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CCCCF commits to embracing, implementing, and practicing the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice (As offered by the Office of Minority Health U.S. Department of Health and Human Services) initially dated April 2013.

CCCCF adopts these principles as part of our Policy & Procedures Manual as of July 2013. Every reasonable effort will be made to implement and achieve these principles and update accordingly as warranted.

Updated 2024 SAMSHA/OMH version specific to Behavioral Health updated in August 2024 for CCCCCF.

Principal Standard: 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.

Purpose

- o To create a safe and welcoming environment at every point of contact that both fosters appreciation of the diversity of individuals and provides patient-and family-centered care
- o To ensure that all individuals who receive health care and services experience culturally and linguistically appropriate encounters
- o To meet communication needs so that individuals understand the health care and services they are receiving, participate effectively in their own care, and make informed decisions
- o To eliminate discrimination and disparities

Governance, Leadership and Workforce Standard

Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

Purpose

- o To ensure the provision of appropriate resources and accountability needed to support and sustain initiatives
- o To model an appreciation and respect for diversity, inclusiveness, and all beliefs and practices

- o To support a model of transparency and communication between the service setting and the populations that it serves

Implementation Strategies

What actions should a health center prioritize to improve the cultural and linguistic experiences of students and their families?

1. Engage community members in the designing and furnishing of physical spaces to promote a welcoming and culturally respectful environment.
2. Develop strategies to collect authentic, sustained representative public input that includes the immigrant community.
3. Develop multiple communication channels with community members. Place a priority focus on outreach to and engagement with immigrant families by establishing relationships with community leaders in these groups.
4. Engage state- and local-level leadership to promote and support the National CLAS Standards at an institutional and community level.
5. Develop and implement a sustainability plan that includes annual evaluation of CLAS competencies and related policies and practices.
6. Establish regularly scheduled CLC trainings, and identify and leverage funding opportunities for CLC professional development.
7. Post the National CLAS Standards in public areas to inform clients of their rights and the center's intent to provide culturally and linguistically competent services.

Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are response to the populations in the service area.

Purpose

- o To create an environment in which culturally diverse individuals feel welcomed and valued
- o To promote trust and engagement with the communities and populations served
- o To infuse multicultural perspectives into the planning, design, and implementation of CLAS
- o To ensure that diverse viewpoints are represented in governance decisions
- o To increase staff knowledge and experience related to culture and language

Implementation Strategies

What actions are needed for a health center to recruit and retain diverse individuals that are responsive to the population in the service area?

1. Allocate resources to assist the administration in identifying pools of qualified leadership and staff members who are proportionately representative of the community served.
2. Provide hiring opportunities for education and mental health professionals, through multiple strategies including job fairs, advertisements in listservs and newsletters of national ethnic associations or organizations placing a priority on individuals that are more representative of the community served.
3. Build community trust and engagement by hiring highly qualified education and mental health professionals who are more reflective of local residents.
4. Establish a National CLAS Standards taskforce inclusive of representatives from immigrant families and

community advocacy groups to establish goals, objectives, tasks, timelines, quality indicators, and responsible parties to:

- develop a comprehensive strategic plan for ensuring a diverse, sustainable and inclusive leadership and staff; and,
 - ensure that diverse inclusive opinions are represented in governance decisions.
5. Develop a set of key activities and strategies focused on improving CLAS-driven equity, access, and quality service.

Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Purpose

- o To prepare, support and sustain a workforce that demonstrates the attitudes, knowledge, and skills necessary to work effectively with diverse populations
- o To increase the capacity of staff to provide culturally and linguistically appropriate services
- o To assess the progress of staff in developing skills in cultural, linguistic, and health literacy competency
- o To foster an individual's right to respect and nondiscrimination by developing and implementing education and training programs that address the impact of culture on health and health care

Implementation Strategies

How can a health center educate and train its leadership and staff to establish and sustain a workforce that demonstrates the attitudes, knowledge and skills necessary to work effectively with diverse populations?

1. Allocate resources to provide CLAS training, professional development, and tools to service providers, staff, and administration.
2. Allocate resources for new and existing mental health service providers and community stakeholder groups that focus on building collective CLAS competencies and making related policy, procedural, and practice improvements.
3. Consult with professional staff to learn how to respect and integrate cultural beliefs and practices with western practices to improve access, use, and health outcomes; and implement training protocols.
4. Monitor the development in staff, administration, and mental health service provider's competency in delivering culturally and linguistically appropriate practices.
5. Establish policies and procedures to support the rights of patients, their families and community to receive respectful and nondiscriminatory services by developing and implementing education and training programs that address the impact of culture on health and health care.
6. Encourage and support all other service providers to take the same steps internally and hold themselves accountable to do these actions through strategic planning in an effort to improve access, use, and outcome for *all* community members.

Communication and Language Assistance

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 services.

Purpose

- o To ensure that individuals with limited English proficiency (LEP) and/or other communication needs have equitable access to health services
- o To help individuals understand their care and service options and participate in decisions regarding their health and health care
- o To increase individuals' satisfaction and adherence to care and services
- o To improve patient safety and reduce medical error related to miscommunication
- o To help organizations comply with requirements such laws as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements

Implementation Strategies

How can a hospital/clinic/practice support individuals with LEP and/or other communication needs to have equitable access to behavioral health services?

1. Conduct community needs assessments and Strengths, Weaknesses, Opportunities and Threats (SWOT) analyses to assess the language needs of their patients and family members.
2. Ensure that staff are fully aware of, and trained in, the use of language assistance services, policies and procedures.
3. Develop strategies for identifying the language(s) an individual speaks and add this information to that person's health record.
4. Conduct an internal assessment of organizational capabilities, including the capacity to provide free language interpretation.
5. Use qualified and trained interpreters to facilitate communication, including ensuring the quality of the language skills of self-reported bilingual staff who use their non-English language skills during patient encounters.
6. Recruit and hire qualified bilingual providers/practitioners.
7. Ensure communication with community members is appropriate to diverse linguistic characteristics, including, but not limited to, primary language, literacy skills, and disability status.
8. Assist with community members' access to federally required interpreter services.
9. Plan and implement language access services that are low-cost or, if possible, free of cost.
10. Post signs that inform patients that language assistance services are available.
11. Establish contracts with interpreter services for in-person, over-the-phone, and video remote interpreting.
12. Partner with organizations and community members to ensure training incorporates aspects of cultural humility needed for social flourishing, community resilience and empowerment.

Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Purpose

- o To inform individuals with limited English proficiency (LEP), in their preferred language, that language services are readily available at no cost to them

o To facilitate access to language services

o To help organizations comply with requirements such laws as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements

Implementation Strategies

To comply with Title VI of the Civil Rights Act of 1964² and related laws, what steps can a hospital/clinic/practice take to inform clients and their families of the availability of language assistance services?

1. Develop verbal and written language service notification protocol and training for personnel that describes the type of communication and language assistance available, including telephonic language services, to whom they are available, and the process for identifying patients with LEP and how to connect them to appropriate language services.
2. Place written language service notifications, which are easy to understand at low literacy levels, on the registration desks, in the waiting rooms, and in financial screening rooms.
3. Standardize procedures for personnel who serve as initial point of contact to provide staff with a script to ensure that they inform clients and family members in both verbal and written form of the availability of language assistance and to inquire whether they will need to utilize any of the services available.
4. Develop organization policies for cross-communication exchange and interpreter services such as using “I speak” cards written in native languages for patients to indicate their preferred language to personnel upon arrival.
5. Develop and utilize a patient survey tool that identifies and documents the patient’s language preference and type of language services needed (verbal or written), and include it in the patient’s medical files.
6. Ensure all written intake forms clearly state that communication and language assistance is provided by the organization, and whether it is free of charge to individuals.
7. Publicize availability of language assistance services in local foreign language media, such as television channels and newspapers.

Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Purpose

o To provide accurate and effective communication between individuals and providers

o To reduce misunderstanding, dissatisfaction, omission of vital information, misdiagnoses, inappropriate treatment, and patient safety issues due to reliance on staff or individuals that lack interpreter training

o To empower individuals to negotiate and advocate, on their own behalf, important services through effective and accurate communication with health and health care staff

o To help organizations comply with requirements such as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements

Implementation Strategies

To comply with Title VI of the Civil Rights Act of 1964 and related laws, what language assistance strategies can a hospital/clinic/practice implement to provide interpretation and translation services and ensure the competence of individuals providing language assistance?

1. Establish policies that recognize interpreting in a mental health situation is a specialized skill, even for experienced healthcare interpreters. Interpretation requires knowledge of culture, including an understanding of the idioms used to express emotions. [*The National Council on Interpreting in Health Care*](#) offers resources on mental health care in translation.
 2. Develop a process for ensuring the availability of qualified individuals who can provide language assistance services based on the language, hearing and visual needs of the district. These individuals should meet the standards established by interpreting professional organizations such as the American Translators Association, National Council on Interpreting in Health Care or in the Registry of Interpreters for the Deaf for American Sign Language.
 3. Partner with certifying agencies for healthcare interpreters, or language companies for training individuals in providing language assistance. Interpreter services can also be found in registries maintained by national/international organizations such as:
 - [*American Translators Association*](#)
 - [*National Board of Certified Medical Interpreters*](#)
 - [*Certification Commission for Healthcare Interpreters*](#)
 - [*Registry of Interpreters for the Deaf*](#)
 4. Develop and administer a survey to assess personnel's rating of the interpreter services offered and if they can recognize when a patient is using an untrained interpreter (e.g., minor, family member).
 5. Employ a "multifaceted model" of language assistance. Provide language assistance in a variety of models, including bilingual staff, dedicated language assistance (e.g., a contract interpreter), telephone or digital technology.
 6. Partner with the foreign language, public health education, and communication departments of local colleges and universities to identify and utilize faculty members and/or advanced/graduate students who can be/are trained to serve as interpreters and translators. Independent study credits for health education and health promotion can be offered to reduce the costs to the clinic.
 7. Develop a strategy to ensure the staff who wish to communicate in a language other than English are trained and tested.
 8. Hire qualified mental health translators to translate all materials into the languages used in the area.
 9. Engage community members to do the translation, including dialects used among the community to create and sustain community partnerships to address behavioral health issues.
 10. Track how often interpretation is done by untrained interpreters (e.g., staff members, patient's family or friends, etc.) as part of quality improvement monitoring.
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Provide Easy-to-Understand print and multimedia materials and signage in the languages commonly used by populations in the service area

Purpose

- o To ensure that readers of other languages and individuals with various health literacy levels are able to access care and services
- o To provide access to health-related information and facilitate comprehension of and adherence to instructions and health plan requirements
- o To enable all individuals to make informed decisions regarding their health, health care, and services options
- o To offer an effective way to communicate with large numbers of people and supplement information provided orally by staff members
- o To help organizations comply with requirements such as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirement

Implementation Strategies

To comply with Title VI of the Civil Rights Act of 1964 and related laws, what strategies can a hospital/clinic/practice implement to provide easy-to-understand materials and signage?

1. Conduct ongoing needs assessments of the cultural and linguistic appropriateness of the communication and language assistance.
2. Develop and administer patient and staff surveys to assess the literacy levels of educational materials and the variety/quality of translated languages used in educational materials. Assessment tools like CDC's [Clear Communication Index](#) and AHRQ's [Patient Education Materials Assessment Tool](#) can also be used for English-only materials.
3. Develop protocols to evaluate the print and multimedia materials and signage used that are responsive to the populations served by using easy-to-understand language.
4. Develop protocols to establish a standard for the availability of copies of important documents in languages other than English. Protocols should also include provisions for sight translation where an interpreter explains an English form on the spot to a patient. The National Council on Interpreting in Health Care offers [guidelines for sight and written translation for healthcare interpreters](#).
5. Conduct ongoing assessments of staff and personnel of the understanding and availability of patient's educational materials and the cultural and linguistic appropriateness of signs and maps.
6. Promote translated print and multimedia materials and language assistance signage to all patients and families, and supplement written information with oral translation by trained staff members when needed.

Infuse CLAS goals, policies, and management accountability throughout an organization's planning and operations

Purpose

- o To make CLAS central to the organization's service, administrative, and supportive functions
- o To integrate CLAS throughout the organization (including the mission) and highlight its importance through specific goals
- o To link CLAS to other organizational activities, including policy, procedures, and decision making related to outcomes accountability

Implementation Strategies

To comply with Title VI of the Civil Rights Act of 1964 and related laws, what are some comprehensive strategies to infuse CLAS goals, policies, and management accountability throughout a community health center's planning and operations?

1. Develop a patient assessment form that considers the patient's holistic health needs related, but not limited to cultural and religious beliefs, socio-emotional needs and considerations, desire and motivation to learn, physical or cognitive limitations, or barriers to communication.
2. Develop a protocol to use the assessment form to inform the comprehensive Cultural and Linguistic Competence (CLC) plan.
3. Identify a CLC Lead Coordinator.
4. Convene and support a CLC Committee to develop CLC policies and procedures, as part of the governance structure, that includes representatives from the communities to be served (e.g., youth, family, and providers), and key partners.
5. Develop a CLC/CLAS strategy through a series of actions regarding the infusion and implementation of CLC as an iterative, developmental process reflecting the importance of a team approach and shared responsibilities. Its purpose is to facilitate the development and integration of CLAS and CLC. See [A Treatment Improvement Protocol Improving Cultural Competence](#) (TIP 59) for additional details.
6. Coordinate the implementation of the community team's CLC organizational self-assessment. Provide information and consultation about the community's CLC strengths, challenges, and opportunities; and include information about the community's linguistic diversity.
7. Convene a comprehensive continuous quality improvement process team where the evaluator and other team members address and assess local disparities and disproportionalities identified in the community needs assessment—where the population of focus resides.
8. Ensure CLC Committee participates in the:

- hiring process by developing interview questions and participating in interviews, to ensure proportionate representation that reflects the population to be served both culturally and linguistically.
 - writing/editing of contracts/subcontracts/memoranda of understanding to ensure that CLC is addressed, especially in expectations and performance indicators/measures.
 - process for designing performance appraisals and the performance appraisal for staff by incorporating CLC-related performance indicators/measures, which can later be used to achieve standard 10.
 - activities for developing a culturally and linguistically competent workplace, including processes, policies, procedures, practices, and evaluation.
9. Engage the administrative team in the CLC self-assessment process as a professional development tool to assess strengths, areas of improvement and needs. Address any needs through coaching, training, information and resource sharing, and TA.
 10. Develop a plan to follow up on the results of the CLC self- and organizational assessment and community needs assessment.
 11. Develop CLC professional development goals and performance measures for staff.

Conduct ongoing assessments an organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities

Purpose

- o To assess performance and monitor progress in implementing the National CLAS Standards
- o To obtain information about the organization and the people it serves to tailor and improve services
- o To assess the value of CLAS-related activities relative to the fulfillment of governance, leadership, and workforce responsibilities

Implementation Strategies

What quality improvement strategies can a community health center promote to assess and improve CLAS-related services in support for their diverse population?

1. Conduct an organizational needs assessment using existing cultural and linguistic competency (CLC) assessment tools to inventory structural policies, procedures, and practices. These tools can provide guidance to determine whether the core structures and processes, such as management, governance, delivery systems, and customer relation functions necessary for providing CLAS are in place.
2. Use results from CLC assessments to identify assets (e.g., existing relationships with community-based ethnic organizations and leaders), risks (e.g., no translated signage or

CLC training), and opportunities to improve the organization's structural framework and capacity to address CLC in care (e.g., revise mission statement)

3. Develop CLAS policies/management procedures following the CLC assessment. Ensure protocols are in place for subsequent ongoing CLC assessment to help organizations monitor their progress in refining their strategic plans.
4. Conduct assessment of client/patient feedback through a survey of services (e.g. interpreter, provider CLC, physical space, attention to care etc.). The client/patient feedback can provide a measure of patient experiences integral to improving and ensuring the care provided is high quality and tailored for individuals a center serves.

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

Purpose

- o To accurately identify population groups within a service area
- o To monitor individual needs, access, utilization, quality of care, and outcome patterns
- o To ensure equal allocation of organizational resources
- o To improve service planning to enhance access and coordination of care
- o To assess and improve to what extent health care services are provided equitably

Implementation Strategies

What steps can the subcommittee take to accomplish the task of developing a comprehensive data collection system?

1. Develop protocols to streamline data collection processes across agencies to ensure that data are not fragmented or poorly integrated, modify and streamline data collection instruments, and create standardized demographic data collection instruments, taking into account the [HHS Data Collection Standards](#).
2. Identify how individual data collection methods and instruments can be modified to align more closely with the National CLAS standards (see pages 109 and 110 in the [Blueprint for Advancing and Sustaining CLAS Policy and Practice](#)).
3. Work with the community members to identify the racial, ethnic, gender, language, sexual orientation, gender identity and disability status categories most relevant to the community.
4. Identify and train data collection personnel in CLC.
5. Identify and develop data-sharing mechanisms that adhere to confidentiality requirements, including the utilization of health information technology, quality

assurance and accountability measures.

6. Develop a process that can facilitate client self-identification versus staff observation and visual determinations.
7. Develop Memoranda of Agreements related to data collection and sharing.
8. Develop a plan to use demographic data in concert with service and quality care data for evaluation and continuous quality improvement activities.
9. Use a validated and reliable CLC behavioral health organization self-assessment tool to inform continuous quality improvement. Refer to the *Evaluation of the National CLAS Standards* toolkit (https://minorityhealth.hhs.gov/assets/PDF/Evaluation_of_the_Natn_CLAS_Standards_Toolkit_PR3599_final.508Compliant.pdf) for a guide to evaluating the implementation of the National CLAS Standards.

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

Purpose

- o To determine the service assets and needs of the populations in the service areas (needs assessment)
- o To identify all of the services available and not available to populations in the service areas (resource inventory and gaps analysis)
- o To determine what services to provide and how to implement them, based on the results of the community assessment
- o To ensure that health and health care organizations obtain demographic, cultural, linguistic, and epidemiological baseline data (quantitative and qualitative) and update the data regularly to better understand the populations in their service areas

Implementation Strategies

What steps can a community health center take to address the cultural and linguistic needs of a diverse population in a behavioral health service area?

1. Establish a coalition that includes representatives of the community to develop and conduct a comprehensive community service assessment to assess the behavioral health needs, prevention/early identification/intervention resources, and gaps.
2. Analyze quantitative data from the assessment and the qualitative data from the consultations with cultural leaders to inform culturally appropriate services that meet the unique needs of its diverse youth population.
3. Partner with the different systems to negotiate data-sharing agreements to provide as many data points as possible to inform the process.

4. Collaborate with a local university to analyze assessment data, disaggregated by race, ethnicity, gender, language, sexual orientation, gender identity, and disability status.
5. Identify disparities or disproportionalities from the disaggregated data through a community participatory effort.
6. Invite cultural leaders and healers from the communities-at-large to inform the coalition about the historical and current cultural underpinnings that contribute to this behavior, and to inform the community's efforts to develop culturally and linguistically appropriate interventions, in order to be inclusive, representative and critical of the intersectionality present in the diverse community.

Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness

Purpose

- o To provide responsive and appropriate service delivery to a community
- o To ensure that services are informed and guided by community interests, expertise, and needs
- o To increase use of services by engaging individuals and groups in the community in the design and improvement of services to meet their needs and desires
- o To create an organizational culture that leads to more responsive, efficient, and effective services and accountability to the community
- o To empower members of the community to become active participants in the health and health care process

Implementation Strategies

What steps can a community health center take to include the voice of all sectors of a diverse community in determining cultural and linguistic appropriateness?

1. Engage all sectors of the community from the beginning and throughout the process in identifying the issues, planning the process, designing the approach and interventions, implementing the recommendations, and evaluating the policies and practices to ensure a culturally and linguistically good fit.
2. Listen to the community, especially those who have never been included in discussions or decisions about solutions to community challenges—particularly those involving behavioral health issues.
3. Value the general community's experience and expertise in resolving complex issues because all sectors of the community—not only those in possession of authority, power, or academic knowledge—are equally valuable for developing solutions.
4. Evaluate existing behavioral health policies that affect funding, research, practice, or evaluation to determine whether they are producing the intended outcome; if they are

not, work to change them so they do.

5. Assess areas that lack policies and, with partners, develop new policies and work to enact them if the existing ones are ineffective.
6. Identify “cultural brokers” that are known and trusted members of the community, to serve as a bridge between the community where they are trusted and the agencies, organizations, and systems that provide services. For example, in Spanish-speaking communities, *promotores de salud* or community health workers are indispensable members of a behavioral health team because they are also trusted members of the community who share the language, culture, customs, and values of the people they work with and can share valuable and potentially life- saving behavioral health information.

Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints

Purpose

- o To facilitate open and transparent two-way communication and feedback mechanisms between individuals and organizations
- o To anticipate, identify, and respond to cross-cultural needs
- o To meet federal and/or state level regulations that address topics such as grievance procedures, the use of ombudspersons, and discrimination policies and procedures

Implementation Strategies

What steps can a community health center take to communicate progress in implementing and sustaining CLAS?

1. Establish an advisory board with representatives from partner organizations, and key community based offices with representatives from underserved populations, including local African American, Latinx, and sexual and gender minority organizations.
2. Convene advisory board to discuss issues affecting the diverse communities and address identified disparities in services experienced by the African Americans, Latinx, and sexual and gender minority youth and adults.
3. Prepare data fact-sheets containing current community data, disaggregated by underserved demographic groups and distribute to all advisory board members for review, prior to each meeting. During meetings, encourage all members to brainstorm and produce recommendations to improve practice in areas of need and craft messages for the community’s social marketing strategies, tailored to the focus population.
4. Develop and distribute short memos, on a quarterly basis, that summarize agency-level efforts to provide CLAS in the community. Design memos in appropriate languages that

are easy to understand and are aligned with Standard 8 strategies. Include demographic data on subpopulations, summaries of related staff competency trainings, results from the community assessment (Standard 10), and a synthesis of issues and complaints from consumers (Standard 14). And, distribute memos throughout agency and community-based organization listservs, to be shared at management meetings. Additionally, post memos on agency websites for public access.

5. Host a biannual community forum that is open to the general public to review progress and needs, and arrange to have the forum broadcast online, on local public access television or a similar venue to reach community members that are unable to attend. Each forum could provide written materials for service providers as well as youth and families that come from diverse backgrounds to address issues related to public health and primary care.

Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public

Purpose

- o To convey information to intended audiences about efforts and accomplishments in meeting the National CLAS Standards
- o To learn from other organizations about new ideas and successful approaches to implementing the National CLAS Standards
- o To build and sustain communication on CLAS priorities and foster trust between the community and the service setting
- o To meet community benefits and other reporting requirements, including accountability for meeting health care objectives in addressing the needs of diverse individuals or groups

Implementation Strategies

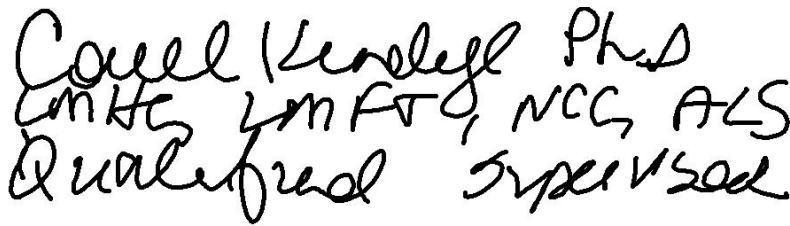
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Respectfully submitted,



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