiology training to coalition members. ● Train coalition members in data management software. ● When gathering data, inform participants the purpose of gathering data, how it will be used, and of their right to not participate without impact on the services they receive. ● Include demographic questions with service delivery and membership surveys. ● Regularly report data to coalition leadership and planning	● U of M and Wayne State University offers demographic data ● SAMHSA's Health Disparity Impact Statement guidance.

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	teams. ● Collaborate with other service organizations to gather, interpret, and report data.	
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.	Coalitions should integrate CLAS into their community health assessments and community health improvement plans to ensure they are responding to the cultural and linguistic diversity of their community. ● Gap analysis, landscape analysis, guidance from universities ● Collaborate with other service providers on their assessments. ● Conduct and publish results of community strengths survey. ● Youth assessment, including protective factors and risk factors. ● Identify behavioral health disparities and plan coalition services around a health disparity impact statement based on high quality data. ● Engage youth and community members in asset mapping. ● Engage coalition members in environmental scans. ● Engage community members and those raising children in roundtable discussions to inform plans. ● Review other behavioral health service providers priority goals and explore ways to collaborate on shared goals.	● Urban Institute: Do No Harm Guide

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13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	CLAS Standards are about appropriately and effectively engaging with the cultural and linguistic diversity in your community. This diversity should be represented on the coalition and involved in the implementation and integration of CLAS standards in coalition structure and activities. ● Engage all sectors of the community and involve as many as possible in all stages of the Strategic Prevention Framework. ● Ask key people from external partners/stakeholders to sit in on a workgroup to review existing policies & practices. ● Embed this in ongoing strategic planning activities and evaluation. ● When planning, identify priority goals based on community assessment data. ● Train coalition members working on community engagement to be aware of and share feedback about cultural and linguistic appropriateness of services.	
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	Coalitions should have a clear process outlined for conflict resolution and this process needs to be appropriate and accessible for the diverse cultural and linguistic needs of the community. ● Outline conflict resolution steps in your coalition bylaws. ● Apply this internally and externally (ensure there are conflict resolution strategies for coalition members and for those the coalition serves). ● Enlist services of legal council that deals with cultural diversity in the area to review communications disseminated. ● Include trusted community members who are fluent in both language and culture in the coalition to influence conflict resolution practices. ● Community liaisons.	● [Community Toolbox: Sample bylaws] ● OSHA ● [Community Toolbox, Section 5, Chapters 10 & 19.]

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	• Provide coalition leadership and members with conflict resolution training. • Post notice of grievance policy and rights of those engaged in Prevention Services. • Provide both formal and informal routes for people to file complaints.	
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	Share the work being done to implement and integrate CLAS standards into coalition structure and activities with community and coalition members. • Develop and display a chart format of how coalitions are addressing each standard, including it on the coalition's website. • A statement or declaration that the coalition will follow these standards. • A poster or insert in the newspaper. • Plan to constantly review the progress being made on CLAS policies at internal meetings. • Post meeting minutes in publicly available space. • Annual report – one page report readily available for anyone to see.	

Disclaimer: The additional resources included in this guide have been shared by individual members of the SUD Prevention Coalition Workgroup and do not signify an endorsement by MDHHS.