



## **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 practices more culturally and linguistically accessible. 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.**

**The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations as follows:**

- **CLAS mandates are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).**
- **CLAS guidelines are 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).**
- **CLAS recommendations are suggested by OMH for voluntary adoption by health care organizations (Standard 14).**

### **Standard 1**

Health care organizations 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.

### **Standard 2**

Health care organizations 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 3**

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

### **Standard 4**

Health care organizations must 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.

**Standard 5**

Health care organizations 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.

**Standard 6**

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

**Standard 7**

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

**Standard 8**

Health care organizations 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.

**Standard 9**

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

**Standard 10**

Health care organizations 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 11**

Health care organizations 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 12**

Health care organizations 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 13**

Health care organizations 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 14**

Health care organizations 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.

## Title VI of the Civil Rights Act of 1964

**“No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”**

### Standards to Provide “CLAS”

#### Culturally and Linguistically Appropriate Services

Below follows an informal summary of excerpts from the Office of Minority Health’s publication entitled “Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda.”

1. Patients/consumers must receive from all staff: effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices of preferred language.
2. Strategies should be implemented to recruit, retain, and promote a diverse staff and organizational leadership that are representative of the demographic characteristics of the service area.
3. Staff at all levels and across all disciplines should receive ongoing education and training in culturally and linguistically appropriate service delivery.
4. **Language assistance services must be offered and provided, 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.**
5. Patients/consumers must be provided verbal and written notices about their right to receive language assistance services; these notices must be in their language of preference.
6. Language assistance provided to Limited English Proficient (known as “LEP”) patients must be provided by competent interpreters and bilingual staff. Family and friends should not be used for interpretation services.
7. Easily understood patient-related materials and signage must be made available/posted in languages of the commonly encountered groups represented in the service area.
8. A written strategic plan should be developed, implemented and promoted, outlining clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9. Organizational self-assessments must be conducted regarding CLAS-related activities, and cultural and linguistic competence measures should be incorporated into internal audits, performance improvement programs, patient satisfaction assessments, and outcome-based valuations.
10. Data on race, ethnicity, and language difference should be collected in patient/consumer health records, integrated into the information management systems and updated periodically.
11. Current demographic, cultural, and epidemiological profiles of the communities served should be maintained, as well as needs assessments to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12. Participatory and collaborative partnerships with communities should be established and a variety of formal and informal mechanisms should be used to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
13. Conflict and grievance resolution processes must be culturally and linguistically sensitive, and capable of identifying, preventing and resolving cross-cultural conflicts or complaints by patients/consumers.
14. Information should be made public regularly regarding progress and successful innovations in implementing CLAS standards, and inform the public and the impacted communities about the availability of such information.

For Assistance or More Information, Contact SCAN Health Plan

Member Services

1-800-559-3500

Hours are 7 a.m.–8 p.m., seven days a week.

(TTY users should call 1-800-735-2929)

Member Services also has free language interpreter services available for non-English speakers.