

The CLAS Standards & Substance Use Disorder Treatment



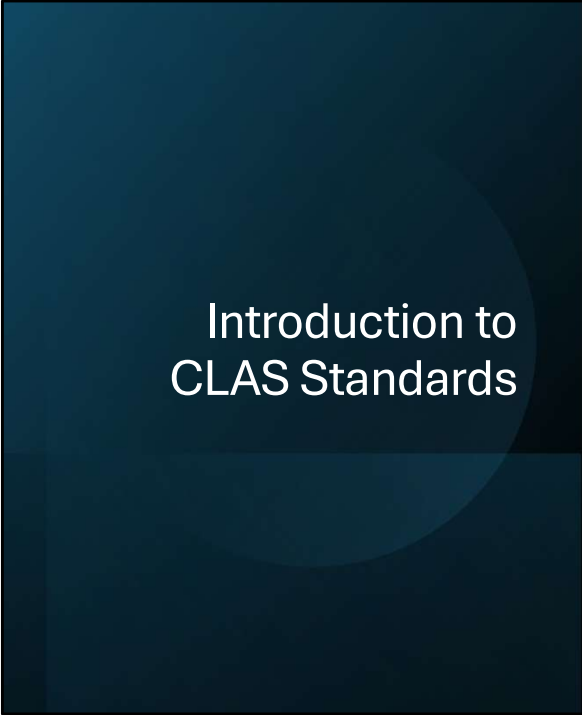
El Dorado County
Substance Use Disorder Services
DMC-ODS Quality Assurance
Training Series
September 2026

Hello everyone and thanks for coming. This training will be videotaped, and a copy will be on the EDC SUDS webpage later this week. Please remember to MUTE your computer.

CEUs and Certificates of Attendance will be sent out to all attendees who are signed in. You will need to complete the Course exam to receive CEUs. You will need to be on the sign in sheet to receive a CoA.

Start Code for the training is 1612. Write this down and use it on the Exam you will all be sent after this training.

Welcome to The CLAS Standards & Substance Use Disorder Treatment training.

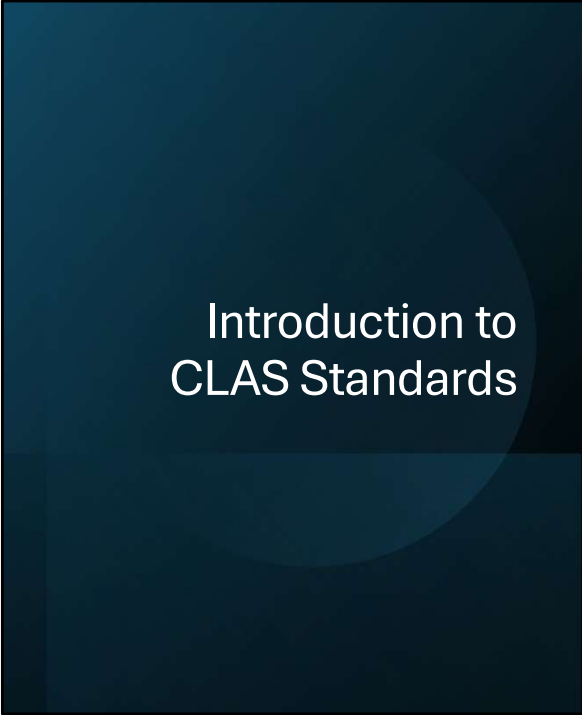


Introduction to CLAS Standards

The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care were developed by the U.S. Department of Health and Human Services' Office of Minority Health. They provide a comprehensive framework for delivering equitable, respectful, and culturally responsive care

The National CLAS Standards are intended to promote health, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

2025 marked the 25th anniversary of the National CLAS Standards. For a quarter of a century, these standards have guided health organizations' efforts to deliver care that is responsive to the cultural beliefs and communication needs of ALL clients. CLAS is a way to improve the quality of services, which will ultimately help reduce health disparities. The most recent revision of the standards incorporated items that will address organizational and service quality improvement.



Introduction to CLAS Standards

One Principal Standard

- Next 14 Standards grouped into 3 themes:
- Governance, Leadership, Workforce
- Communication & Language Assistance
- Engagement, Continuous Improvement, Accountability

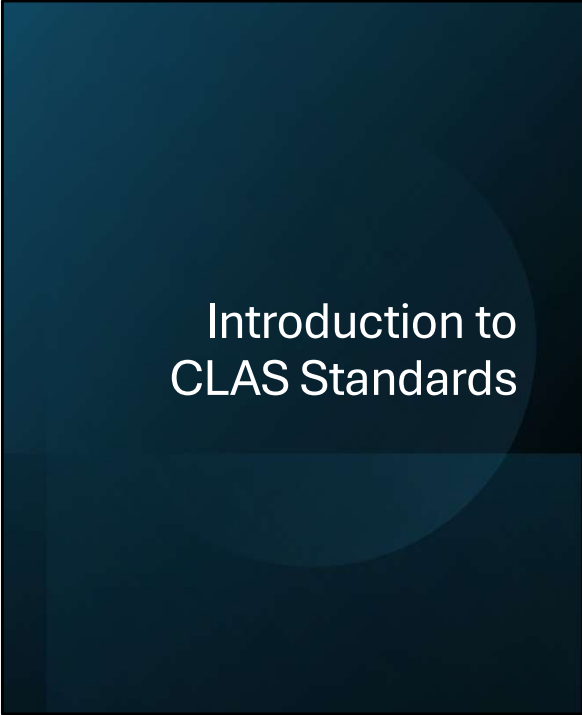
The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Introduction to CLAS Standards

Purpose of CLAS Standards:

- Advance health equity
- Improve quality of services
- Support culturally and linguistically appropriate care

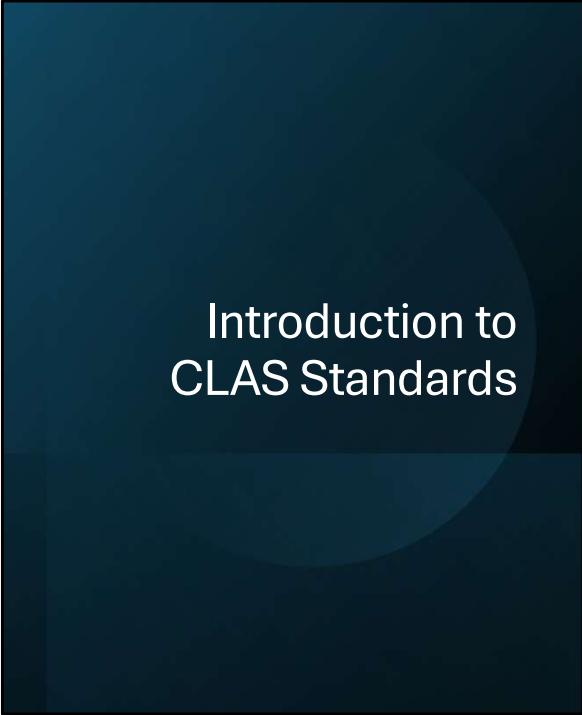
The CLAS standards exist to reduce disparities and increase equity. Cultural competence is ongoing, requiring active listening and adaptation. Staff should recognize how cultural identity affects help-seeking behaviors, trust, and engagement.



Introduction to CLAS Standards

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS through policy, practices, and allocated resources.
3. Recruit, promote, equip, and support a governance, leadership, and workforce that respond to the digital, cultural and language needs of the population.
4. Educate and train governance, leadership, and workforce regularly on CLAS practices and resources.



Introduction to CLAS Standards

Communication and Language Assistance

5. 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 care and services.
6. Inform all individuals, in writing and orally, of the availability of language assistance services in English and other languages that serve their linguistic needs.
7. Ensure the competence of individuals providing language assistance through training and certification, when available, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided and discouraged.
8. Provide easy-to-understand digital and print materials and signage in the languages commonly used by the populations in the service area.

Introduction to CLAS Standards

Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's integration of CLAS-related activities and measures into quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health outcomes and to inform service delivery.
12. 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 needs of populations in the service area.
13. Partner with the community to design, implement, and evaluate cultural and linguistically appropriate practices and impact.
14. Create culturally and linguistically appropriate processes to identify, prevent, and resolve conflicts, complaints, or grievances.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general-public in easy-to-understand digital and print materials and signage in the languages commonly used by the populations in the service area.

The CLAS Principal Standard in Substance Use Disorder (SUD) Treatment

Provide effective, understandable, and respectful quality care and services that respond to cultural health beliefs and practices, languages, health literacy, and other communication needs.

CLAS Standards 2-15 are more about Agency philosophy and governance. Where the working counselor lives in Standard 1. We're going to look closely at the Principal Standard itself, because this standard is the anchor for everything we do in culturally responsive SUD treatment. This isn't just a statement about culture — it's a mandate to make sure care is **effective, understandable, and respectful**. Every one of our clients enters treatment with cultural health beliefs that shape how they understand addiction, healing, and recovery."

"Think about a client you've worked with:

- How did their cultural background influence their view of addiction?
- Did it influence whether they trusted treatment?
- What did you adjust to better support them?"

This standard isn't just a guideline—it's a requirement for truly client-centered care. Our clients come with cultural beliefs that shape how they view addiction, treatment, and recovery.

Today we explore how to honor those beliefs while providing effective care.

The CLAS Principal Standard

Provide effective, understandable, respectful care addressing

- Cultural health beliefs
- Languages
- Health literacy
- Communication needs

Cultural beliefs influence whether a client trusts treatment. Language supports understanding. Health literacy impacts engagement. Communication needs shape how we adjust our approach.'

Let's break this into practical parts:

- **Cultural health beliefs** influence willingness to engage and stay in treatment.
- **Languages** shape how information is received.
- **Health literacy** determines whether clients truly understand treatment options.
- **Communication needs** demand that we tailor our approach to each person."

"Where in your day-to-day workflow do you see misunderstandings rooted in literacy, language, or cultural expectations?"

With something like "Medication-Assisted Treatment can reduce opioid dependence by stabilizing neurotransmitter response" you want to think about how to rewrite it into plain language appropriate for a low-literacy client

Why CLAS Matters in SUD Treatment

Key Challenges

- Stigma
- Misconceptions
- Distrust or fear
- Language barriers
- Cultural norms regarding substance use

Stigma varies widely across cultures. Some clients hide use due to fear of shame. Others distrust systems due to historical trauma.

Stigma looks different depending on cultural context. In some communities, addiction is seen as shameful or a moral failing. In others, people avoid treatment systems because historically those systems caused harm or failed them. When clients walk through our doors, they bring all these experiences with them.”

Think about this for a moment:

- What kinds of stigma have you seen among our local populations?
- Have clients expressed distrust — and why?
- What cultural norms make talking about substance use difficult?”

What can you do as a provider and what can your agency do to overcome these issues?

Cultural Health Beliefs

Examples

- Moral beliefs about addiction
- Preference for traditional healing
- Family-centered decision-making
- High stigma preventing discussion

A client's worldview shapes how they interpret addiction. What does addiction mean in a client's culture or family? We want to practice validating beliefs without endorsing myths.

Cultural beliefs about addiction, healing, and responsibility shape a client's entire recovery experience. Many families rely heavily on elders, tradition, or spiritual frameworks. Others emphasize personal responsibility in ways that may conflict with clinical approaches.

As you think about your clients ask yourself:

- What cultural narratives about addiction have they expressed?
- How do you typically respond when a client's cultural perspective conflicts with clinical advice?"

Respectful phrasing to your clients could include:

"I appreciate that this is how your family views this issue. Can you share more about that?"
"Here's how we understand addiction medically — let's explore how this can fit with your beliefs."

- Lead a practice exercise where staff rewrite corrective statements into supportive ones.



Linguistic Responsiveness

Strategies

- Preferred language services
- Certified interpreters
- Translated materials
- Plain language communication

'Language access is not optional. Language access is a legal and ethical requirement. Using certified interpreters protects clients and ensures accurate communication. It's about more than translation — it's about respecting dignity and ensuring understanding.

Think about your caseload: and how the following issues may have occurred:

- When have you needed interpretation support but didn't request it?
- What happened?
- How can we improve language access?"

Health Literacy in SUD Treatment

Barriers

- Misunderstanding MAT
- Complex processes
- Medical terminology fear

Strategies

- Teach-back
- Visual aids
- Clear segments

Complex treatment steps overwhelm clients. Because of this we want to ask clients to explain in their own words. This shows understanding.

Health literacy isn't about intelligence — it's about experience, exposure, and comfort with medical language. Many clients misunderstand MAT, detox expectations, or relapse because instructions feel overwhelming

Where do your clients typically 'get lost' during treatment explanations? What parts confuse them the most?"

Explaining through teach backs is a great way to overcome these barriers. Asking your clients to explain what they have heard will help you to understand them and see where you may need to improve your delivery.

Visual aids are often beneficial for visual learners.

Clear segments or breaking down each section with discussion of each before moving on will also help our clients to better understand what we are saying.

Culturally Respectful Communication

Best Practices

- Avoid jargon/stigma
- Ask open-ended questions
- Respect traditional healing
- Include family/community

Communication should honor cultural strengths. Avoid labels like addict or resistant. Respectful communication is foundational. Words matter. Tone matters. Cultural norms matter. We must eliminate jargon, avoid shaming language, and use curious, open-ended questions that honor clients' cultural strengths.

Think about this:

What common phrases do we use that might unintentionally sound stigmatizing or judgmental? How can we reframe them?"

Integrating CLAS into Programs

Program Actions

- Staff training
- Diverse hiring
- Cultural partnerships
- Policy review

CLAS doesn't work unless it's embedded in policy, training, and hiring.

CLAS works only when it becomes part of our policies, onboarding, supervision, hiring, and partnerships. Programs must actively cultivate cultural responsiveness — not passively hope it happens

Ask yourself as a provider

What can our program do tomorrow to be more culturally responsive?

What are gaps in our current program where CLAS integration is weak?

Where can we grow?

What is within our control right now?

Measuring CLAS Success

Metrics

- Satisfaction scores
- Interpreter utilization
- Completion rates
- Literacy-adjusted outcomes

We can't improve what we don't measure. Track satisfaction across cultural groups, interpreter use, and outcomes. Evaluation is essential. Cultural responsiveness must be measurable. Data tells us where disparities exist and where improvements are needed. We want to identify cultural barriers.

In doing this we then can ask ourselves What CLAS-aligned strategy would address this?

Take this with you-What metrics or data points can we start tracking tomorrow? Which ones will give us the clearest view of cultural disparities?



Key Takeaways

CLAS enhances cultural responsiveness

CLAS isn't an add-on—it's essential. When we talk about CLAS enhancing cultural responsiveness, we're talking about creating an environment where clients genuinely feel seen, heard, and understood.

CLAS requires us to go beyond basic cultural awareness and actively integrate a client's cultural practices, communication norms, values, and worldviews into the treatment process.

It pushes us to ask questions like:

- 'What cultural beliefs might influence this client's understanding of addiction or recovery?'
- 'How can I adjust my approach to honor those beliefs while still promoting clinical best practices?'

Enhancing cultural responsiveness means making our services flexible rather than forcing clients to conform. It means understanding that culture affects everything—how people describe their symptoms, whom they trust, what treatments feel acceptable to them, and what motivates or discourages them. When CLAS is applied consistently, clients feel respected and engaged because care aligns with their cultural identity

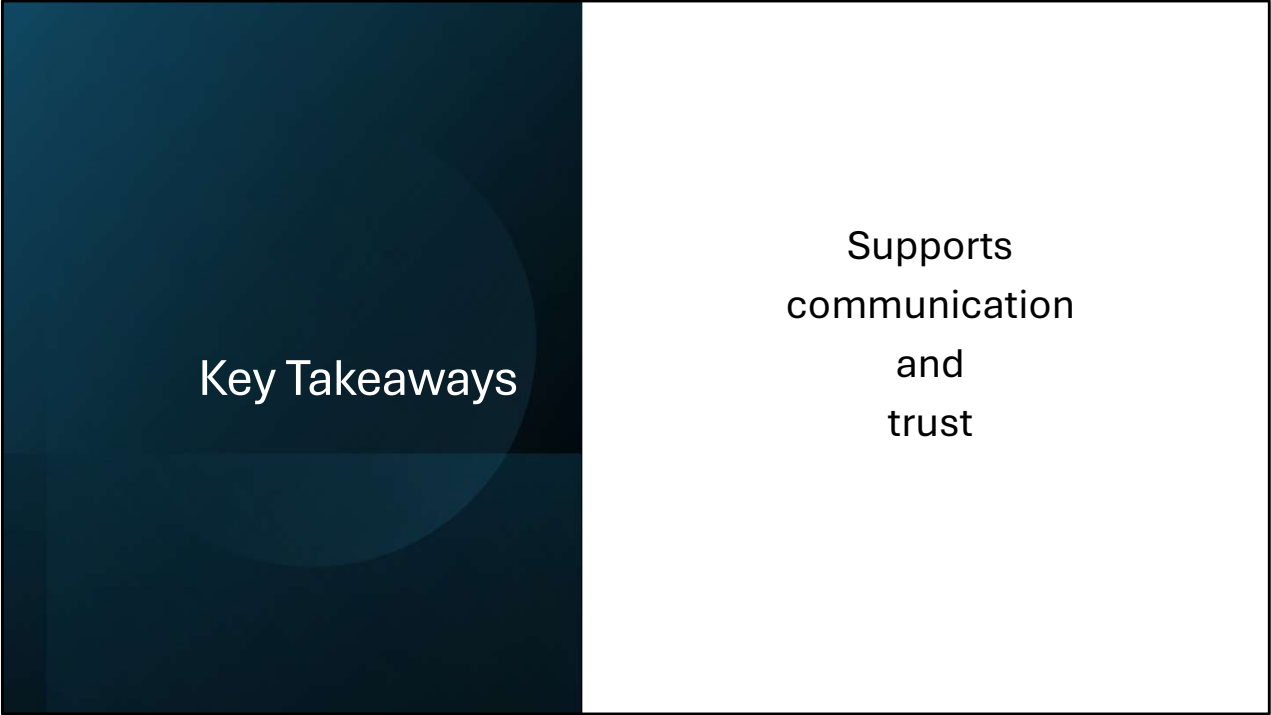


When CLAS principles are applied effectively, client engagement in SUD services increases significantly. Why?

Because clients are more willing to participate in treatment when the environment feels safe, respectful, and culturally attuned to their needs.

Clients who feel judged or misunderstood often withdraw, shut down, or disengage. But when we tailor communication, acknowledge cultural perspectives, and provide linguistically appropriate services, clients gain confidence and trust. They start showing up consistently. They ask questions. They feel motivated to continue treatment.

Engagement improves because clients no longer feel they're being asked to abandon their cultural identity to receive help. Instead, they see that treatment can coexist with family expectations, community norms, spiritual beliefs, or cultural healing practices. This alignment reduces resistance, builds rapport, and encourages sustained participation."



Key Takeaways

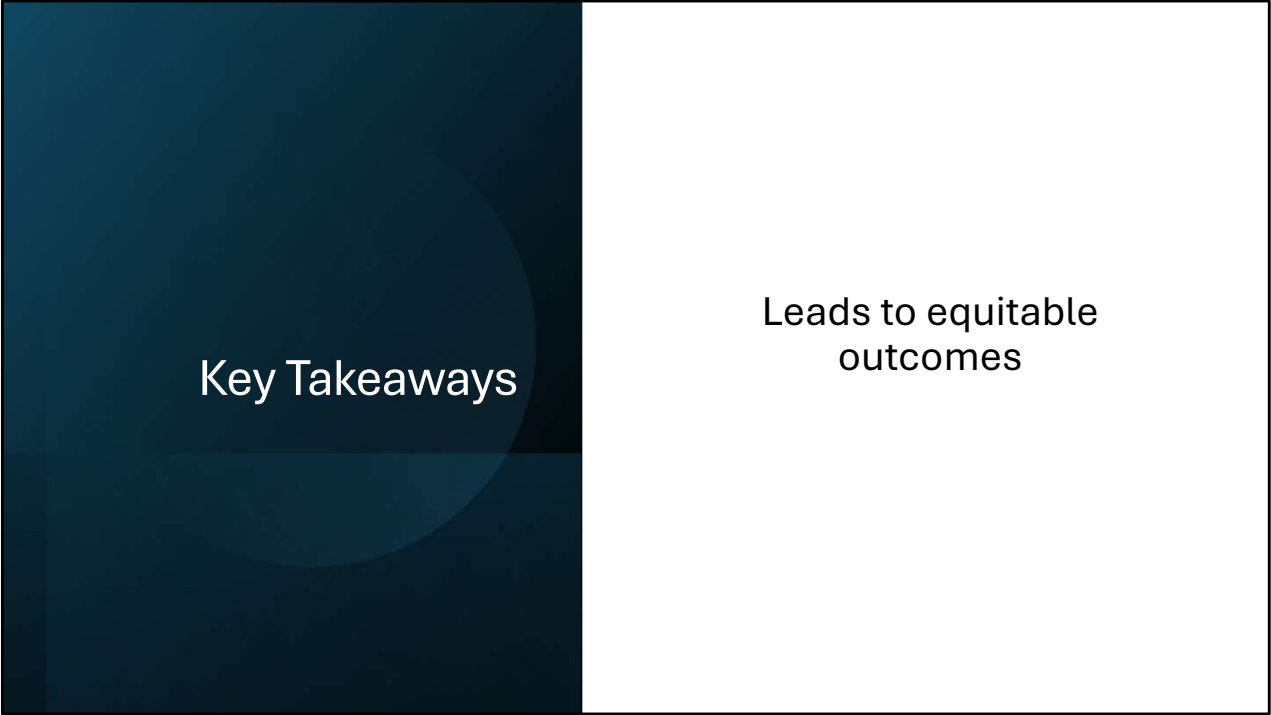
Supports
communication
and
trust

Communication and trust form the backbone of effective SUD treatment. CLAS strengthens both by ensuring that clients:

- Understand what we're saying
- Feel comfortable asking questions
- Feel confident that we respect their cultural background
- Trust that we are providing accurate, nonjudgmental information
- Believe we're advocating for their wellbeing

Clear communication prevents misunderstandings that can derail treatment. For example, clients with limited English proficiency or low health literacy may misinterpret treatment instructions, misunderstand risks, or feel overwhelmed by clinical terminology.

CLAS requires us to communicate in ways that match each client's language needs and literacy level. When communication is understandable and culturally attuned, trust naturally follows. With trust, clients disclose more openly, participate more fully, and commit to treatment plans with greater confidence."



Key Takeaways

Leads to equitable
outcomes

Ultimately, CLAS aims to improve equity — meaning that every client receives the support they need to achieve successful outcomes, regardless of cultural background, language, or literacy level.

Equitable outcomes don't mean identical outcomes; they mean **fair opportunities** for success. CLAS helps us identify and remove barriers that historically kept certain cultural groups from accessing or completing treatment.

Through data collection, language access, culturally tailored interventions, and community engagement, CLAS ensures that:

- No client is left behind due to cultural misunderstanding
- No client is excluded because of language barriers
- No client receives lower-quality care because their worldview differs from the clinical model

When services are culturally and linguistically appropriate, disparities in engagement, completion, relapse, and satisfaction begin to shrink. Equity becomes achievable because we are meeting clients where they are—not where the system expects them to be.”



Bringing It All
Together

CLAS in Everyday
SUD Practice

Today we've explored how the CLAS Standards give us a roadmap for delivering substance use disorder services that are not only clinically effective but genuinely responsive to the cultural, linguistic, and communication needs of the people we serve. As we close, I want to highlight the key takeaways that should guide our daily practice:

CLAS enhances cultural responsiveness-By honoring cultural beliefs, communication styles, and worldviews, we create a therapeutic environment where clients feel respected and understood.

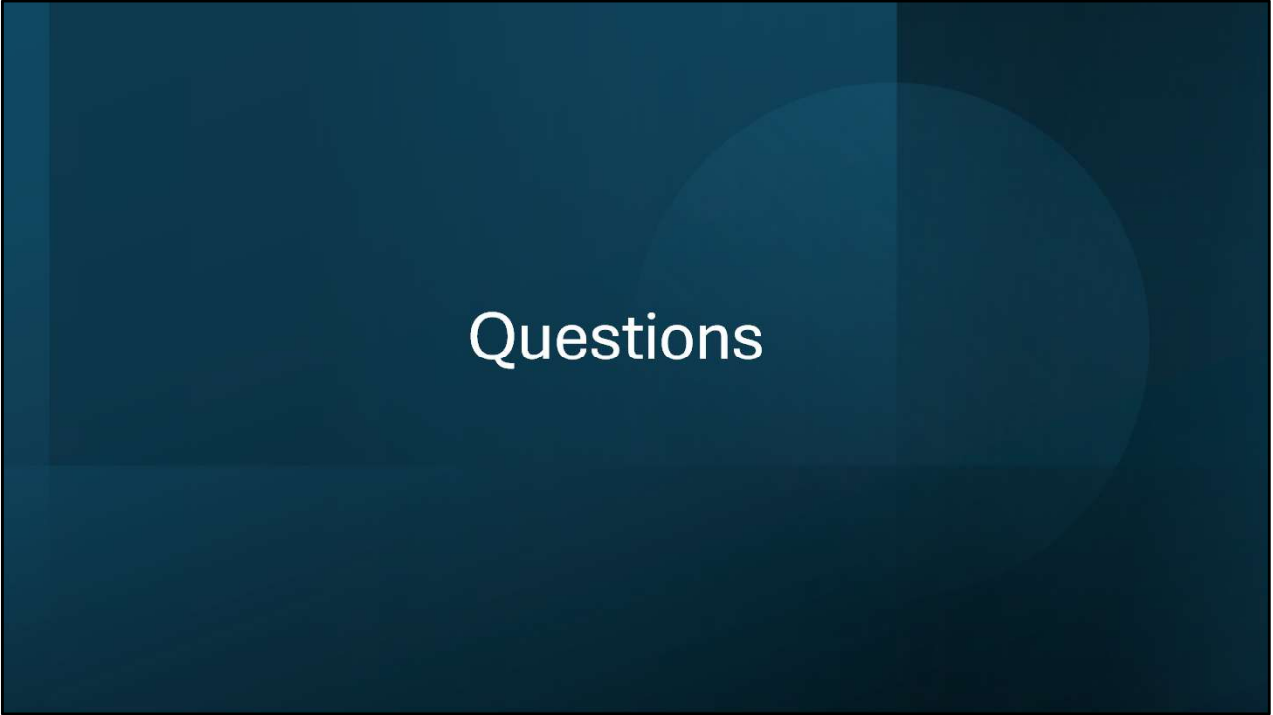
CLAS improves SUD engagement-When clients see that services are designed with their culture and language in mind, they show up. They stay. They participate.

CLAS supports communication and trust-Trust is the foundation of recovery.

CLAS leads to equitable outcomes-Ultimately, applying CLAS consistently helps reduce disparities in treatment access, retention, and long-term recovery.

As you leave today's training, I encourage you to reflect on one concrete CLAS-aligned practice you can begin using immediately—whether it's adjusting how you ask questions, using more culturally respectful language, incorporating family or community perspectives, or using teach-back to confirm understanding. Remember: CLAS isn't about doing more work. It's about doing the right work in ways that support

every client's dignity, identity, and path to recovery.



Questions

El Dorado County
Substance Use Disorder Services

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I want to thank everyone for attending today.

Please feel free to contact Chase or myself for any questions you may have.

The End Code is 3763

CUEs will be sent out later this week once the exam has been completed. Make sure you are signed in or you will receive no credit for attending. Same goes for Certificates of Attendance. You must be signed in to receive credit. For those of you watching On-Demand, a Certificates of Attendance will be sent to your Compliance Manager sometime in late October/early November.

Our next training will take place in October 2026 for Drug Medi-Cal Organized Delivery System (DMC-ODS) Requirements Training (including Practice Guidelines and Documentation Standards)

Have a great rest of your day.