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| DPH-Seal-B&W**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. [www.mass.gov/dph/healthequity](http://www.mass.gov/dph/healthequity) |
| **Organization**Organization Name: Address: City:  State:  ZIP:  |
| **Contact Person for CLAS Implementation**First Name:  Last Name: Title: Phone:  Ext:  E-mail: |
| **Culturally Competent Leadership and Workforce**1. Does your program recruit, retain, and promote staff that reflects the cultural / linguistic diversity of the community you serve? (CLAS Standard 3, [Chapter 5: Reflect and Respect Diversity](https://www.mass.gov/doc/chapter-5-reflect-and-respect-diversity/download)) Check one.[ ]  Our staff fully reflects the cultural / linguistic diversity of our community[ ]  Our staff partially reflects the cultural / linguistic diversity of our community.[ ]  Our program staff does not currently reflect the cultural / linguistic diversity of our community.2. Does your program have written policies and procedures that support recruitment, retention, and training and promotion practices of diverse workforce? (CLAS Standard 2, [Chapter 5: Reflect and Respect Diversity](https://www.mass.gov/doc/chapter-5-reflect-and-respect-diversity/download)) Check one.[ ]  All our staff is aware of / universally trained on them.[ ]  Not all our staff is 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, [Chapter 1: Foster Cultural Competence](https://www.mass.gov/doc/chapter-1-foster-cultural-competence/download)) Check ALL that apply.[ ]  Training is provided to staff as standard part of orientation for new hires at all levels, 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, [Chapter 6: Ensure Language Access](https://www.mass.gov/doc/chapter-6-ensure-language-access/download)). 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, [Chapter 6: Ensure Language Access](https://www.mass.gov/doc/chapter-6-ensure-language-access/download)) 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 made aware of your program's Disability Access policy or notice? (CLAS Standard 6, [Chapter 6: Ensure Language Access](https://www.mass.gov/doc/chapter-6-ensure-language-access/download)) 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 / linguistic groups in your service area/population? (CLAS Standard 8, Federal mandate, [Chapter 6: Ensure Language Access](https://www.mass.gov/doc/chapter-6-ensure-language-access/download)) 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 any 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 / linguistic groups including LGBTQ and people with disabilities in your service area/population? (CLAS Standard 8, Federal mandate, [Chapter 6: Ensure Language Access](https://www.mass.gov/doc/chapter-6-ensure-language-access/download)) 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-related activities and integrate CLAS-related measures into your continuous quality improvement to meet the needs of the underserved populations? (CLAS Standard 9, [Chapter 4: Benchmark Plan and Evaluate](https://www.mass.gov/doc/chapter-5-reflect-and-respect-diversity/download)) 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 work plan at least once a year to assess CLAS progress and needs? (CLAS Standard 10, [Chapter 4: Benchmark Plan and Evaluate](https://www.mass.gov/doc/chapter-5-reflect-and-respect-diversity/download)) 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's feedbacks (i.e. using satisfaction survey…) to inform culturally- and linguistically appropriate service (CLAS) delivery? (CLAS Standard 14, [Chapter 5: Reflect and Respect Diversity](https://www.mass.gov/doc/chapter-5-reflect-and-respect-diversity/download)) 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, [Chapter 3: Collect Diversity Data](https://www.mass.gov/doc/chapter-3-collect-diversity-data-0/download)) Check one.[ ]  Always[ ]  Most of the time[ ]  Sometimes[ ]  Our program does not currently use Race, Ethnicity, Language (REL) community/service area data to help design and deliver program services? 13. Does your program use Race, Ethnicity, Language (REL) client data to help design, deliver and evaluate program services? (CLAS Standard 11, [Chapter 3: Collect Diversity Data](https://www.mass.gov/doc/chapter-3-collect-diversity-data-0/download)) Check one.[ ]  Always[ ]  Most of the time[ ]  Sometimes[ ]  Our program does not currently use Race, Ethnicity, Language (REL) client data to help design and deliver program services?14 Does your program partner with other agencies that target the diverse cultural / linguistic (ex. LEP, people with disability, LGBTQ, racial, ethnic, religious, social, economic, rural population, LEP, homeless, veteran, etc…) groups in your service area/population? (CLAS Standard 13, [Chapter 2: Build Community Partnerships](https://www.mass.gov/doc/chapter-2-build-community-partnerships/download)) Check one.[ ]  Always[ ]  Most of the time[ ]  Sometimes[ ]  Our program does not currently partner with other agencies that target the diverse cultural / linguistic 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: <https://www.mass.gov/lists/making-clas-happen-six-areas-for-action>)[ ]  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/work plans 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 coordinator is available to provide technical assistance upon request, please email: CLAS@state.ma.us |

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| **Identify a current challenge or goal of your program:** | **Which question number(s) from above relate(s) to that challenge or goal:**  | **What will you do to address or achieve your challenge or goal through CLAS?** | **How will you measure progress in addressing or achieving your identified challenge or goal?** | **What impact on health outcomes do you expect as a result of these activities?** |
| *Example: Increasing HPV vaccination rates among boys 11-21 y.o. at school-based health center.**Note: Text limits approx. 4 paragraphs.* | *Example: 7, 8, 12 and 13* | *Example: Find and disseminate HPV information materials designed specifically for boys 11-21 y.o. in different languages.* *Note: text limits approx. 4 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.**Note: text limits approx. 2 paragraphs.* | *Example: Reducing rates of HPV infection and HPV related cancer.**Note: text limit approx. 2 paragraphs* |
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**SUBMIT FORM**

Please email a copy of this filled-out form to your DPH Contract Manager.

This form was completed on (Date):