

# CLAS Self-Assessment for Providers

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| Vendor/Provider Organization and Contact Information (required) |
| Organization Name |  |
| Organization Full address |  |
| Name of DPH-funded program |  |
| Name of DPH-funded program |  |
| Full Contact Name |  |
| Contact Title |  |
| Contact Email |  |
| Contact Phone |  |
| DPH INFORMATION |
| Name of DPH Contract manager |  |
| Email of DPH Contract manager |  |
| Source of Funding |  |

Please Answer the Following Questions

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| 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? *(Reference: CLAS Standard 3, Making* *CLAS Happen Manual, Chapter 5: Refect and Respect Diversity)*](https://www.mass.gov/doc/chapter-5-reflect-and-respect-diversity/download)  |  Yes, fully relects Yes, partially relects No, does not currently relect |
| 2. Does your program have written policies and procedures that support recruitment, retention, and training and promotion practices of diverse workforce? *(Reference to CLAS* [*Standard 2, Making* *CLAS happen, Chapter5: Respect and Refect Diversity )*](https://www.mass.gov/doc/chapter-5-reflect-and-respect-diversity/download) |  Yes, fully aware Yes,partially aware No, does not currently |
| 3. Do program staff members at all levels and disciplines receive training in culturally- and linguistically-appropriate service delivery? Check one. (Reference to CLAS Standard [4, Making CLAS happen, Chapter 1: Foster Cultural Competence](https://www.mass.gov/doc/chapter-1-foster-cultural-competence/download) |  Yes, all staf Yes, some staf, but not in a standardized / routine manner. No, doesn't not currently |
| 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 (Reference CLAS Standard 5, Federal mandate, [Making CLAS Happen: Chapter 6: Ensure Language Access](https://www.mass.gov/doc/chapter-6-ensure-language-access/download)) |  Yes, always Yes, sometimes No, does not currently |
| 5. Do all LEP or Deaf / Hard of Hearing clients receive verbal and written notices about their right to language assistance services? (Reference: CLAS Standard 5, Federal mandate, [Making CLAS Happen, Chapter 6: Ensure Language Access](https://www.mass.gov/doc/chapter-6-ensure-language-access/download)) |  Yes, both verbal and written notices Yes, only written notices No, does not currently |
| 6. Are Deaf / Hard of Hearing clients and clients with disabilities made aware of your program's [Disability Access policy](https://www.mass.gov/doc/massachusetts-facility-assessment-tool/download) or [notice? (Reference CLAS Standard 6, Federal mandate, Making CLAS happen, Chapter 6: Ensure Language Access)](https://www.mass.gov/doc/chapter-6-ensure-language-access/download) |  Yes, always Yes, sometimes No, does not currently |
| 7. Does your program offer written materials in languages that target the diverse cultural / linguistic groups in your service area/population? (Reference CLAS Standard 8, Federal [mandate, Making CLAS happen, Chapter 6: Ensure Language Access)](https://www.mass.gov/doc/chapter-6-ensure-language-access/download) |  Yes, all cultural groups Yes, some cultural groups No, does not currently |
| 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? (Reference: CLAS Standard 8, Federal [mandate, Making CLAS happen, Chapter 6: Ensure Language Access)](https://www.mass.gov/doc/chapter-6-ensure-language-access/download) |  Yes, all cultural groups Yes, some cultural groups No, does not currently |
| 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?(Reference: CLAS Standard 9, [Chapter 4: Benchmark Plan and Evaluate)](https://www.mass.gov/doc/chapter-5-reflect-and-respect-diversity/download)  |  Yes, fully developed and being implemented Yes, currently in draft form or only partially implemented No, does not currently |
| 10. Does your program review your written CLAS work plan at least once a year to assess CLAS progress and needs? [(Reference: CLAS Standard 10, Chapter 4: Benchmark Plan and Evaluate)](https://www.mass.gov/doc/chapter-5-reflect-and-respect-diversity/download) |  Yes, once a year No, does not currently |
| 11. Does your program collect client's feedbacks (i.e. using satisfaction survey…) to inform culturally- and linguistically appropriate service (CLAS) delivery? (Reference: CLAS Standard 14, [Chapter 5: Reflect and Respect Diversity)](https://www.mass.gov/doc/chapter-5-reflect-and-respect-diversity/download)  |  Yes, always Yes, sometimes No, does not currently |
| 12. Does your program use Race, Ethnicity, Language (REL) community/service area data to help design and deliver [program services? (Reference: CLAS Standard 11, Chapter 3: Collect Diversity Data)](https://www.mass.gov/doc/chapter-3-collect-diversity-data-0/download) |  Yes, always Yes, sometimes No, does not currently |
| 13. Does your program use Race, Ethnicity, Language (REL) client data to help design, deliver and evaluate program [services? (Reference: CLAS Standard 11, Chapter 3: Collect Diversity Data)](https://www.mass.gov/doc/chapter-3-collect-diversity-data-0/download) |  Yes, always Yes, sometimes No, does not currently |
| 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? (Reference: CLAS Standard 13, [Chapter 2: Build Community Partnerships)](https://www.mass.gov/doc/chapter-2-build-community-partnerships/download)  |  Yes, always Yes, sometimes No, does not currently |
| 15. Are you familiar with and/or have you ever used the Making CLAS Happen manual? (An electronic version of the manual is posted on the DPH Offce of Health Equity's website: [https://www.mass.gov/lists/making-clas-happen-six-areas-for- action](https://www.mass.gov/lists/making-clas-happen-six-areas-for-action#%3A~%3Atext%3DThis%20manual%20offers%20innovative%20and%20practical%20approaches%20for%2CBuild%20community%20partnerships%20Collect%20and%20share%20diversity%20data) |  Yes, always Yes, sometimes No, haven't used |

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# Summary and Workplan

The following items were identified as partial or not existing... Please choose an item(s) for improvement from each of the CLAS Areas of Action to develop a CLAS workplan with goals and activities that you would like to focus on this year by clicking the box on the right column

Please choose AT LEAST ONE in each Areas of Action (Culturally Competent Leadership and Workforce, Language Access / Communication, Organizational Support and Accountability).

Your DPH contract manager will review, monitor and support your efforts. For additional technical assistance, please contact DPH CLAS coordinator at CLAS@mass.gov.

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| Areas of Action /Questions | ANSWER | Which one(s) to add to workplan? |
| 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? |  |  |
| 2. Does your program have written policies and procedures that support recruitment, retention, and training and promotion practices of diverse workforce? |  |  |
| 3. Do program staff members at all levels and disciplines receive training in culturally- and linguistically-appropriate service delivery? |  |  |
| 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? |  |  |
| Language Access / Communication |
| 5. Do all LEP or Deaf / Hard of Hearing clients receive verbal and written notices about their right to language assistance services? |  |  |
| 6. Are Deaf / Hard of Hearing clients and clients with disabilities made aware of your program's [Disability Access policy](https://www.mass.gov/doc/massachusetts-facility-assessment-tool/download) or notice? |  |  |
|  7. Does your program offer written materials in languages that target the diverse cultural / linguistic groups in your 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? |  |  |
| 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? |  |  |
| 10. Does your program review your written CLAS work plan at least once a year to assess CLAS progress and needs? |  |  |
| 11. Does your program collect client's feedbacks (i.e. using satisfaction survey…) to inform culturally- and linguistically appropriate service (CLAS) delivery? |  |  |
| 12. Does your program 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? |  |  |
| 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? |  |  |

**Each workplan should include:**

1. **What is the specific problem as it relates to the CLAS area of Action you have chosen?
2. What is your goal for improvement?
3. What activities are you proposing for your quality improvement plan?
4. How will you measure progress?
5. Who will do these activities?

Note: Your workplan goals should be SMARTIE (Specific, Measurable, Attainable, Realistic, Timebound, Inclusive and Equitable). Refer to** [**the Making CLAS Happen: 6 Areas of Action**](https://www.mass.gov/lists/making-clas-happen-six-areas-for-action) **for guidance and recommendations.**

Workplan

Are there any suggestions in how DPH can best support you and your program integrating CLAS into your program design and delivery?