



CLAS Self Assessment Tool

The following questions are designed to help programs identify their own challenges and goals and develop a work plan with concrete tasks to achieve or address them and using basic elements of Culturally and Linguistically Appropriate Services (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 Leadership and Workforce

1. Does your program **recruit, retain, and promote** staff that reflects the cultural diversity of the community? (*CLAS Standard 3*) **Check one.**
 - Our staff fully reflects the cultural diversity of our community.
 - Our staff partially reflects the cultural diversity of our community.
 - Our program staff does not currently reflect the cultural diversity of our community.
2. Does your program have **written policies and procedures** that support recruitment, retention, training and promotion practices? (*CLAS Standard 2*) **Check one.**
 - All Our staff are aware of / universally trained on them.
 - Not all our staff are aware of / universally trained on them.
 - Our program does not currently have written policies and procedures that support these diversity practices.
3. Do program staff members at all levels and disciplines receive **training** in culturally- and linguistically-appropriate service delivery? (*CLAS Standard 4*) **Check ALL that apply.**
 - Training is provided to staff as standard part of orientation for new hires at all levels and disciplines.
 - Training is provided at least once a year to staff at all levels and disciplines.
 - Training is provided, but not in a standardized / routine manner.
 - Our program does not currently provide this training.

Language Access / Communication

4. Does your program provide **timely professional interpreter** services, at no cost, to all Limited English Proficiency (LEP) clients, including those clients who use American Sign Language? (*CLAS Standard 5, Federal mandate*) **Check one.**
 - Always
 - Most of the time
 - Sometimes
 - Our program does not currently provide timely professional interpreter services.

5. Do all LEP or Deaf / Hard of Hearing clients receive **verbal and written notices** about their right to language assistance services? (*CLAS Standard 6, Federal mandate*) **Check ALL that apply.**
- Verbal notices are provided.
 - Written notices are provided.
 - Our program does not currently provide either verbal or written notice about this right.
6. Are Deaf / Hard of Hearing clients and clients with disabilities provided a copy of your program's **Disability Access notice**? (*CLAS Standard 6, Federal mandate*) **Check one.**
- Always
 - Most of the time
 - Sometimes
 - Our program does not currently provide Disability Access notice to clients.
7. Does your program offer **written materials** in languages that target the diverse cultural groups in your service area/population? (*CLAS Standard 8, Federal mandate*) **Check one.**
- Written materials are offered in the languages of all cultural groups in our service area/population.
 - Written materials are offered in the languages of some cultural groups in our service area/population.
 - Our program does not currently offer written materials in the languages of the cultural groups in our service area/population.
8. Does your program clearly **display images / post signage visibly** that shows inclusivity for the diverse cultural groups including LGBTQ and people with disabilities in your service area/population? (*CLAS Standard 8, Federal mandate*) **Check one.**
- Images / signage visibly posted in the languages of all cultural groups in your service area.
 - Images / signage visibly posted in the languages of most cultural groups in your service area.
 - Images / signage visibly posted in the languages of some cultural groups in your service area.
 - Our program does not currently post images / signage visibly in the languages of the cultural groups in our service area.

Organizational Support and Accountability

9. Does your program **have a plan** to identify and address CLAS needs for underserved populations? (*CLAS Standard 9*) **Check one.**
- A plan is fully developed and being implemented.
 - A plan is currently in draft form or only partially implemented.
 - Our program does not currently have a written plan.
10. Does your program **review** your written CLAS plan at least once a year to assess CLAS progress and needs? (*CLAS Standard 10*) **Check one.**
- Written CLAS plan is reviewed by program about once a year.
 - Our program does not currently review our written CLAS plan once a year.
 - Not applicable: our program does not currently have a written CLAS plan.
11. Does your program collect **client satisfaction data** to inform culturally- and linguistically-appropriate service (CLAS) delivery? (*CLAS Standard 14*) **Check one.**
- Always
 - Sometimes
 - Our program does not currently collect client satisfaction data to inform CLAS delivery.
12. Does your program use Race, Ethnicity Language (REL) **community/service area** data to help design and deliver program services? (*CLAS Standard 11*) **Check one.**
- REL community data used in all applicable situations to design/deliver program services.
 - REL community data used most of the time to design/deliver program services.
 - REL community data sometimes used to design/deliver program services.
 - REL community data never used to design/deliver program services.

13. Does your program use REL **client** data to help design, deliver and evaluate program services? (CLAS Standard 11) **Check one.**
- REL client data always used to design/deliver program services
 - REL community data used most of the time to design/deliver program services
 - REL client data sometimes used to design/deliver program services
 - REL client data never used to design/deliver program services
14. Does your program **participate in partnerships** with other agencies that target the diverse cultural groups in your service area/population? (CLAS Standard 13) **Check one.**
- Our program participates in partnerships with other agencies that target all of the diverse cultural groups in our service area/population.
 - Our program participates in partnerships with other agencies that target some of the diverse cultural groups in our service area/population.
 - Our program does not currently participate in partnerships with other agencies that target the diverse cultural groups in our service area/population.
15. Have you used the *Making CLAS Happen* manual? (An electronic version of the manual is posted on the DPH Office of Health Equity's website: www.mass.gov/dph/healthequity)
- Yes
 - No, not yet

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: rodrigo.monterrey@state.ma.us.

Identify a current challenge or goal of your program:

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)

Which question number(s) from above relate(s) to that challenge or goal: [(Example: 7, 8, 12 and 13)]

What will you do to address or achieve your challenge or goal through CLAS?

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)

How will you measure progress in addressing or achieving your identified challenge or goal?

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)

What impact on health outcomes do you expect as a result of these activities?

List desired impact here. Text limit approx. 2 paragraphs. (Example: reducing rates of HPV infection and HPV-related cancer)