



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.



Interpretation Service Available

English Translation:
Point to your language.
An interpreter will be called.



SCAN provides interpreter services at no cost to SCAN members. Call SCAN Member Services Department at 1-800-559-3500 to be connected to an interpreter Monday through Friday 7:00 A.M. to 6:00 P.M.

<p>Arabic اللغة العربية </p> <p>أشر الى لغتك وسننادي المترجم حالاً.</p>	<p>Korean 한국말 </p> <p>당신이 쓰는 말을 지적하세요. 통역관을 불러 드리겠습니다.</p>
<p>Armenian Հայերէն </p> <p>Ցույց տուէք ո՞ր լեզուն կը խօսիք՝ որպէսզի թարգմանիչ մը կանչել տանք.</p>	<p>Laotian ພາສາລາວ </p> <p>ຊື່ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້ ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້</p>
<p>Cantonese 廣東話 </p> <p>唔該點出您講嘅語言。 等我哋幫您搵翻譯。</p>	<p>Mandarin 國語 </p> <p>請指認您的語言。 以便爲您請翻譯。</p>
<p>French Français </p> <p>Montrez-nous quelle langue vous parlez. Nous vous fournirons un/une interprète.</p>	<p>Polish Polski </p> <p>Proszę wskazać na swój język ojczysty. Tłumacz zostanie poproszony do telefonu.</p>
<p>German Deutsch </p> <p>Zeigen Sie auf Ihre Sprache. Wir rufen einen Dolmetscher an.</p>	<p>Portuguese Português </p> <p>Aponte seu idioma. Providenciaremos um intérprete.</p>
<p>Hindi हिन्दी </p> <p>अपनी भाषा इशारे से दिखाइये । आपके लिए दुभाषिया बुलाया जाएगा ।</p>	<p>Russian Русский Язык </p> <p>Укажите, на каком языке Вы говорите. Сейчас Вам вызовут переводчика.</p>
<p>Hmong Hmoob </p> <p>Thov taw tes rau koj yam lus. Peb yuav hu ib tug neeg txhais lus rau koj.</p>	<p>Spanish Español </p> <p>Señale su idioma. Se llamará a un intérprete.</p>
<p>Italian Italiano </p> <p>Faccia vedere qual è la sua lingua. Un interprete sarà chiamato.</p>	<p>Tagalog Tagalog </p> <p>Pakituro po ninyo ang inyong wika. Magpapatawag kami ng interpreter.</p>
<p>Japanese 日本語 </p> <p>あなたの話す言葉を指さしてください。 通訳を呼びます。</p>	<p>Thai ภาษาไทย </p> <p>ช่วยชี้ให้เราดูหน่อยว่าภาษาไหนคือภาษาที่ท่านพูด แล้วเราจะจัดหาลำโพงให้ท่าน</p>
<p>Khmer (Cambodian) ខ្មែរ (កម្ពុជា) </p> <p>សូមចង្អុលភាសាស្តុក យើងនឹងហៅអ្នកបកប្រែមកជូន</p>	<p>Vietnamese Tiếng Việt </p> <p>Chỉ rõ tiếng bạn nói. Sẽ có một thông dịch viên nói chuyện với bạn ngay.</p>

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Request/Refusal Form for Interpretive Services

Patient name: _____

Primary Language: _____

Yes, I am requesting interpretive services.

Language(s): _____

I prefer to use my family or friend as an interpreter.

No, I do not require interpretive services.

N/A

Please explain: _____

Patient signature

Date

*Please place in patient's medical record.

SECTION	Approval date:	
Office Management	Approved by:	
POLICY AND PROCEDURE	Effective date:	
Cultural and Linguistics	Revision date:	

CULTURALLY COMPETENT SERVICES

POLICY:

All patients shall be assessed for cultural and ethnic characteristics that may affect behaviors and treatment. All clinical staff shall demonstrate understanding of cultural and ethnic variances related to illness and care of patients. Every effort shall be made to adapt services to meet specific needs within cultural and ethnic differences. These differences may affect communication, activities of daily living, food practices, beliefs about medicines and healing, responses to pain and touch, birth and death rituals, family relationships and spiritual health practices.

PROCEDURE:

1. All staff shall demonstrate sensitivity to different culture and ethnic backgrounds especially when caring for patients with different cultural and ethnic needs.
2. Providing services to persons with different cultural and ethnic backgrounds:
 - a. The most effective tool in working with patients from other cultural and ethnic background is respect. Patients may pick up quickly when there is a tone of condescension of judgement that comes from a staff person. Negative non-verbal communication is powerful in rendering ineffective care. Be open to understanding the patient's unique perspective and experiences.
 - b. Accept responsibility for any misunderstanding that may occur rather than expecting the patient to bridge the cultural and ethnic gap.
 - c. Do not assume anything about anyone, even though you are "well-read" about the practices of a particular group. Be willing to admit that you do not know. Remember, you are an insider to your own culture and an outsider to another ethnicity and culture.
 - d. If a staff or provider has difficulty working with patients from another culture, that staff or provider must assess and address those barriers when working with patients from that culture.
 - e. The more conscious you are of your own biases, the more open minded and understanding you can be.
 - f. Assume there are good reasons for why patients do what they do. There are often a variety of factors that can influence decisions patients make that you may not be privy to.
 - g. Listen actively and carefully. Listen not only for factual information but closely watch the patient's reaction. Notice what the patient asks about. Stop talking as soon as the patient seems they have something to say. Accept silence as a natural part of conversation.
 - h. Give non-judgmental feedback to be sure you heard what you thought you heard. Be careful about how literal you take things and how literal your statements might be taken.
 - i. Expect to enjoy meeting patients with experiences different from your own. There may be times when we seek out the familiar people and things but cultural venturing can be stimulating and gratifying.
 - j. Notice and remember what patients call themselves. Be a bit on the formal side at first in language and behavior until you are more acquainted. Be sure to remain professional whether more formal or more casual.
 - k. If it appears to be appreciated, act as a cultural guide-coach to the patient. Look for ethnic and cultural guides or coaches, to help you put things in perspective. Ask

questions. Some people appreciate interest in their experiences. Be careful, though, because asking questions may have a judgement tone, implying that the thing you ask is not acceptable.

- I. If someone speaks more loudly than you, or stands more still, adjust your behavior. Watch cultural groups interacting among themselves, and learn what their norms are.
3. What Successful Communicators Never Do
- a. Never make assumptions based on a person's appearance, name, and membership in a group. Do not expect people of a group to look, act and think alike.
 - b. Never show amusement or shock at something that is strange to you.
 - c. Never imply that the established way of doing things is the only way or the best way. This refers to lifestyles, not laws, rules or regulations.

LINGUISTIC SERVICES

POLICY:

According to the Department of Justice, "People who are completely bilingual are fluent in two languages. They are able to conduct the business of the workplace in either of those languages. Bilingual staff can assist in meeting the Title VI and Executive Order 13166 requirement for federally conducted and federally assisted programs and activities to ensure meaningful access to LEP (limited English proficient) persons."

"One of the primary ways that bilingual staff can be used as part of a broader effort to ensure meaningful access is to have them conduct business with the agencies' LEP clients directly in the clients' primary language." "This is sometimes called "monolingual communication in a language other than English."

An interpreter is defined as a person who provides immediate communication of meaning from one language (the source language) into another (the target language). An interpreter is usually a third party who interprets between speakers who speak different languages.

The site has 24-hour access to interpreter services for non-/LEP members and the hearing impaired.

PROCEDURE:

1. Staff shall ensure that interpreter services are made available in identified threshold languages specified for location of site.
2. All personnel providing language interpreter services on site are trained/competent in medical interpretation.
3. The provider/designee shall assess interpreter skills and capabilities of their staff providing interpreter services using at least one or more of the following (please check all that apply):
 - Assessment of interpreter skills may include written or oral assessment of bilingual skills;
 - Documentation of the number of years of employment as an interpreter or translator;
 - Documentation of successful completion of a specified type of interpreter training programs, i.e., medical, legal, court, or semi-technical; OR
 - Other reasonable alternative documentation of interpreter capability as specified below:
