Arizona Department of Health Services
DBHS

National Standards on Culturally and Linguistically Appropriate Services (CLAS)

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Why is it important?

- Changing demographics
- Increasing number of governmental and regulatory compliance policies require to communicate effectively with any person needing services
- Need for effective treatment and effective communication within our organization
- Leadership

DBHS – CLAS Standards
What are the laws?

Federal laws particularly applicable to language access include:

- **Title VI of the Civil Rights Act of 1964 & Title VI regulations**
  - Prohibits discrimination based on national origin

- **Executive Order 13166 issued in 2000**
  - LEP should have meaningful access to federally conducted and federally funded programs and activities.
  - Requires that federal agencies create plans for ensuring that their own activities also provide meaningful access for persons who are LEP

- **Department of Human and Health Services, Office of Minority Health**
  - Culturally and Linguistically Appropriate Services (CLAS Standards)
Goal

To increase awareness and knowledge of:

- CLAS standards – what they are
- How they should be integrated into an organization
- Improve services and outcomes for individuals, children and their families

DBHS – CLAS Standards
Cultural Competency As Defined by DBHS

Cultural Competence is the awareness and capability of an organization at all levels to value diversity in the delivery of care to all populations served. It is the willingness to integrate cultural attitudes, beliefs, and practices into administrative policies as well as diagnostic and treatment methods. Cultural Competence is also the continued promotion of staff diversity as well as skills and training to ensure that services are culturally appropriate.

DBHS – CLAS Standards
Self Assessments

- **Purpose**
- **Why an individual assessment?**
- **How can this be useful?**
- **Exercise**

DBHS – CLAS Standards
14 Standards Organized by Themes

- Culturally Competent Care (Standards 1-3)
- Language Access Services (Standards 4-7)
- Organizational Supports for Cultural Competence (Standards 8-14)
- CLAS defines three types of standards of varying stringency: mandates, guidelines and recommendations.
Mandates, Guidelines and Recommendations

- **Mandated**: 4-7
- **Guidelines**: activities recommended by OMH for adoption as mandates by Federal, state, and national accrediting agencies (Standards 1,2,3,8,9,10,11,12 and 13)
- **Recommendations**: are suggested by OMH for voluntary adoption by health care organizations (Standard 14)
Standard 1

Health care organizations (HCO) should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

DBHS – CLAS Standards
Standard 1

DBHS – CLAS Standards
Standard 2

HCO should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
Standard 2

DBHS – CLAS Standards
DBHS Requirement

- Annual analysis of the population they serve
- Maintaining data to assist in that analysis
- Network reporting – number of bilingual staff by category and comparison to the number of members that speak that language
Standard 2

TERROS Staff Demographic Report
Spanish, American Sign, & Other Languages
Direct Service Staff Only (203)

Languages Spoken by Direct Service Staff
32 - Spanish
4 - American Sign
15 - Other Languages

36 - 18%
15 - 7%
152 - 75%

Spanish & American Sign Direct Service Staff
Other Bilingual/Multilingual Direct Service Staff
English Direct Service Staff

DBHS – CLAS Standards
### Standard 2

#### STAFF AND CONSUMER RACE PERCENTAGES

*(EEOC Required Categories)*

<table>
<thead>
<tr>
<th>Race Category</th>
<th>Staff Percentage</th>
<th>Consumers Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>63.33</td>
<td>61.86</td>
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<tr>
<td>Hispanic/Latino</td>
<td>22.22</td>
<td>24.4</td>
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<tr>
<td>African-American</td>
<td>12.22</td>
<td>9.98</td>
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<tr>
<td>Multi/Other</td>
<td>0.06</td>
<td></td>
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<tr>
<td>Native American</td>
<td>1.40</td>
<td>2.3</td>
</tr>
<tr>
<td>Asian-American</td>
<td>0.03</td>
<td>0.8</td>
</tr>
</tbody>
</table>

![Bar Chart](chart.png)

- **TERROS Staff**
- **TERROS Consumers**
Standard 2

Job Category by Ethnicity Office Clerical

- White: 44%
- Black: 2%
- Hispanic: 10%
- Asian Pac: 44%
- Nat Amer: 20%
Standard 2

Job Category by Ethnicity
Technicians

- White: 55%
- Black: 14%
- Hispanic: 29%
- Asian Pac: 1%
- Nat Amer: 1%

DBHS – CLAS Standards
Standard 2

Job Category by Ethnicity
Professionals

- White: 75%
- Black: 14%
- Hispanic: 5%
- Asian Pac: 5%
- Nat Amer: 1%

DBHS – CLAS Standards
Standard 2

Job Category by Ethnicity Officials Managers

- White: 82%
- Black: 5%
- Hispanic: 13%
- Asian Pac: 0%
- Nat Amer: 0%

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Standard 3

HCO should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
Standard 3

- Cultural Training
- Training in the past and current efforts
- DBHS efforts
  - Need
  - Refinements

DBHS – CLAS Standards
DBHS requirement

- DBHS cultural competency training – for clinical supervisors and quality management supervisors
- Orientation and ongoing training
Standard 4

HCO must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with LEP at all points of contact, in a timely manner during all hours of operation.
DBHS/CRS Requirement

- RBHAs offer and provide language assistance services, including bilingual staff and interpreter services, at no cost
- Review of language contracts and their monitoring tools, and case reviews
WELCOME!  
¡BIENVENIDO!  
YAÁT’EEH!

WOULD YOU PREFER TO TALK WITH YOUR DOCTOR IN A LANGUAGE OTHER THAN ENGLISH?

PLEASE LET US KNOW IF YOU ARE MORE COMFORTABLE DISCUSSING YOUR CHILD’S NEEDS IN YOUR PRIMARY LANGUAGE. YOU HAVE THE RIGHT TO A MEDICAL INTERPRETER AT NO COST TO YOU.

POR FAVOR, DÍGANOS SI USTED PREFIERE HABLAR CON EL DOCTOR EN ESPAÑOL. USTED TIENE DERECHO A UN INTERPRETE MEDICO GRATIS.

An interpreter is always available free of charge to CRS members and families.

Un interprete gratuito siempre está disponible para los miembros y familias de CRS.

DBHS – CLAS Standards
Standard 5

HCO must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
What are my rights concerning Sign Language interpreters and auxiliary aids if I am deaf or hard of hearing?

If you are deaf or hard of hearing, you may ask that your provider provide auxiliary aids or schedule a Sign Language interpreter to meet your needs. Your provider has to provide these services but your request must be made in a timely manner to allow arrangements to be made.

Auxiliary aids include computer-aided transcriptions, written materials, assistive listening devices or systems, closed and open captioning and other effective methods of making aurally delivered materials available to individuals with hearing loss.

Sign Language interpreters are skilled professionals certified to provide interpretation, usually in American Sign Language for individuals who are deaf or hard of hearing. To find a listing of sign language interpreters and for the laws regarding the profession of interpreters in the State of Arizona, please visit the Arizona Commission for the Deaf and the Hard of Hearing at www.acdhb.org or call 602-542-3323 (V/TTY).

¿Cuáles son mis derechos en relación con los Interpretes de Lenguaje a Señas y objetos auxiliares si soy sordo o tengo problemas de audición?

Si usted es sordo o tiene problemas para oír, puede pedir que su proveedor le proporcione aparatos auxiliares o le asigne un intérprete de lenguaje a señas para cumplir con sus necesidades. Su proveedor tiene que ofrecer estos servicios pero la solicitud se debe hacer oportunamente para dar tiempo para que se hagan los arreglos.

Los aparatos auditivos incluyen transcripciones computarizadas, materiales por escrito, aparatos o sistemas que le ayuden a escuchar, subtítulos y otros métodos efectivos para tener los materiales auditivos disponibles para personas sordas.

Los intérpretes de lenguaje a señas son profesionales capacitados y certificados para ofrecer interpretación, normalmente en el idioma a señas americanas para personas que son sordas o tienen dificultades auditivas. Para encontrar una lista de intérpretes de Arizona, por favor visite la Comisión de Arizona para Sordos y personas con problemas de audición al www.acdhb.org o llame al 602-542-3323 (V/TTY).
Standard 5
Standard 5

LANGUAGE SERVICES ARE AVAILABLE
PLEASE INQUIRE AT THE FRONT DESK

SI VASE PREGUNTAR A LA
RECEPCIONISTA POR EL SERVICIO DE
TRADUCCIÓN

DBHS – CLAS Standards
Standard 6

- HCO must assure the competence of language assistance provided to LEP patients/consumers by interpreters and bilingual staff.
- Family and friends should not be used to provide interpretation services.
DBHS/CRS

- Testing of bilingual DBHS staff - ALTA
- Review of language contracts and contractor monitoring tools for quality of translation and interpretation
- Policy created to guide the testing and determine requirement based on work responsibilities and language skill
- Contractor reviewed for the same elements – monitoring tools and case reviews
Standard 7

HCO must take available easily understood patient-related materials and **post signage** in the language of the commonly encountered groups and/or groups represented in the service area.

DBHS – CLAS Standards
DBHS/CRS

- Translation and updating of signage
- Policy created to guide the translation of documents and signage within the division
- Monitoring of contractor for above elements

DBHS – CLAS Standards
Standard 7
Standard 7
Standard 7
Standard 8

HCO should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

DBHS – CLAS Standards
Standard 9

HCO should:

- Initial and ongoing organizational self-assessments of CLAS-related activities.
- Integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.
Standard 9

Each T/RBHA and subcontracted provider shall annually assess its performance in developing, implementing, and maintaining cultural competency throughout the provider network, utilizing the standardized ADHS/DBHS Cultural Competence Organizational Assessment Protocol

DBHS – CLAS Standards
Standard 10

HCO should ensure that data on the individual patient’s/consumer’s race, ethnicity, and spoken and written language are collected in health records, integrated into the organization’s management information systems, and periodically updated.
Standard 10

DBHS Contractor required to collect:

- Data on the individual patient’s/consumer’s race, ethnicity, and spoken and written language
- Collected in health records,
- Integrated into the organization’s management information systems, and periodically updated
- Use of encounter code to bill for interpretation services
- CFR

DBHS – CLAS Standards
Standard 10

Encounter Distribution

- White: 60%
- African-American: 24%
- Asian-American: 1%
- Hispanic/Latino: 1%
- Multi-Ethnicities: 1%
- Native-American: 1%
- Pacific Islander/Native Alaskan: 1%
- Unknown: 10%

DBHS – CLAS Standards
### Year 04-05

<table>
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<tr>
<th>Races/Ethnicity</th>
<th>Count</th>
<th>Percentage</th>
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<tr>
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<td>Native Hawaii/Pacific Islander</td>
<td>51</td>
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<td><strong>Grand Total</strong></td>
<td><strong>18405</strong></td>
<td><strong>100%</strong></td>
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### Year 03-04

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<tr>
<td>Native Hawaii/Pacific Islander</td>
<td>5</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td><strong>13,822</strong></td>
<td><strong>100.00%</strong></td>
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Standard 11

HCO should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
Standard 11

DBHS contractor required to develop Cultural Competency Plan that includes:

- A review of the community demographics and needs
- Plan on how it will address needs
Standards 12

HCO should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
Standard 12

- DBHS developed participatory, collaborative partnerships with communities organizations
- Have a variety of ways to involve member involvement in providing input
  - DBHS Advisory Committee
  - Contractor Cultural and Diversity Specialist
  - Consumer
Standard 13

HCO should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.
Standard 13

- Required by Code of Federal Regulations (CFR)
- Establishing grievance and compliant processes that will assist person with language or visual impairments
- Office of Grievance and Appeals, Human Rights, Customer Service
Standard 14

HCO are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

DBHS – CLAS Standards
Standard 14

Contractors required to provide public notice in their communities about the availability of language access services, member information.
Definitions

Limited-English Proficiency (LEP)
Members who have difficulty speaking, reading, writing, or understanding the English language

Language Access Services
Services available to overcome barriers for members who don’t speak English very well or at all

DBHS – CLAS Standards
Definitions

Translation

Written conversion of written materials from one language to another and conveys the intended meaning of the original material

Interpretation

Receiving a spoken message in one language and delivering it in another language
Definitions

National Standards on Culturally and Linguistically Appropriate Services (CLAS)

The CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practice more culturally and linguistically accessible.
Premise

The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.
Questions?

Contact
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