

# Implementing CLAS for Quality Improvement

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Rodrigo Monterrey  
Deputy Director  
Massachusetts DPH  
Office of Health Equity

# DPH Office of Health Equity

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## Agency-wide resource:

- *Promoting HE principles and policies across all programs*
- *Informing the way health services are designed, delivered and evaluated*

**OHE Vision Statement:** *DPH staff, policies, and programs explicitly address **inequities** through a **systems** lens.*

# Learning Objectives

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## CLAS Most Frequently Asked Questions:

1. *What is CLAS?*
2. *Why do we need it?*
3. *How exactly do I do it?*
4. *Where do I start?*
5. *When am I done?*



# What is CLAS?

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- ❑ **CLAS**: Culturally and Linguistically Appropriate Services
- ❑ Federal service-provision **guidelines**
- ❑ Standards are a **moving target**, based on an ideal—like good parenting
- ❑ **PMQI Tool**—a way to identify room for improvement and effective action

# Guidelines

Leadership and  
Workforce

Language  
Access

Accountability  
and CQI

## Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards

### 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.

### Governance, Leadership and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

### Communication and Language Assistance:

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.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance services, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-read print and multimedia materials and signage in the languages commonly used by the populations in the service area.

### 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.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
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.
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.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

For an overview of 2013 enhancements to the CLAS Standards, see: "What's New in the National CLAS Standards?"

<http://www.youtube.com/watch?v=FzGwNUyBEgQ>

# Why do we need it?

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- ❑ Contribute to the elimination of *health disparities*, promote *health equity*
- ❑ Support vendors to create *culturally-competent* organizations and systems
- ❑ Make services more *responsive* to the needs of clients/communities/staff

# Health Disparities / Inequities

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**Disparities:** differences between **populations** in:

- *Rates of disease*
- *Health status*
- *Mortality*

**“downstream”  
(outcomes)**

**Inequities:** these differences are **unjust, preventable and related to social factors**, like:

- *Unequal distribution of power*
- *Living conditions*
- *Access to and quality of care*

**“upstream”  
(root causes)**

***Inequities***

***(root causes)***

***Lead to***

***Disparities***

***(outcomes)***

**Slide 8**

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**JZ1**

Stopped here with finalizing talking points

JZotter, 11/16/2017

# What is Health Equity?

**DPH Definition:** *Ensuring* that all people have the opportunity to attain (and maintain) their full health potential.\*

- ***Both process and outcome***
- ***Must address social determinants of health***
- ***Uses a social justice framework (inequities)***

\*adapted from APHA



**RESTROOM**



# Public Health

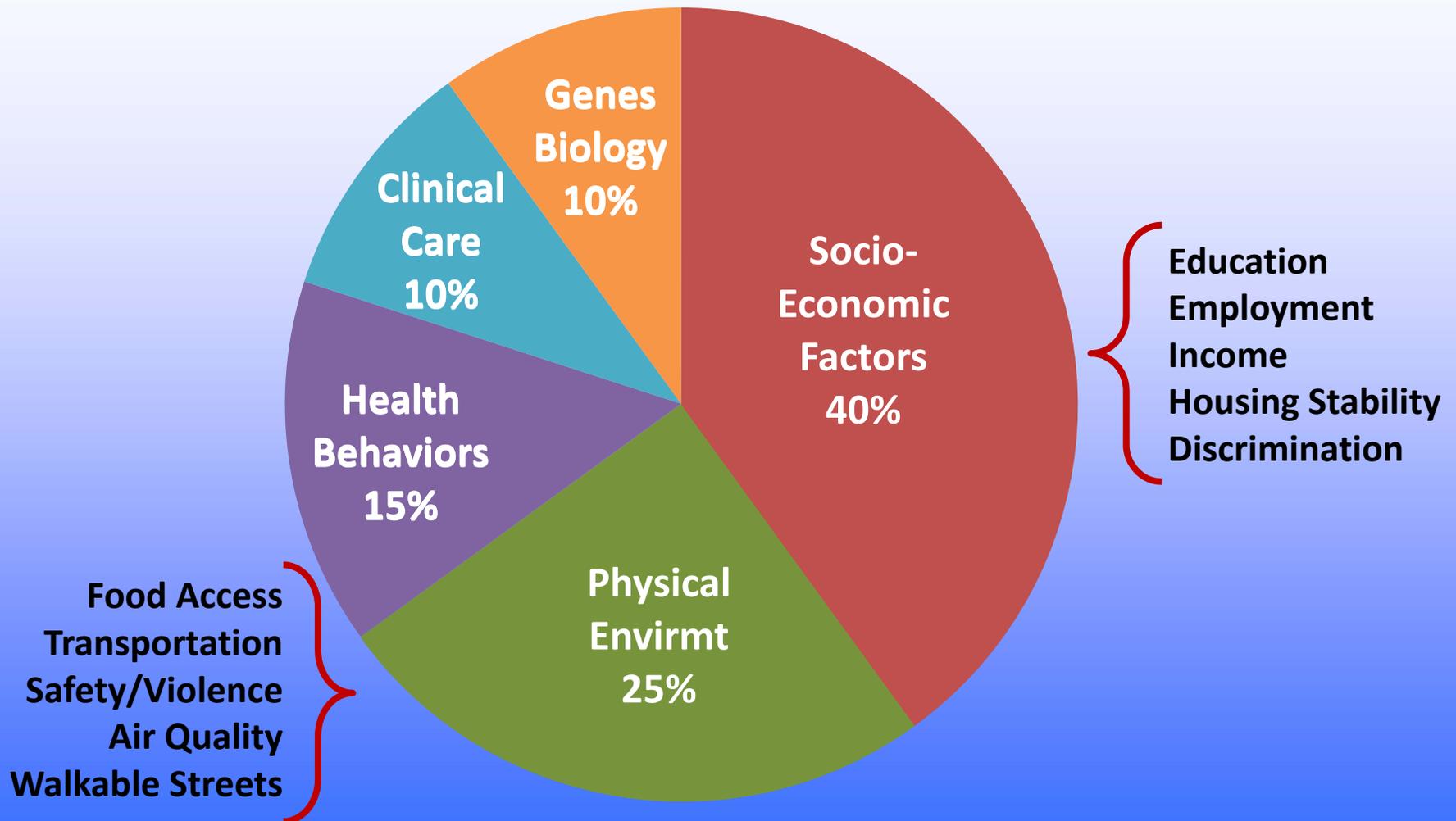
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*“Public health is what we, as a society, do collectively to assure **the conditions** in which (all) people can be healthy.”*

*—Institute of Medicine, Future of Public Health (1988)*

***We call these conditions the social determinants of health (SDOH)***

# Determinants of Health



*Determinants of Health Model based on frameworks developed by: Tarlov AR. Ann NY Acad Sci 1999; 896: 281-93; and Kindig, et al. JAMA 2008; 299(17): 2081-2083.*

# Cultural Competence

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- ❑ ***Culture:*** a shared set of values and behaviors that define and differentiate groups
- ❑ ***Competence:*** a basic level of capacity or ability to work effectively

The values (policies) and behaviors (practices) that allow ***organizations and systems*** to work effectively with diverse groups

# How exactly do you do CLAS?

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- ❑ Most providers are already doing CLAS-related things, like using interpreters, even if they don't call it CLAS
- ❑ But they don't know if what they're doing is enough, or if/how it's working
- ❑ Adopt a CQI approach—***What's in it for you?***  
***How does it tie in with your priorities?***
- ❑ Use the tools!

# Things we've done...at MA DPH

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- ❑ **2005:** Received Federal grant to *implement* CLAS Standards in health services
- ❑ **2007:** CLAS language added to DPH *RFRs*
- ❑ **2008:** First CLAS *Internal Assessment*
- ❑ **2012:** CLAS language in *contract renewals*
- ❑ **2015:** CLAS / PHAB *crosswalk*
- ❑ **2016:** The *PTS system* ensures all contract packets include the CLAS Self-Assessment
- ❑ **Ongoing:** *contract managers* monitor and support vendors' efforts annually as part of their job

# DPH and CLAS: RFR Question

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## RFP Standard Question #8:

Federal standards direct agencies to deliver effective, understandable, and respectful care in a manner compatible with a client's health beliefs, practices and preferred language.

***Please describe your program's strategies for delivering culturally competent and linguistically appropriate services.***

For assistance in developing strategies to provide culturally and linguistically appropriate standards of care, **please see the requirements for implementation of National CLAS Standards.**

# DPH and CLAS: Contract Renewals

## Requirements for Implementation of National Culturally and Linguistically Appropriate Services (CLAS) Standards

The national *Culturally and Linguistically Appropriate Services* (CLAS) Standards were developed to help address many of the barriers that contribute to health disparities. In 2005, the Massachusetts Department of Public Health (DPH) Office of Health Equity

**As part of this contract providers are now required to cooperate with this effort. Such cooperation may include the submission of data relative to the CLAS standards and the implementation of CLAS-related performance requirements. DPH will support and monitor its contracted vendors in their efforts to meet the CLAS standards, which are listed below.**

[www.mass.gov/dph/healthequity](http://www.mass.gov/dph/healthequity). One of the resources available at this website, *Making CLAS Happen*, is a guide to providing culturally and linguistically appropriate services in a variety of public health settings.

**We acknowledge the implementation of CLAS Standards and cooperate with this effort as part of the scope of this contract effective July 1, 2012.**

**Authorizing Signature for the Vendor**

\_\_\_\_\_  
Authorized **Vendor** Signature and Date

\_\_\_\_\_  
Print Name and Title

**Contract ID:** \_\_\_\_\_

# Potential Roles for CLAS in PHAB

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- **Standard 1.1:** *Participate in or conduct a collaborative process resulting in a comprehensive **community health assessment***
- **Standard 1.1.3 A:** *Ensure that the community health assessment is **accessible to agencies, organizations and the general public***
- **Standard 2.4.3 A:** *Provide **timely communication** to the general public during public health emergencies*
- **Standard 3.1.1 A:** *Provide **information to the public** on protecting their health*
- **Standard 3.2.5 A:** *Provide **accessible, accurate, actionable, and current information in culturally sensitive and linguistically appropriate formats** for populations served by the health department*

# Potential Roles for CLAS in PHAB

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- **Standard 5.2.2 S:** *Produce a state health improvement plan as a result of **an inclusive planning process***
- **Standard 7.2.3 A:** *Lead or collaborate in **culturally competent initiatives to increase access to health care** services for those who may experience barriers due to cultural, language or literacy differences*
- **Standard 8.2.3 S:** *Provide consultation and/or technical assistance to Tribal and local health departments regarding evidence-based and/or promising practices in the development of **workforce capacity, training and continuing education***
- **Standard 11.1.3 A:** *Maintain socially, **culturally, and linguistically appropriate approaches in the health department processes, programs, and interventions**, relevant to the population served in its jurisdiction*

# Procurement Tracking System (PTS)

Tasks for a particular contract

[Contract Search](#) [Inbox](#) [Detail](#) [Summary](#) [Instructions](#) [Logoff](#)

**Contract Task List**  
Please check off each step as it's completed.

**Contract:** INTF3212M03106814007 **Vendor:** Action For Boston Community Development Inc

Y  N CLAS Assessment Tool attached as a condition of contract amendment

Y  N CLAS Assessment Tool has been/will be sent by the DPH Program directly this fiscal year

3.  Y  N Amended Special Conditions attached

4.  Y  N Capital budget required

5.  Y  N Subcontract required

6.  Y  N Multiple Budgets Required in EIM

7.  Y  N CLAS Assessment Tool attached as a condition of contract amendment

8.  Y  N CLAS Assessment Tool has been/will be sent by the DPH Program directly this fiscal year

9. [Print Routing Slip](#)

10. Submit Data to POS

11. Documentation for Certification #3

12. Package Sent to POS

13. Cost Reimbursement Budget Approved/Contract Active in EIM

[Save](#) [Info Links](#) [Cancel](#)

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# Contract Management...

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- CMs ask vendors to complete a Self-Assessment annually:
  - *designate CLAS champion*
  - *identify priorities*
  - *define goals and make a plan*
- CMs use the Self-Assessment to **support and monitor** vendors' efforts annually
  - *site visits*
  - *performance reviews*
  - *contract renewals*

# Where do I start?

## Self-Assessment

Champion!

Check yourself!

CLAS Self Assessment Tool	
	The following questions are designed to help programs identify needs and develop a work plan with concrete tasks to address the basic elements of the 14 National CLAS Standards. DPH considers CLAS work to be an ongoing improvement project. Your contract manager will help support your efforts to implement CLAS as part of your contractual expectations, and will monitor continuous improvement based on your program's self assessment and proposed work plan.
Organization	
Organization Name: [ ]	
Address: [ ]	
[ ]	
City: [ ], State: [ ] Zip: [ ]	
Contact Person for CLAS Implementation	
First Name: [ ] Last Name: [ ]	
Title: [ ]	
Telephone: ( [ ] ) [ ]-[ ]-[ ] E-Mail: [ ]	
Culturally Competent Care	
1. Does your program collect client satisfaction data to inform culturally and linguistically appropriate service (CLAS) delivery? (CLAS Standard 1) Check one.	
<input type="checkbox"/> Always	
<input type="checkbox"/> Sometimes	
<input type="checkbox"/> Our program does not currently collect client satisfaction data to inform CLAS delivery.	
2. Does your program recruit, retain, and promote staff that reflects the cultural diversity of the community? (CLAS Standard 2 part A) Check one.	
<input type="checkbox"/> Our staff <u>fully</u> reflects the cultural diversity of our community.	
<input type="checkbox"/> Our staff <u>partially</u> reflects the cultural diversity of our community.	
<input type="checkbox"/> Our program staff <u>does not</u> currently reflect the cultural diversity of our community.	
3. Does your program have written policies and procedures that support recruitment, retention, training and promotion practices? (CLAS Standard 2 part B) Check one.	
<input type="checkbox"/> <u>All</u> Our staff are aware of / universally trained on them.	
<input type="checkbox"/> <u>Not all</u> our staff are aware of / universally trained on them.	
<input type="checkbox"/> Our program does not currently have written policies and procedures that support these diversity practices.	
4. Do program staff members at all levels and disciplines receive training in culturally and linguistically appropriate service delivery? (CLAS Standard 3) Check ALL that apply.	
<input type="checkbox"/> Training is provided to staff as standard part of orientation for <u>new hires</u> at all levels and disciplines.	
<input type="checkbox"/> Training is provided <u>at least once a year</u> to staff at all levels and disciplines.	
<input type="checkbox"/> Training is provided, but not in a standardized / routine manner.	
<input type="checkbox"/> Our program does not currently provide this training.	

# Workplan Section

## Using PDSA:

**Plan:** goal must address a challenge

**Do:** something concrete you can implement tomorrow and track for the next 6-8 weeks

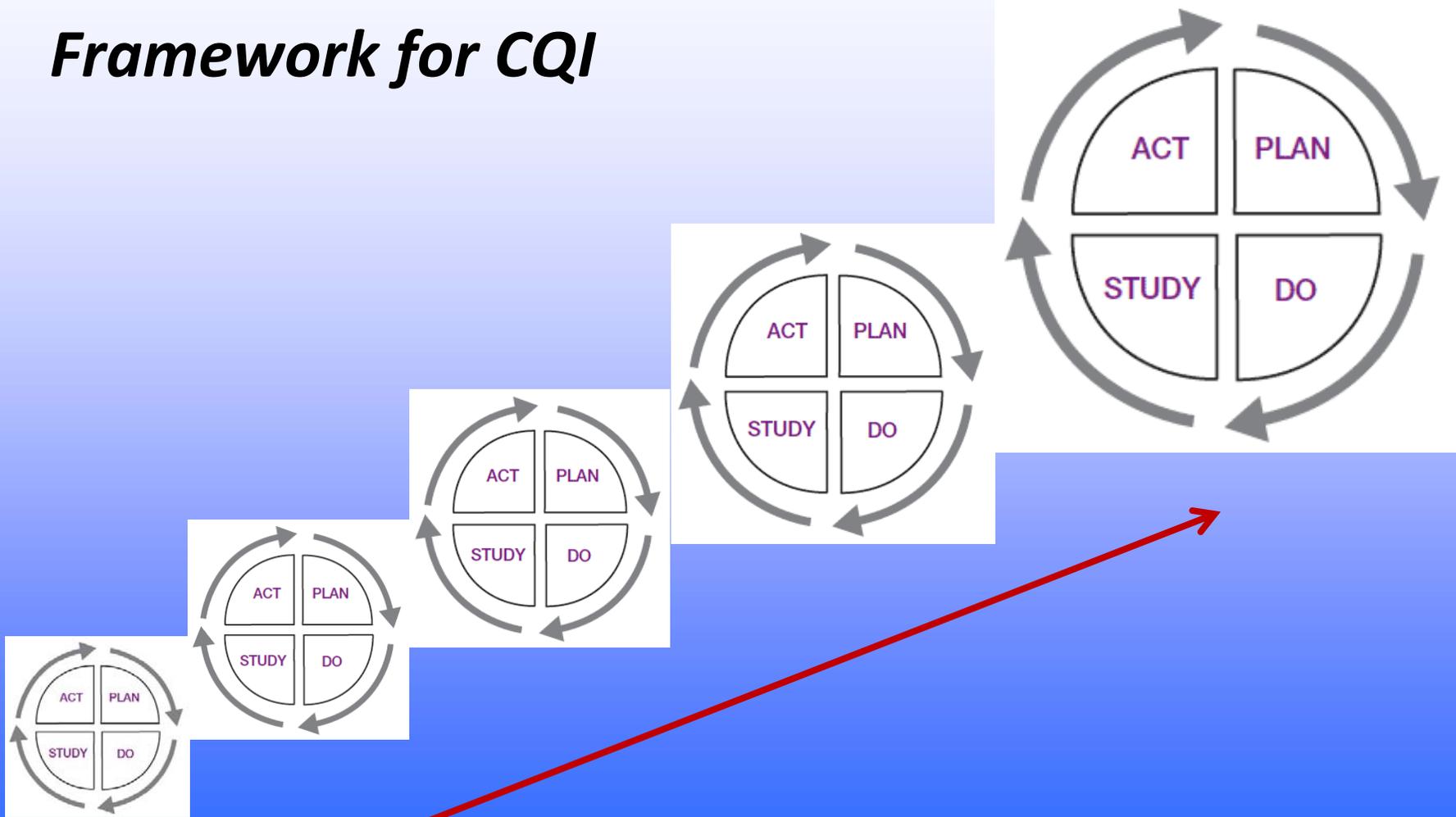
**Study:** did it improve or solve the issue? measure it

**Act:** keep it? tweak it? build upon it?

Work Plan
Think of the area most meaningful or relevant to your program's goals and challenges. Select one or more of the questions above and briefly describe what you will do to improve your CLAS efforts this year. Activities/workplans should be realistic and attainable, appropriate to your program/staff capacity. Your DPH contract manager will review, monitor and support your efforts. The DPH CLAS manager is available to provide technical assistance—call 617-994-9806 or email: <a href="mailto:rodrigo.monterrey@state.ma.us">rodrigo.monterrey@state.ma.us</a> .
<b>Identify a current challenge or goal of your program:</b>
<i>List current challenge or goal here. Text limit approx. 4 paragraphs. (Example: Increasing HPV vaccination rates among boys 11-21 y.o. at school-based health center)</i>
<b>Which question number(s) from above relate(s) to that challenge or goal:</b> <i>[(Example: 7, 8, 12 and 13)]</i>
<b>What will you do to address or achieve your challenge or goal through CLAS?</b>
<i>List activities here. Text limit approx. 4 paragraphs. (Example: find and disseminate HPV information materials designed specifically for boys 11-21 y.o. in different languages)</i>
<b>How will you measure progress in addressing or achieving your identified challenge or goal?</b>
<i>List your measures here. Text limit approx. 2 paragraphs. (Example: HPV-series completion rates among boys 11-21 y.o., number of materials distributed, follow-up questions regarding materials at time of intervention)</i>
<b>What impact on health outcomes do you expect as a result of these activities?</b>
<i>List desired impact here. Text limit approx. 2 paragraphs. (Example: reducing rates of HPV infection and HPV-related cancer)</i>

# When am I done? (never!)

## *Framework for CQI*



# CLAS Internal Assmt

1. Program Information:
  - ✓ For customized questions
  - ✓ For OHE follow-up
2. Questions:
  - ✓ Data Collection
  - ✓ Workforce Dev.
  - ✓ Language Access
  - ✓ Contract Monitoring
3. CLAS Activity Priorities
4. Work plan
5. Save/Submit

**Massachusetts Department of Public Health**  
**CLAS Internal Assessment Checklist** Version: 02-10-16

Print Form    Reset Form: clears all data    Save

**INSTRUCTIONS**

HOW TO USE THIS IA

**2. DATA COLLECTION, ANALYSIS AND REPORTING**  
*Relevant CLAS Standard: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health*

**5. CLAS ACTIVITY RATING OF PROGRAMMATIC OBJECTIVES**  
Below is a list of CLAS-related activities that your program is currently not doing based on your responses. To help you prioritize and strategize, please

**WORK PLAN**

Based on how you rated activities in terms of impact and feasibility, choose one thing you will prioritize as a goal for the next 6 months and write it here.

Send out CLAS self assessment to all contracted CSS programs.

Please list small steps you will take to reach that goal and specify how you will measure whether or not you have completed them.

Track responses from CSS programs.

These goals and measures are reflected in my EPRS, ACES, or Programs's work plan. (Check any / all that apply)

EPRS    ACES    program's work plan

**SUBMIT FORM**

Checking "This form is complete" (below) will lock the form and date-stamp the file. If you need to make edits un-check the box.

Date/Time Stamp: 11/15/2017 9:34 am    This form is complete     Save a copy for your records    Submit to OHE

Did this tool help you meet CLAS standards?     Yes    No

Highest Ranked Priorities

# 5-Step Process

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1. **Bureau Directors** identify staff to fill out CLAS IA (see respondents list – handout)
2. OHE sends CLAS IA to **designated programs** in each Bureau/Office
3. **Programs complete** and save, and submit copy back to OHE
4. OHE reviews and schedules **1-on-1 technical assistance** with each program
5. OHE schedules a **6-month check-in to review progress/needs** with each program

# What's in it for me? (*Getting Buy-in*)

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## **Alignment with DPH Priorities:**

- ❑ *Drivers: data, disparities, determinants*
- ❑ *Public Health Accreditation and PMQI*
- ❑ *Diversity Plan, Language Access Plan, etc.*

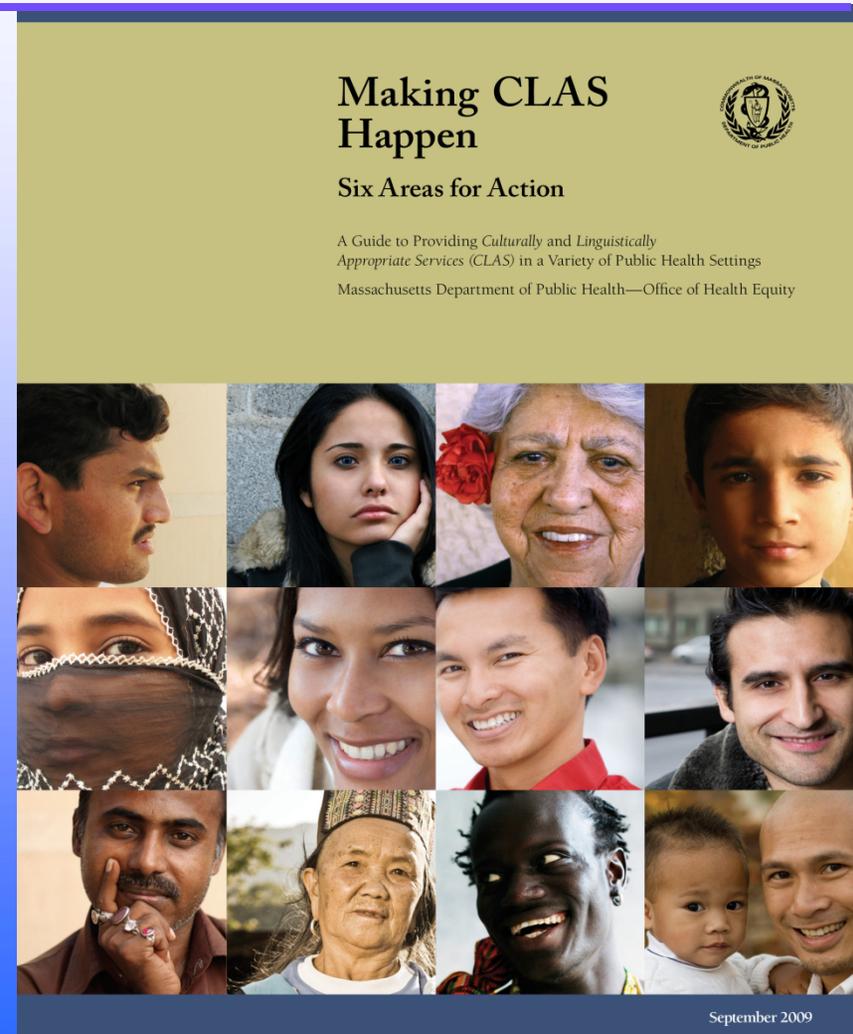
**Bureaus/Offices:** *identify how CLAS standards apply to individual programs, and monitor progress*

**Programs:** *set meaningful goals/measures, implement change, and review performance*

**Overall:** *capacity building—further educate staff regarding the CLAS Standards*

# More Resources/Tools:

- Aims to guide public health agencies of all sizes as they put CLAS standards into action
- Can be downloaded from the DPH website [www.mass.gov](http://www.mass.gov) by searching for “CLAS”



# ***Making CLAS Happen Manual***

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## □ **Six Areas for Action:**

- 1. Foster Cultural Competence*
- 2. Build Community Partnerships*
- 3. Collect Diversity Data*
- 4. Benchmark (Plan and Evaluate)*
- 5. Reflect and Respect Diversity*
- 6. Ensure Language Access*

# Making CLAS Happen Manual

To quickly find information, look for the following common elements, and their icons, in each chapter:



## LAWS

### Laws

State and federal laws and guidelines for culturally competent services



## TOOLS

### Tools

Templates, helpful links and resources; found at the end of each chapter



## GUIDE

### Guide

A step-by-step approach to improving cultural competence in each area of action



## BUDGET

### Budget

Strategies to meet growing CLAS requirements with limited resources



## CHECKLIST

### Checklist

Suggested ways to meet CLAS-related Request for Response (RFR) and contract requirements



## FIELD LESSONS

### Field Lessons

Ideas and best practices in culturally competent services from Massachusetts public health professionals



## CASE STUDIES

### Case Studies

Highlights of practical applications of CLAS standards by Massachusetts agencies

# Questions?

*Thank you!*

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Rodrigo Monterrey  
*(not the sharpest tool)*

Deputy Director

Office of Health Equity

Massachusetts DPH

250 Washington St. Boston, MA 02108

[rodrigo.monterrey@state.ma.us](mailto:rodrigo.monterrey@state.ma.us)

Phone: 617-994-9806