The CLAS Standards & Substance Use Disorders Treatment

El Dorado County

Substance Use Disorder Services

DMC-ODS Quality Assurance

Training Series

February 2026

Hello everyone. Today's training will be video taped for our On-Demand viewers.

This is a CEU training. You must be signed in and pass the training exam to receive CEUs. If you just want a Certificate of Attendance, you will just need to sign in.

(Start video)

Welcome to another El Dorado County Substance Use Disorder Services DMC-ODS Quality Assurance Training Series presentation. Today we will be discussing the CLAS Standards and their application to the delivery of substance use disorders treatment services.

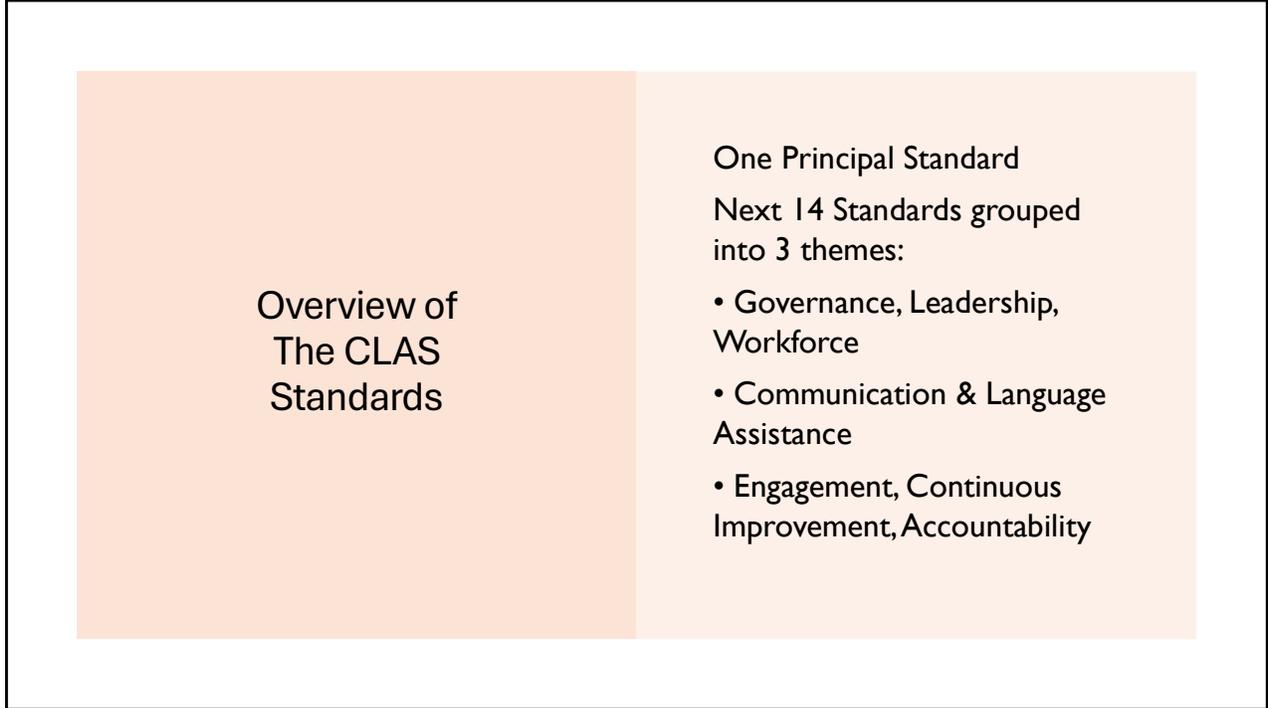Our start code for this training is 8511.

The CLAS Standards

Culturally and Linguistically Appropriate Services
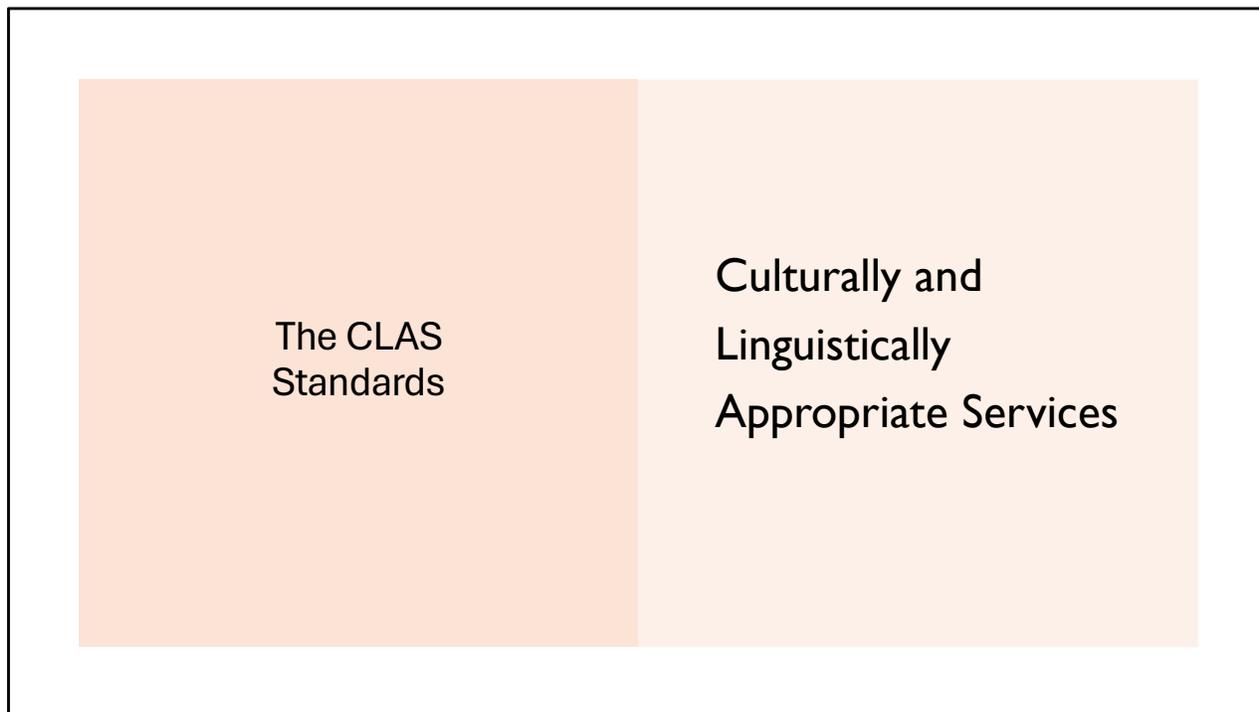
CLAS stands for "Culturally and Linguistically Appropriate Services." CLAS Standards are respectful of and responsive to each person's culture and communication needs and can help your organization take into account cultural health beliefs, preferred languages, health literacy levels, and communication needs.

CLAS is a way to improve the quality of services provided to all individuals, which could ultimately help reduce health disparities. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual's health needs and preferences.

Health disparities in our nation are well documented. Providing CLAS is one strategy to help eliminate health disparities. By tailoring services to an individual's culture and language needs, health professionals can help bring about positive health outcomes.

The provision of health services that are respectful of and responsive to the health beliefs, practices, and needs of patients can help close the gap in health outcomes

Overview of The 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 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.
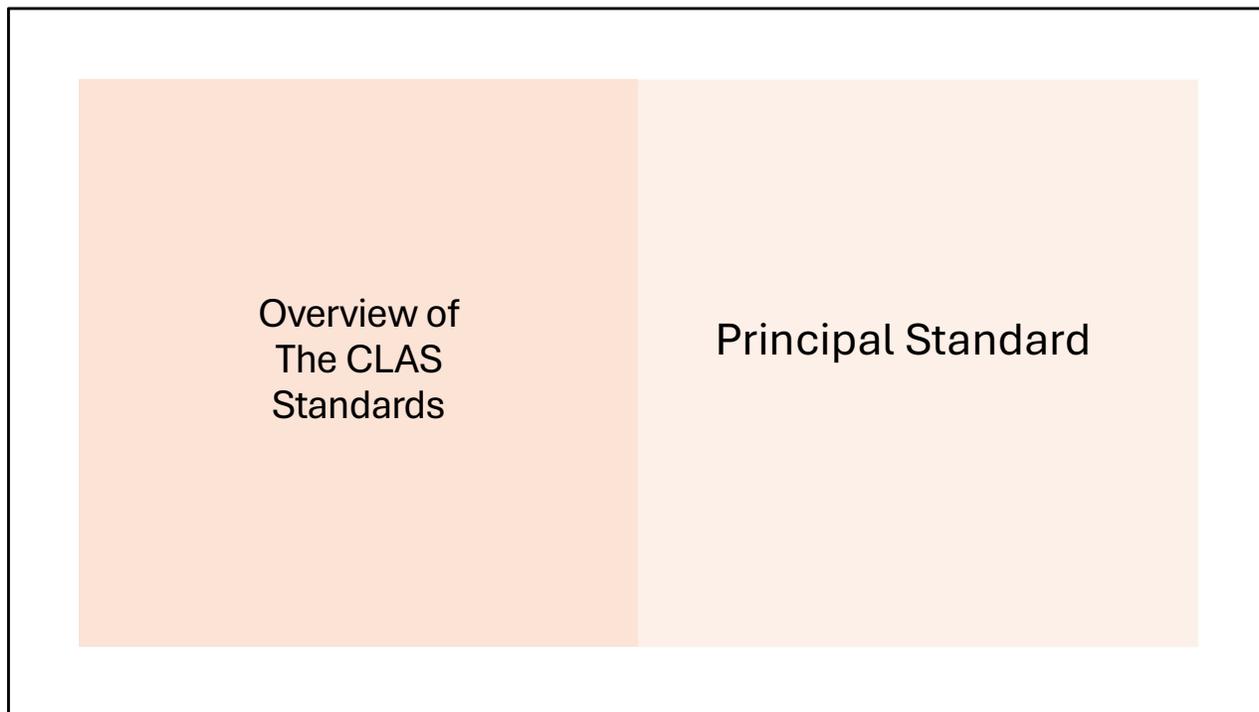
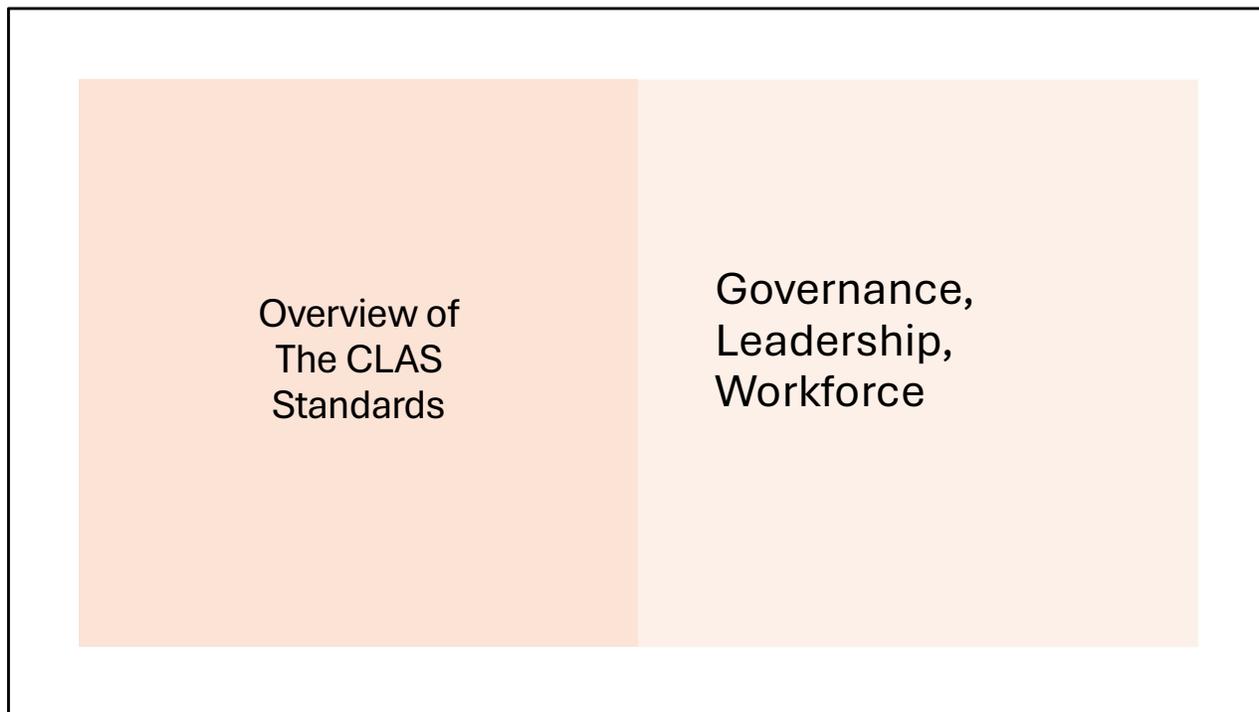| Overview of The CLAS Standards	Principal Standard

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.

The Principal Standard is the first of 15 standards which states:

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

When applied to **Substance Use Disorders treatment**, this principle ensures that care is not only clinically sound but also culturally and linguistically appropriate.

| Overview of The CLAS Standards | Governance, Leadership, Workforce |

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 to;

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.

Overview of The CLAS Standards

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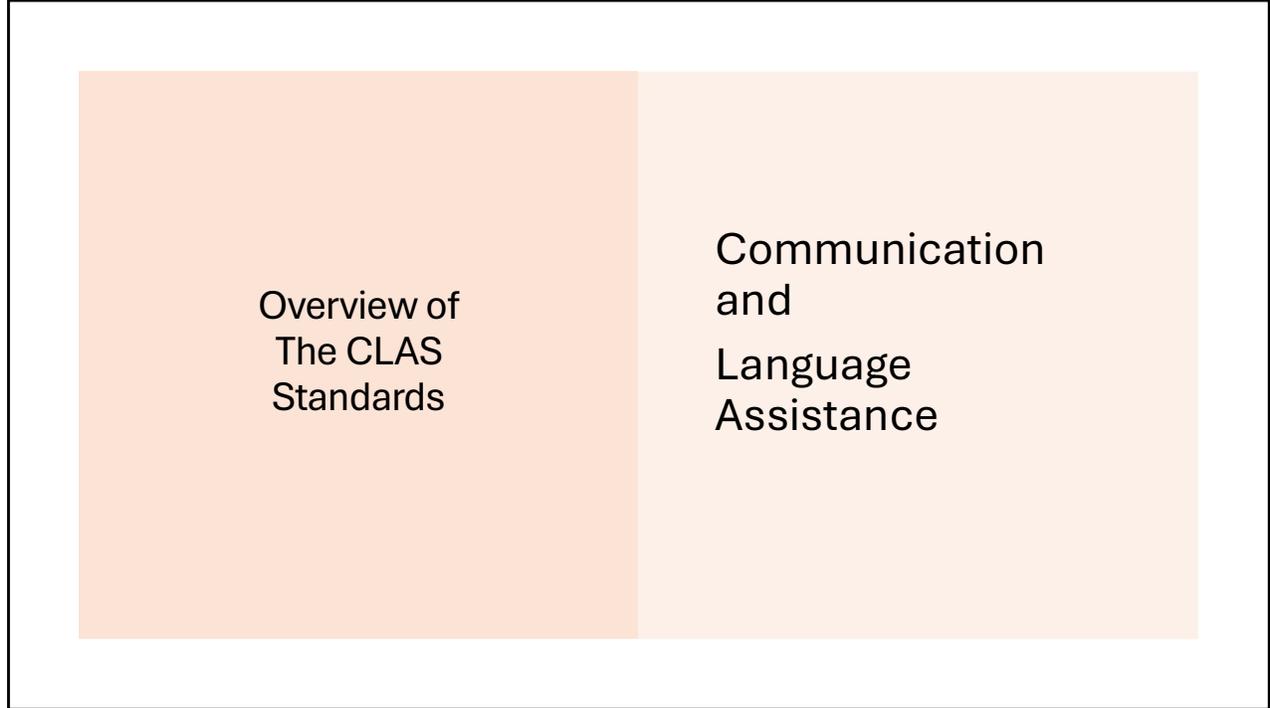
The National CLAS Standards are intended to promote health, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations to;

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.

Overview of The CLAS Standards	Engagement, Continuous Improvement, and Accountability

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 to;

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.

| Standard 1 | • Provide effective, understandable, and respectful quality care and services that respond to cultural health beliefs and practices, languages, health literacy, and other communication needs. |

Standard 1:
Provide equitable,
understandable,
respectful care.

SUD Treatment
Application:

• Tailor treatment plans
to cultural norms.

• Use plain language and
culturally relevant
examples.

• Incorporate traditional
healing if requested.

Key Applications in SUD Treatment

Equitable Care
Treat SUD as a chronic disease, not a moral failing, to reduce stigma.
Ensure equal access to evidence-based treatments (e.g., MAT, counseling) regardless of race, ethnicity, language, or socioeconomic status.
Address structural barriers (transportation, cost, insurance) that disproportionately affect marginalized groups.1

Understandable Care
Use plain language and avoid jargon when explaining diagnoses, treatment plans, and medication instructions.
Provide written and multimedia materials in the client's preferred language and at an appropriate literacy level.2
Incorporate teach-back methods to confirm understanding.

Standard 1: Provide equitable, understandable, respectful care.	SUD Treatment Application: • Tailor treatment plans to cultural norms. • Use plain language and culturally relevant examples. • Incorporate traditional healing if requested.

Key Applications in SUD Treatment

Respectful Care
Recognize and honor cultural health beliefs (e.g., attitudes toward medication, family involvement in recovery).
Practice **cultural humility** and trauma-informed care, acknowledging historical and intergenerational trauma that may influence substance use.
Avoid assumptions about readiness for treatment; tailor approaches to individual preferences and values.

Language & Communication Needs
Offer **qualified interpreters** and bilingual staff for clients with limited English proficiency.
Inform clients about language assistance services clearly and in their preferred language.
Avoid using family members or minors as interpreters.

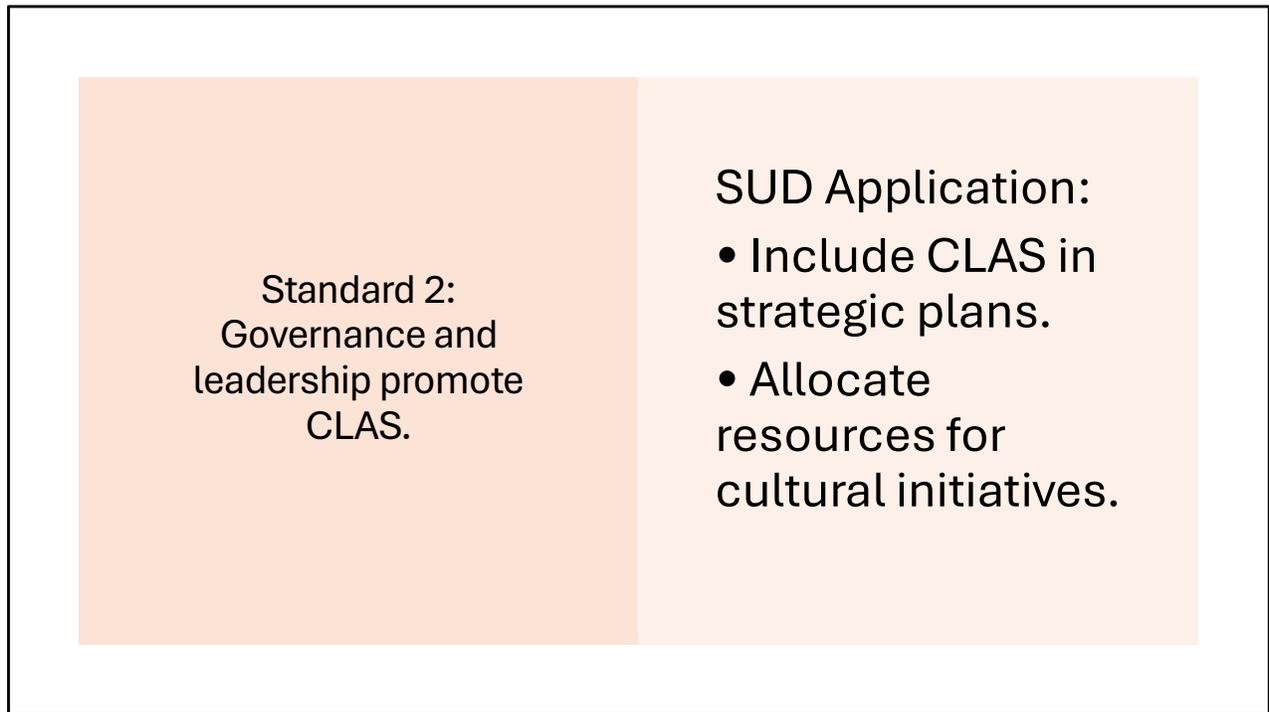| Standard 1: Provide equitable, understandable, respectful care. | Why it matters |
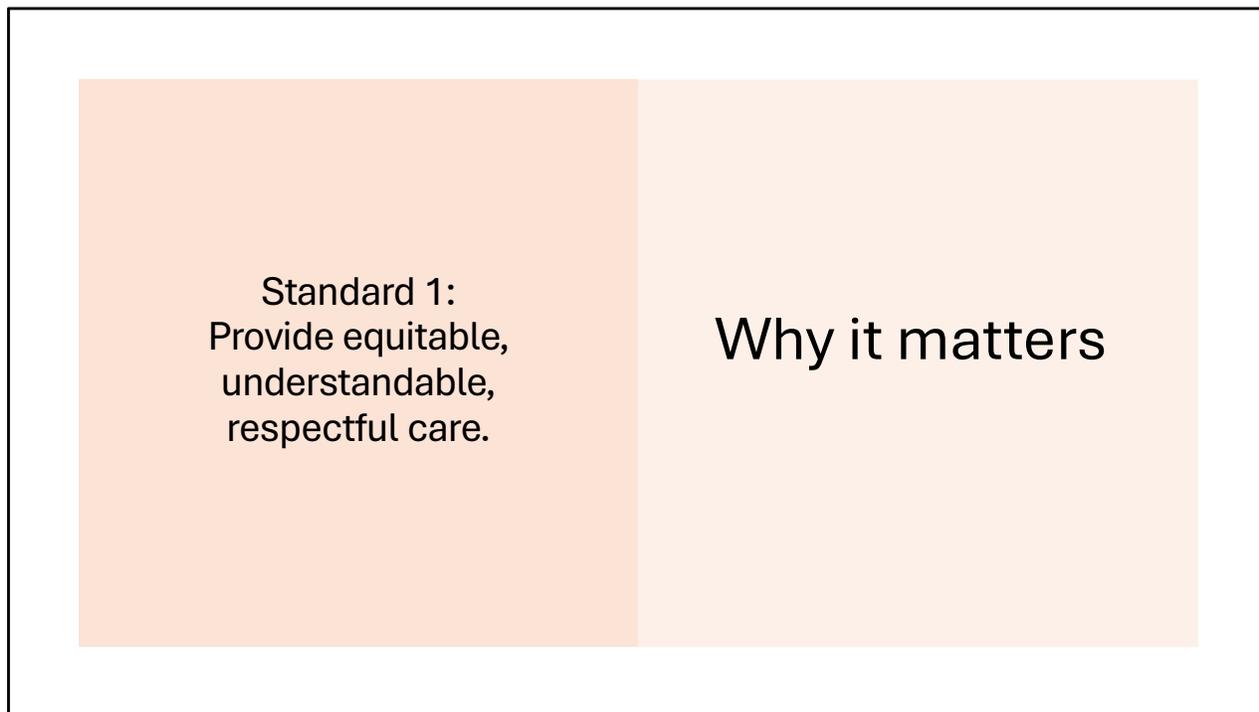
When applied to **Substance Use Disorder (SUD) treatment**, this principle ensures that care is not only clinically sound but also culturally and linguistically appropriate.

Implementing CLAS Standard 1 in SUD treatment:

- Reduces disparities in access and outcomes.

- Improves engagement and retention in treatment.

- Builds trust and promotes recovery in diverse populations

Standard 2	Advance and sustain organizational governance and leadership that promotes CLAS through policy, practices, and allocated resources.

Standard 2: Governance and leadership promote CLAS.	**SUD Application:** • Include CLAS in strategic plans. • Allocate resources for cultural initiatives.

Key Applications in SUD Treatment

Policy Integration
Develop written policies that explicitly require culturally and linguistically appropriate services in all SUD programs.
Incorporate CLAS principles into strategic plans, quality improvement initiatives, and compliance frameworks.
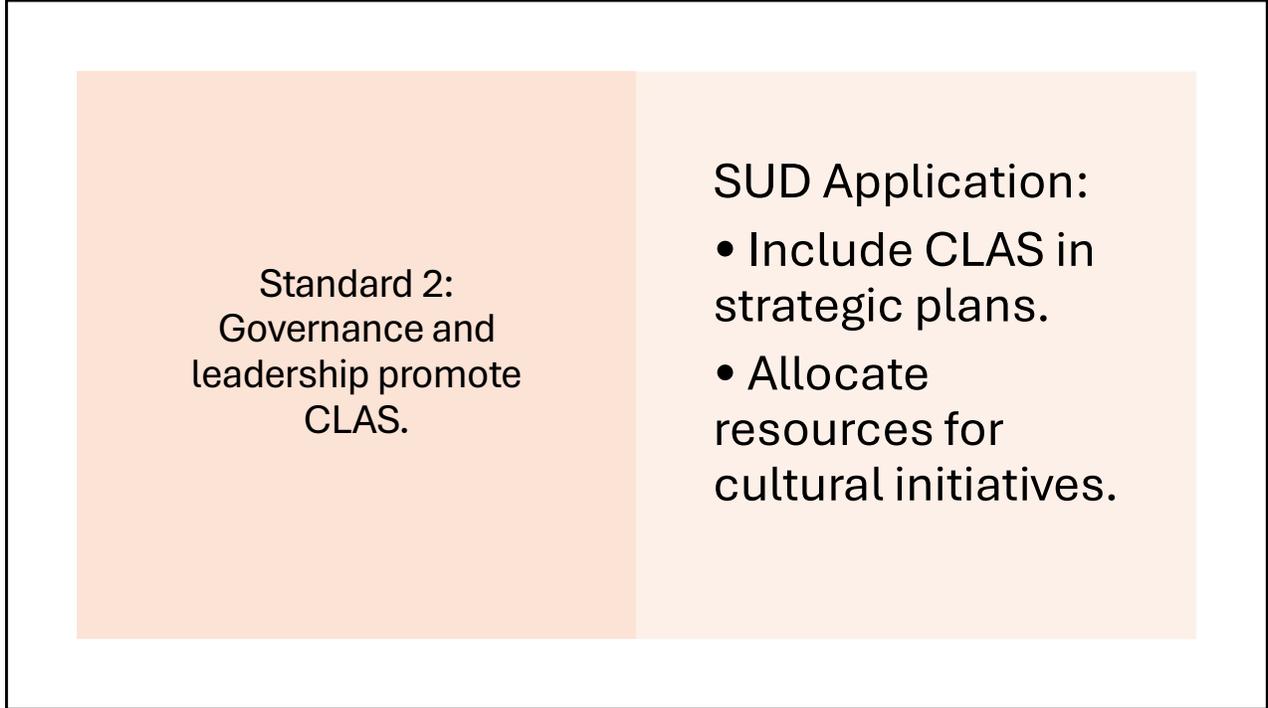
Leadership Commitment
Senior leaders should champion health equity and CLAS by modeling inclusive practices and communicating their importance.
Example: Behavioral health CEOs participating in community roundtables to understand cultural needs and reduce stigma around addiction.

Resource Allocation
Dedicate budget lines for interpreter services, cultural competence training, and outreach to underserved communities.
Example: Hospitals allocating a percentage of their annual budget to CLAS initiatives, including SUD-specific programs.

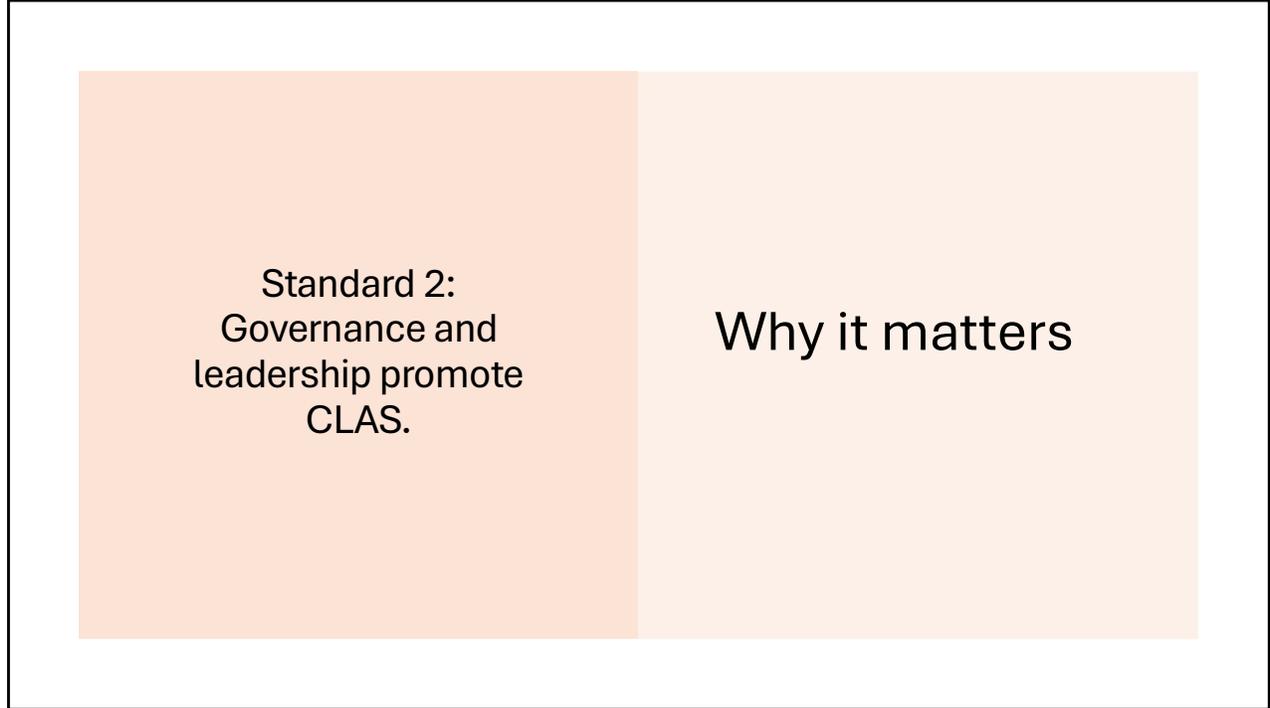| Standard 2: Governance and leadership promote CLAS.	SUD Application: • Include CLAS in strategic plans. • Allocate resources for cultural initiatives.

Key Applications in SUD Treatment

Governance Structures
Establish diversity and equity committees or advisory boards that include representatives from culturally diverse communities affected by substance use.
Ensure accountability by tracking CLAS-related goals and reporting progress publicly.

Community Engagement
Partner with cultural organizations, faith-based groups, and peer recovery networks to co-design SUD services that reflect community values.
Example: County-level SUD programs in California requiring annual cultural competency plans and community input.

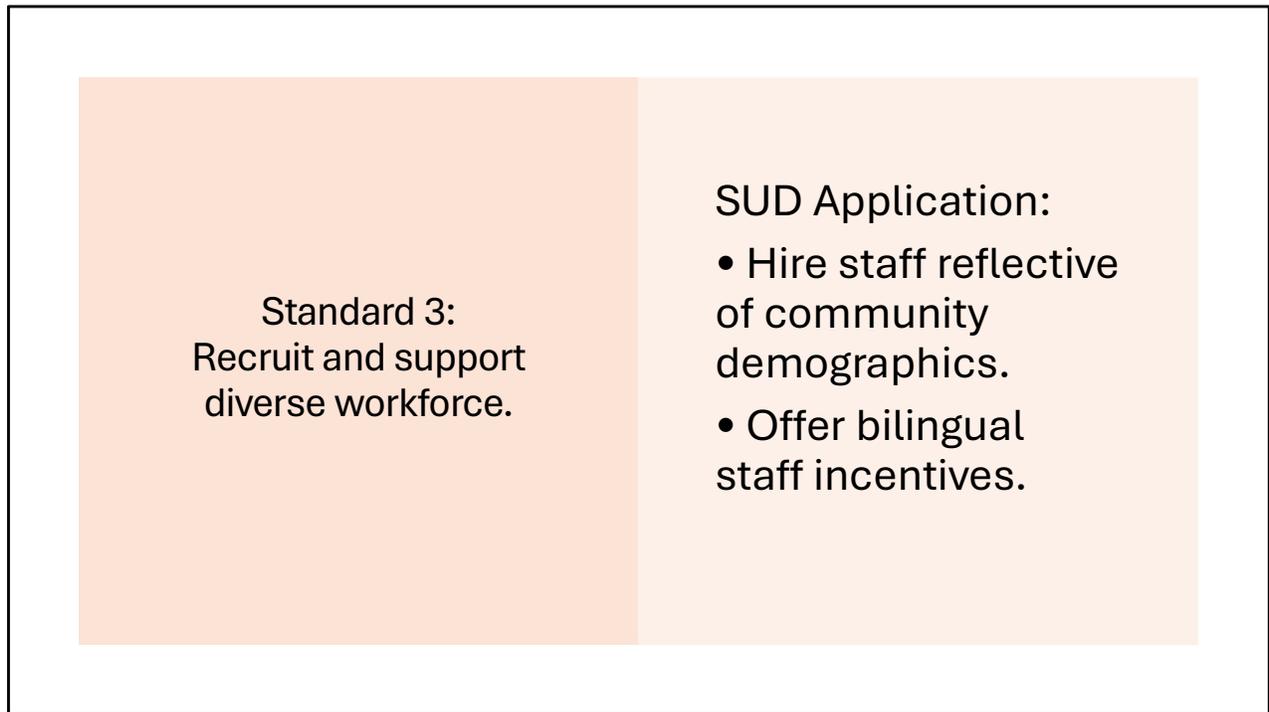| Standard 2: Governance and leadership promote CLAS.	Why it matters

When applied to **Substance Use Disorder (SUD) treatment**, this standard emphasizes that leadership must actively embed cultural and linguistic responsiveness into the organization's structure and operations.

Strong governance and leadership:

- Reduces health disparities in addiction treatment.

- Improves trust and engagement among culturally diverse clients.

- Ensures sustainability of culturally competent practices.

Standard 3	Recruit, promote, equip, and support a governance, leadership, and workforce that respond to the digital, cultural and language needs of the population.

Standard 3:
Recruit and support
diverse workforce.

SUD Application:

• Hire staff reflective
of community
demographics.

• Offer bilingual
staff incentives.

Key Applications in SUD Treatment

Recruitment Strategies
- Targeted Outreach**:** Partner with community organizations, minority-serving institutions, and professional associations to attract candidates from underrepresented groups.
- Inclusive Job Postings**:** Use language that emphasizes cultural competence and lived experience as valued qualifications.
- Peer Support Specialists**:** Hire individuals with lived experience of SUD, especially from diverse backgrounds, to build trust and engagement.

Retention and Support
- Mentorship Programs**:** Pair new hires from diverse backgrounds with experienced mentors to support career growth.
- Professional Development**:** Offer ongoing cultural competence and trauma-informed care training.
- Competitive Compensation**:** Address pay disparities and provide benefits that support well-being, reducing turnover.

Standard 3:
Recruit and support diverse workforce.

SUD Application:

• Hire staff reflective of community demographics.

• Offer bilingual staff incentives.

Key Applications in SUD Treatment

Promotion and Leadership
- Create clear pathways for advancement for staff from underrepresented groups.
- Implement leadership development programs focused on equity and inclusion.

Workforce Composition
- Strive for demographic representation that mirrors the client population (e.g., bilingual counselors for communities with limited English proficiency).
- Example: Studies show that racial/ethnic matching between clients and counselors can improve engagement and retention in SUD treatment

Standard 3: Recruit and support diverse workforce.	Why it matters

Applied to **Substance Use Disorder (SUD) treatment**, this standard ensures that the workforce reflects the cultural and linguistic diversity of the clients served, which improves engagement, trust, and treatment outcomes.

Implementing CLAS Standard 3 in SUD treatment:

- Enhances cultural responsiveness and reduces disparities in access and outcomes.

- Builds trust among clients who may have experienced discrimination or stigma.

- Supports sustainability of culturally competent care.

| Standard 4 | Educate and train governance, leadership, and workforce regularly on CLAS practices and resources. |

Standard 4: Ongoing cultural competence training.	SUD Application: • Annual training on cultural humility. • Include modules on cultural views of addiction.

Key Applications in SUD Treatment

Mandatory Ongoing Training
- Require annual cultural competence and cultural humility training for all staff, including clinicians, peer support specialists, and administrators.1
- Include modules on implicit bias, stigma reduction, and trauma-informed care.

Content Focus
- **Cultural Humility vs. Competence:** Emphasize humility as a lifelong process of self-reflection, not just a checklist of cultural facts.2
- **Intersectionality:** Address how race, ethnicity, gender, sexual orientation, and socioeconomic status intersect with substance use and recovery.3
- **Language Access:** Train staff on proper use of interpreters and bilingual resources.4
- **Community-Specific Needs:** Incorporate cultural norms, family roles, and traditional healing practices relevant to local populations.

Standard 4: Ongoing cultural competence training.	**SUD Application:** • Annual training on cultural humility. • Include modules on cultural views of addiction.

Key Applications in SUD Treatment

Practical Skills
- Use **role-playing scenarios** to practice culturally sensitive communication.
- Teach **broaching techniques**—inviting clients to share how cultural factors affect their recovery.
- Apply **Cultural Formulation Interview (DSM-5)** for assessment.

Delivery Methods
- Offer **self-paced online courses** and interactive workshops for flexibility.
- Provide CEUs to incentivize participation for licensed professionals.

Evaluation & Accountability
- Track completion rates and integrate cultural competence metrics into performance reviews.
- Collect feedback from clients on perceived cultural responsiveness

| Standard 4: Ongoing cultural competence training. | Why it matters |

Applied to **Substance Use Disorder (SUD) treatment**, this standard ensures that staff continuously develop skills to provide culturally responsive care.

Implementing CLAS Standard 4 in SUD treatment:

- Improves engagement and retention in treatment.

- Reduces disparities in access and outcomes.

- Builds trust and safety for marginalized populations.

| Standard 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. |

<table>
<tr><td>Standard 5:
Offer free language assistance.</td><td>SUD Application:
• Provide interpreters for intake and counseling.
• Ensure ASL interpreters for hearing-impaired clients.</td></tr>
</table>

Key Applications in SUD Treatment

Free Language Assistance
- Provide **qualified interpreters** (in-person, phone, or video) for all clinical and administrative interactions at no cost to the client.
- Offer **translation of vital documents** (consent forms, treatment plans, discharge instructions) into the client's preferred language.
- Ensure these services are available **24/7 for crisis and intake situations**.

Timely Access
- Do not delay treatment because of interpreter availability—use telephonic or video interpretation when in-person interpreters are not immediately available.
- Train staff on how to quickly access interpreter services during emergencies.

Standard 5: Offer free language assistance.	SUD Application: • Provide interpreters for intake and counseling. • Ensure ASL interpreters for hearing-impaired clients.

Key Applications in SUD Treatment

Qualified Personnel
- Use **trained medical interpreters**, not family members or untrained staff, to maintain confidentiality and accuracy.
- Ensure interpreters understand addiction terminology and confidentiality requirements under HIPAA and 42 CFR Part 2.

Communication & Awareness
- Inform clients **verbally and in writing** that language assistance is free and available.
- Post multilingual signage in waiting areas and on websites stating: "Free language assistance available."

Integration into SUD Programs
- Include interpreter services in **group therapy**, **intake assessments**, and **medication-assisted treatment (MAT)** sessions.
- Translate culturally adapted recovery materials and educational resources.

Standard 5: Offer free language assistance.	Why it matters

Applied to **Substance Use Disorder (SUD) treatment**, this standard ensures that language barriers do not prevent individuals from receiving care.

Implementing CLAS Standard 5 in SUD treatment:

- Removes a major barrier to treatment for LEP individuals.

- Improves engagement, adherence, and outcomes in recovery.

- Demonstrates compliance with federal regulations (Title VI of the Civil Rights Act, Section 1557 of the ACA).

| Standard 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. |

Standard 6: Inform clients about language services.	SUD Application: • Post multilingual signage. • Include info in consent forms.

Key Applications in SUD Treatment

Digital Channels
- Display language assistance information prominently on your website and patient portals.
- Use icons or flags to indicate available languages for easy recognition.

Preferred Language
- Ask clients their preferred language during intake and document it in their record.
- Provide notices and verbal communication in that language whenever possible.

Staff Training
- Train staff to proactively inform clients about language services, not wait for clients to ask.
- Include scripts for front desk and clinical staff to ensure consistency.

Standard 6: Inform clients about language services.	Why it matters
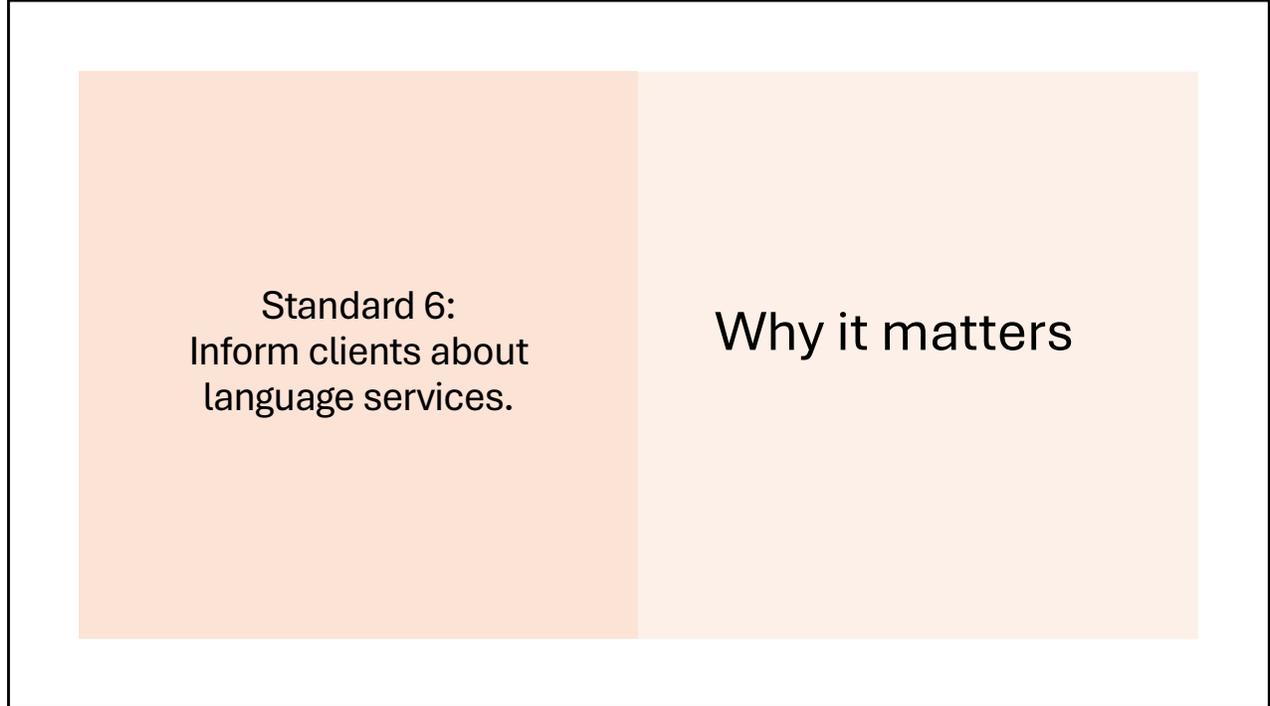
Applied to **Substance Use Disorder (SUD) treatment**, this standard ensures that clients know they can access free language services, which is critical for engagement and compliance.

Implementing CLAS Standard 6 in SUD treatment:

- Ensures compliance with federal regulations (Title VI, ACA Section 1557).

- Builds trust and reduces anxiety for clients with limited English proficiency.

- Improves engagement and treatment adherence.

| Standard 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. |

Standard 7: Use qualified interpreters.	SUD Application: • Avoid using minors or untrained individuals. • Use certified medical interpreters.

Key Applications in SUD Treatment

Qualified Interpreters Only
- Use interpreters who are **trained in medical and behavioral health terminology**, including addiction-related language.
- Ensure interpreters understand confidentiality laws (HIPAA and 42 CFR Part 2) specific to SUD treatment.

Avoid Untrained Individuals
- Do **not** use family members, friends, or minors as interpreters—this can lead to errors, breaches of privacy, and ethical issues.
- Avoid bilingual staff acting as interpreters unless they are formally trained and certified.

Standard 7: Use qualified interpreters.	SUD Application: • Avoid using minors or untrained individuals. • Use certified medical interpreters.

Key Applications in SUD Treatment

Competency Verification
- Require interpreters to demonstrate proficiency in both languages and knowledge of cultural nuances.
- Maintain documentation of interpreter qualifications and certifications.

Specialized Training
- Interpreters should receive orientation on SUD treatment concepts, stigma reduction, and trauma-informed care.
- Example: Training on terms like "medication-assisted treatment," "harm reduction," and "peer recovery support."

Modes of Interpretation
- Offer **in-person**, **telephonic**, and **video remote interpreting (VRI)** options for flexibility and timely access.
- Ensure technology platforms used for VRI are secure and compliant with privacy regulations.

| Standard 7: Use qualified interpreters. | Why it matters |
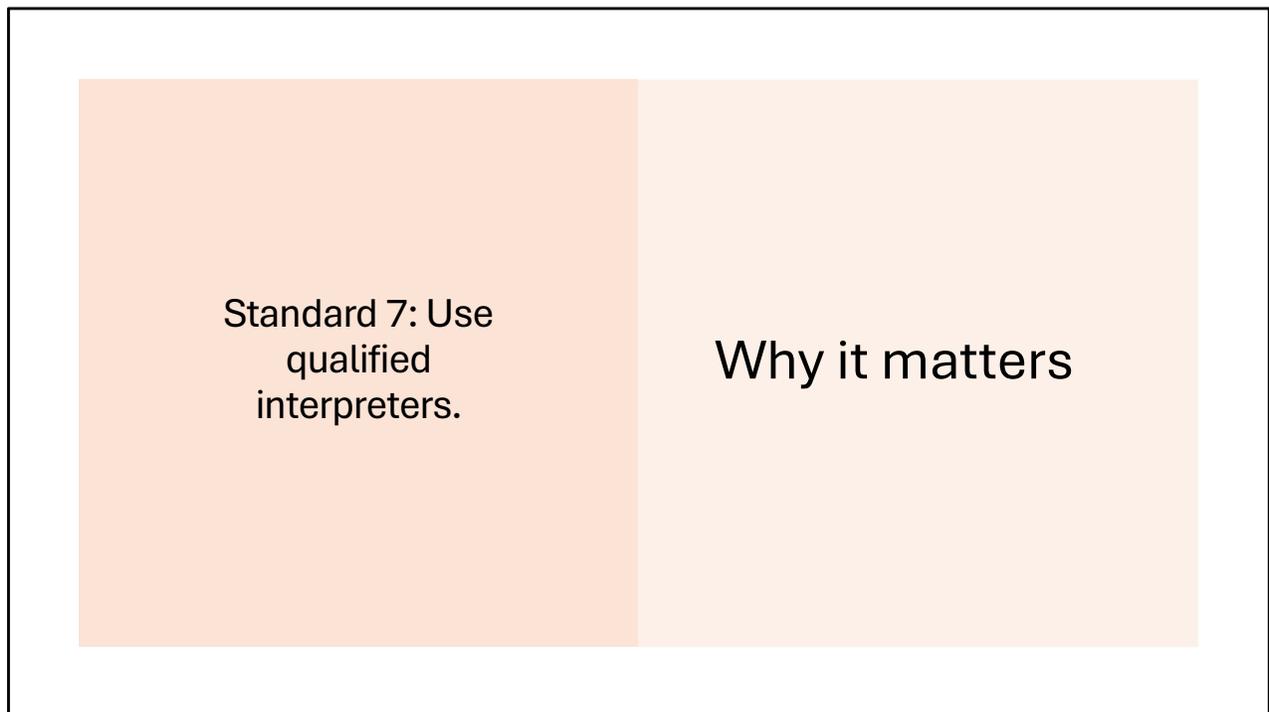
Applied to **Substance Use Disorder (SUD) treatment**, this standard focuses on using **qualified interpreters** to maintain accuracy, confidentiality, and cultural sensitivity in communication.

Implementing CLAS Standard 7 in SUD treatment:

- Prevents miscommunication that could lead to treatment errors.

- Protects client confidentiality and dignity.

- Improves engagement and outcomes for clients with limited English proficiency.

Standard 8

Provide easy-to-understand digital and print materials and signage in the languages commonly used by the populations in the service area.

Standard 8: Provide easy-to-understand materials.	**SUD Application:** • Translate relapse prevention plans. • Use culturally relevant visuals.

Key Applications in SUD Treatment
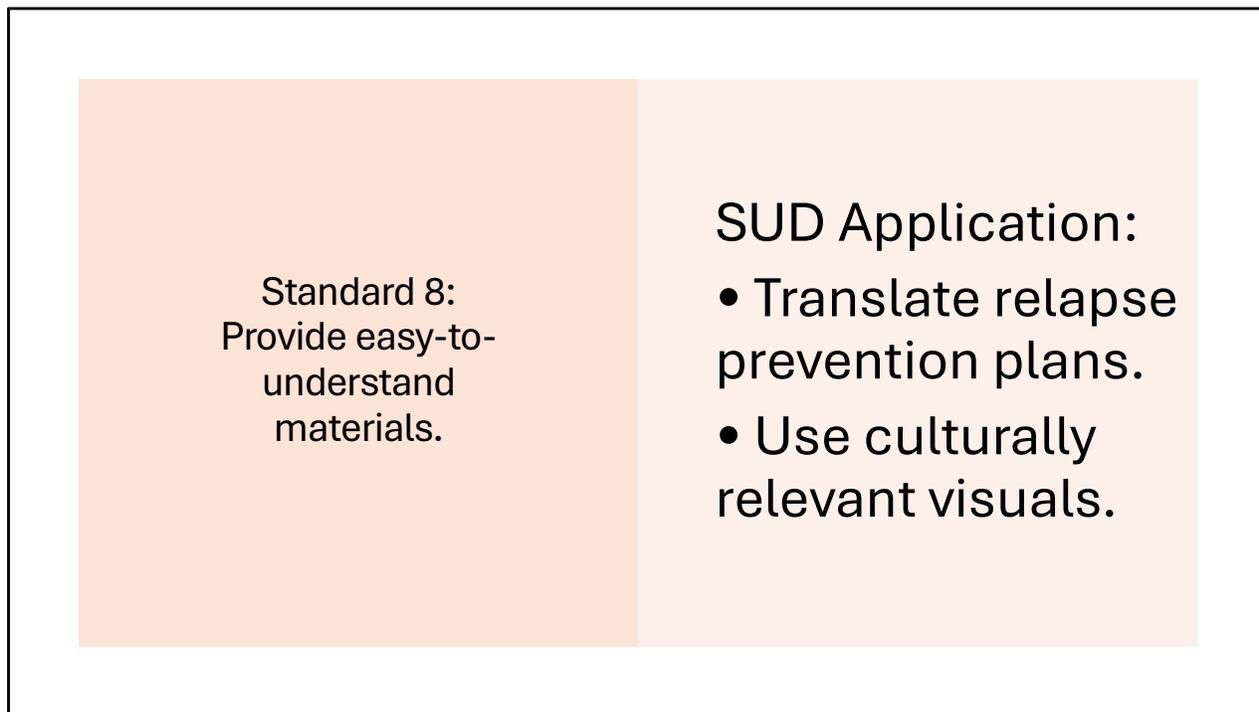
Plain Language
- Use **simple, non-technical language** to explain treatment options, medication instructions, and recovery resources.
- Avoid jargon like "opioid agonist therapy"—instead say "medication that helps reduce cravings."

Multilingual Materials
- Translate **vital documents** (intake forms, consent forms, treatment plans) into the most common languages in your service area.
- Provide **multilingual signage** in waiting rooms and treatment spaces.

Culturally Relevant Content
- Adapt examples and visuals to reflect the cultural norms of the populations served.
- Include culturally appropriate recovery concepts (e.g., family involvement, community support).

Standard 8: Provide easy-to-understand materials.	SUD Application: • Translate relapse prevention plans. • Use culturally relevant visuals.

Key Applications in SUD Treatment

Formats for Accessibility
Offer materials in **multiple formats**: brochures, videos, infographics, and digital content.
Ensure readability for clients with **low literacy** or **visual impairments** (large fonts, high-contrast colors).

Health Literacy Considerations
Use **teach-back methods** to confirm understanding.
Include **step-by-step instructions** for medication-assisted treatment (MAT) and relapse prevention strategies.

Signage
Post clear signs for language assistance, emergency contacts, and program rules in multiple languages.

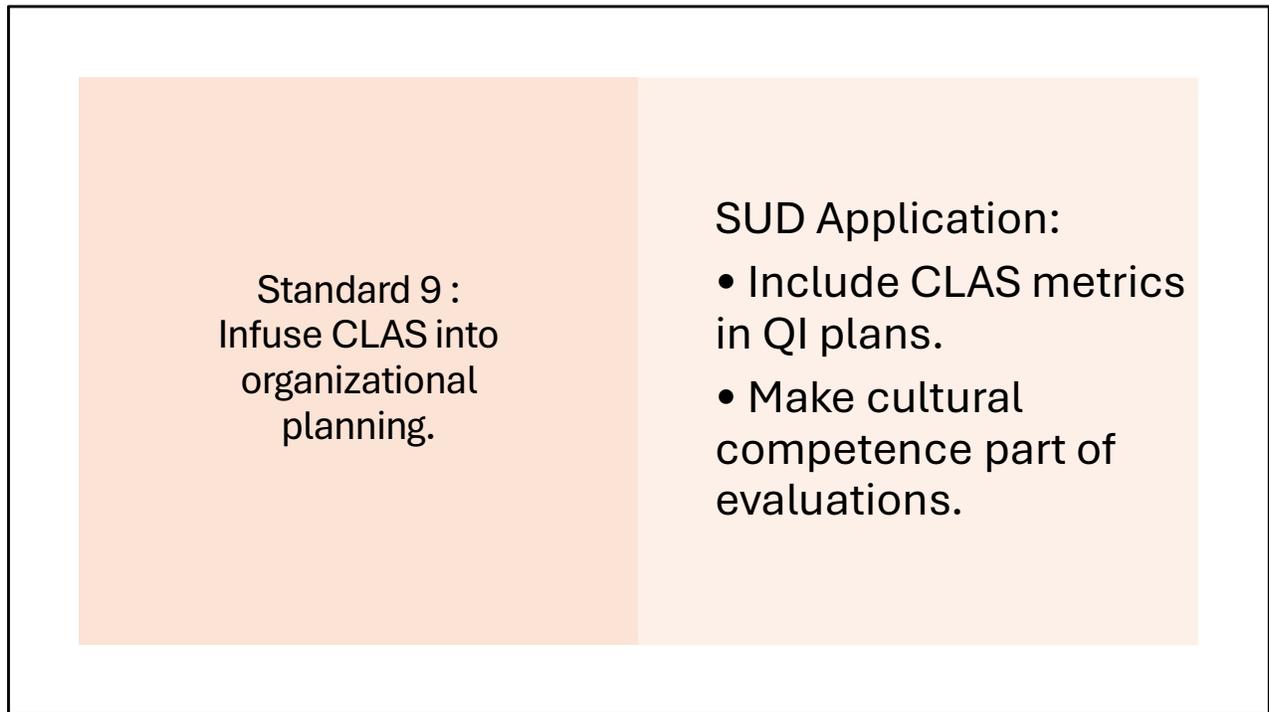| Standard 8: Provide easy-to-understand materials.	Why it matters
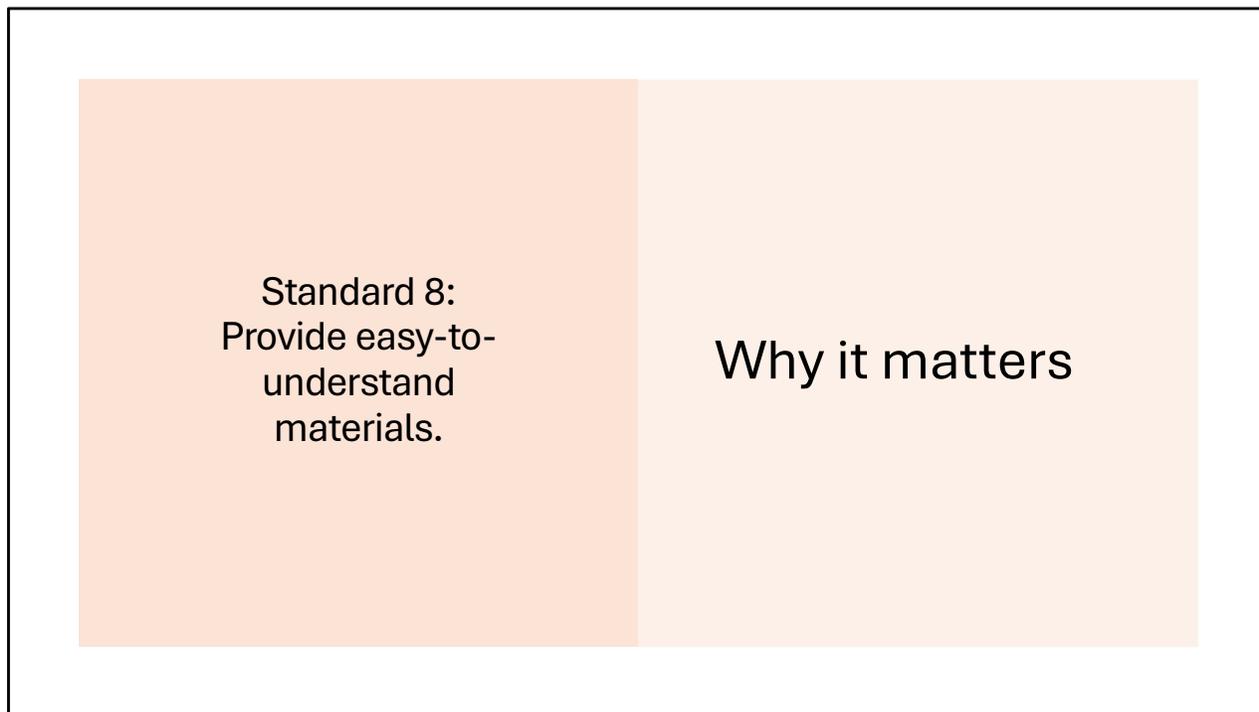
Applied to **Substance Use Disorder (SUD) treatment**, this standard ensures that all client-facing materials are clear, culturally relevant, and linguistically accessible.

Implementing CLAS Standard 8 in SUD treatment::

- Improves comprehension and adherence to treatment.

- Reduces anxiety and confusion for clients with limited English proficiency or low health literacy.

- Builds trust and engagement in recovery programs.

| Standard 9 | Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations. |

Standard 9 : Infuse CLAS into organizational planning.	SUD Application: • Include CLAS metrics in QI plans. • Make cultural competence part of evaluations.

Key Applications in SUD Treatment

Strategic Integration
- Include CLAS objectives in **organizational strategic plans** and annual SUD program goals.
- Make cultural and linguistic responsiveness a **core performance metric** for leadership and staff.

Policy Development
- Create written policies requiring culturally and linguistically appropriate services across all SUD programs.
- Tie CLAS compliance to **quality improvement, accreditation, and risk management processes**.

Resource Allocation
- Budget for:
  - Interpreter services and translated materials.
  - Cultural competence training for staff.
  - Recruitment and retention of bilingual/bicultural workforce.
  - Community engagement activities.

Standard 9 : Infuse CLAS into organizational planning.	SUD Application: • Include CLAS metrics in QI plans. • Make cultural competence part of evaluations.

Key Applications in SUD Treatment

Operational Embedding
Integrate CLAS into **intake workflows**, treatment planning, and discharge processes.
- Document language preference and cultural needs in **electronic health records**.
- Ensure language access and cultural considerations are part of **group therapy and MAT protocols**.

**Accountability & Monitoring**
- Track equity metrics such as:
  - Interpreter utilization rates.
  - Access and retention by language and ethnicity.
  - Client satisfaction with cultural responsiveness.
- Review data quarterly and publish an **annual CLAS and equity report**.

Community Engagement
- Form **Community Advisory Boards** with clients, families, and cultural leaders to co-design SUD services.
- Use community input to adapt outreach, educational materials, and recovery supports.

Continuous Quality Improvement
- Conduct **annual CLAS assessments** to identify gaps.
- Implement **Plan-Do-Study-Act (PDSA)** cycles for improving language access and cultural responsiveness.

Standard 9 : Infuse CLAS into organizational planning.	Why it matters
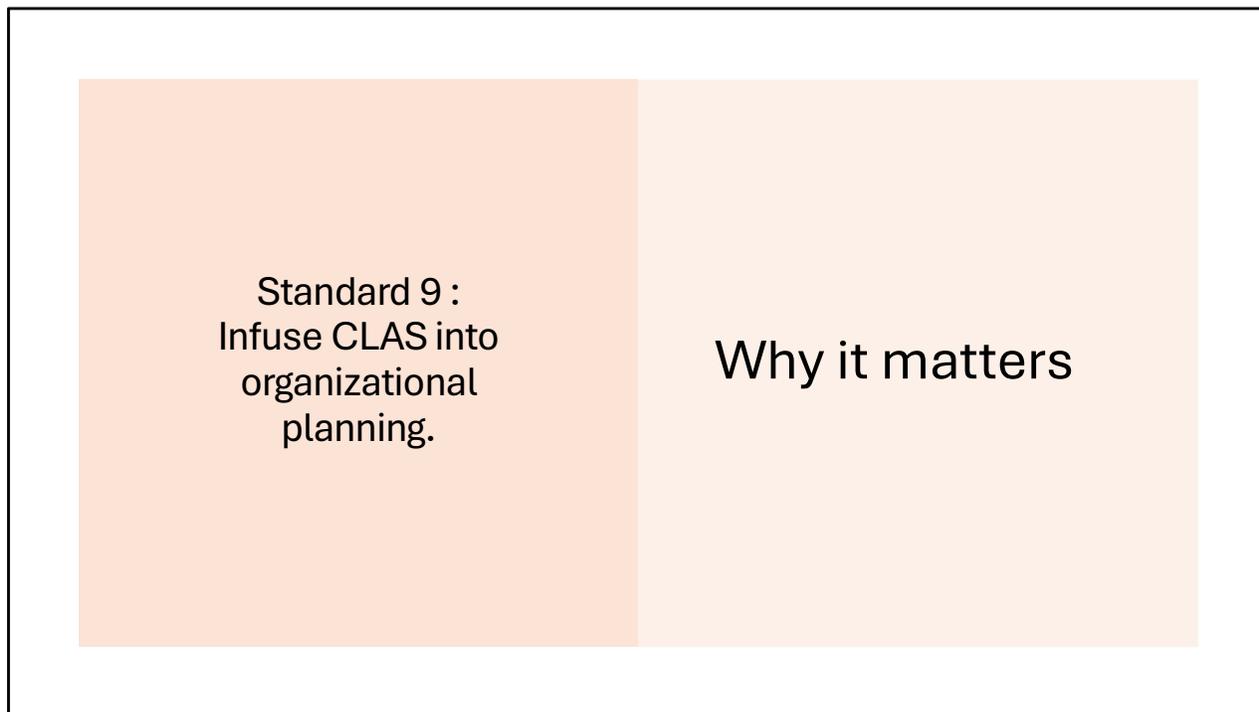
Applied to **Substance Use Disorder (SUD) treatment**, this standard means CLAS principles must be embedded into **strategic planning, budgeting, quality improvement, and community engagement**—not treated as an add-on.

Infusing CLAS into organizational planning ensures:

- Sustainability of culturally competent practices.

- Reduction of disparities in SUD treatment access and outcomes.

- Compliance with federal and state regulations.

Standard 10	Conduct ongoing assessments of the organization's integration of CLAS-related activities and measures into quality improvement activities.

<table>
<tr><td>Standard 10 :
Assess CLAS
activities regularly.</td><td>SUD Application:

• Audit interpreter usage.

• Track retention rates among diverse populations.</td></tr>
</table>

Key Applications in SUD Treatment

Integrate CLAS into CQI Framework
Include CLAS-related indicators in your **quality improvement plan** for SUD programs. Make cultural and linguistic responsiveness part of **performance dashboards** and accreditation reviews.

Define Measurable Indicators
Track and analyze data by race, ethnicity, language, and other demographics:

> **Access:**
>> % of clients receiving interpreter services when needed
>> Average time from first contact to treatment for LEP clients

> **Retention:**
>> 30-day and 90-day retention rates by language and cultural group

> **Outcomes:**
>> MAT initiation rates by demographic group
>> Completion of recovery plans

> **Client Experience:**
>> Satisfaction surveys asking if clients felt respected and understood
>> Complaints related to language or cultural issues

Standard 10 :
Assess CLAS
activities regularly.

SUD Application:

• Audit interpreter usage.

• Track retention rates among diverse populations.

Key Applications in SUD Treatment

Use Multiple Data Sources
- **EHR reports** for language preference and interpreter use
- **Client feedback surveys** (translated and culturally adapted)
- **Staff compliance reports** for cultural competence training completion

Conduct Regular Reviews
- Quarterly CLAS performance reviews in **Quality Improvement (QI) meetings**
- Annual **CLAS gap analysis** using tools like the OMH CLAS Assessment Checklist
- Document findings and corrective actions in QI reports

Continuous Improvement
- Apply **Plan-Do-Study-Act (PDSA)** cycles to address gaps (e.g., low interpreter utilization or disparities in MAT initiation).
- Share results with staff and community advisory boards for transparency and accountability.

Link to Organizational Goals
- Tie CLAS performance to **leadership evaluations** and **program funding decisions**.
- Include CLAS metrics in **state or county reporting requirements** for behavioral health programs.

| Standard 10 : Assess CLAS activities regularly. | Why it matters |
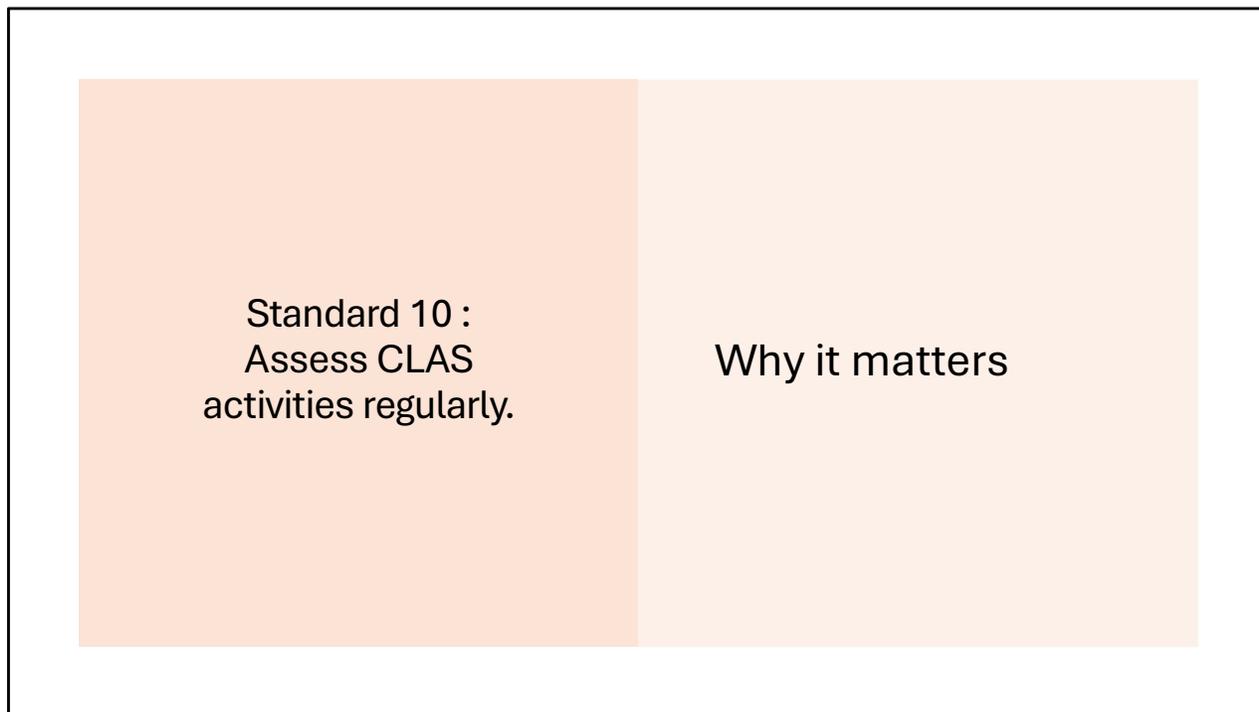
Applied to **Substance Use Disorder (SUD) treatment,** this standard ensures that cultural and linguistic responsiveness is not a one-time effort but part of **continuous quality improvement (CQI)**.

Implementing CLAS Standard 10 in SUD treatment encourages:

- Embedding CLAS into CQI to ensure **sustainability**, **regulatory compliance**, and **better outcomes** for diverse populations.

- Reduced disparities and improves engagement in SUD treatment.

| Standard 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. |

Standard 11: Collect demographic data.	SUD Application: • Gather race, ethnicity, language data. • Use data to identify disparities.

Key Applications in SUD Treatment

Collect Comprehensive Demographic Data
- Gather data at **intake and updates** on:
    - Race, ethnicity, and cultural identity
    - Preferred language and need for interpreter services
    - Gender identity and sexual orientation
    - Age, disability status, and socioeconomic indicators
- Include **social determinants of health** (housing, employment, transportation) that affect recovery.

Ensure Accuracy and Reliability
- Use **standardized data collection tools** (e.g., HHS race/ethnicity categories).
- Train staff on **how to ask demographic questions respectfully**.
- Validate data entry in **Electronic Health Records (EHR)** to avoid errors.

Protect Privacy and Confidentiality
- Comply with **HIPAA and 42 CFR Part 2** for SUD confidentiality.
- Inform clients why data is collected and how it will be used to improve care.

Standard 11: Collect demographic data.	**SUD Application:** • Gather race, ethnicity, language data. • Use data to identify disparities.

Key Applications in SUD Treatment

Use Data to Monitor CLAS Impact
- Analyze disparities in:
    - **Access** (e.g., wait times for LEP clients)
    - **Retention** (e.g., 30/90-day retention by race/language)
    - **Outcomes** (e.g., MAT initiation rates by demographic group)
- Track **language assistance utilization** and client satisfaction by cultural group.

Inform Service Delivery
- Identify gaps (e.g., low engagement among certain cultural groups).
- Adjust outreach strategies and adapt treatment materials based on demographic trends.
- Allocate resources for interpreters, bilingual staff, and culturally tailored programs.

Report and Share Findings
- Include demographic and equity metrics in **quality improvement reports**.
- Share summary data with **community advisory boards** to co-design solutions.

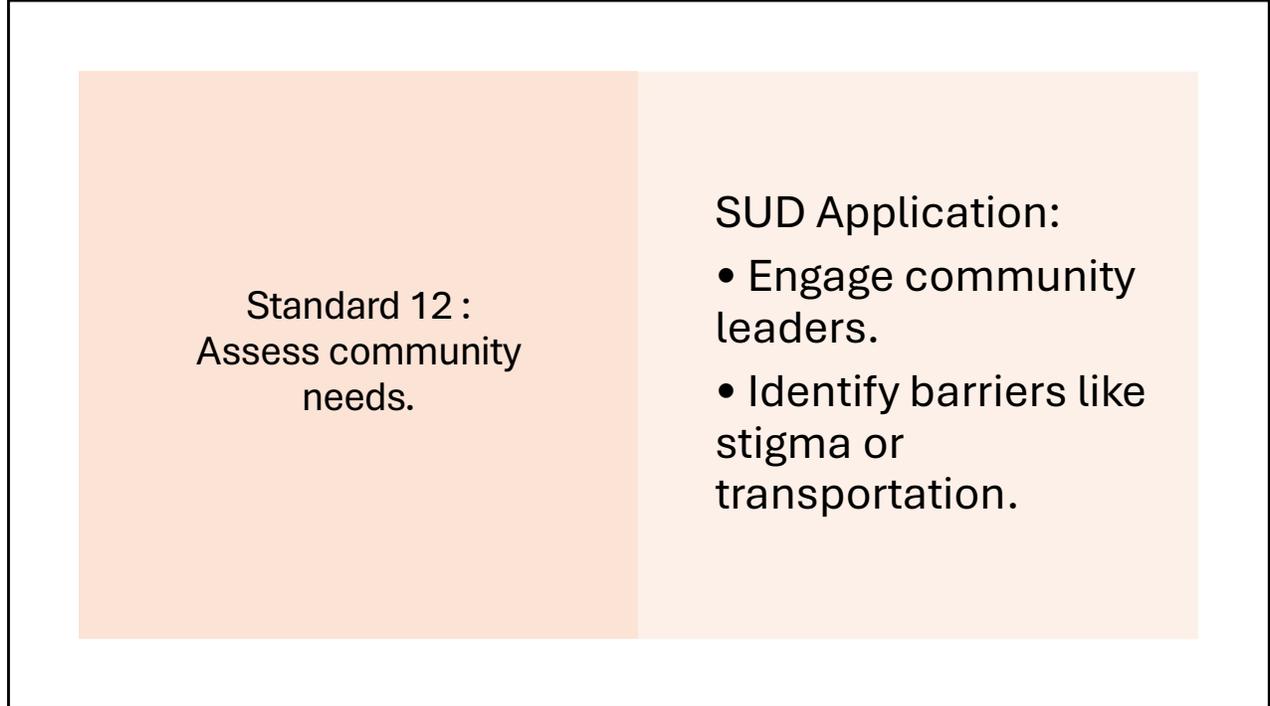| Standard 11: Collect demographic data.	Why it matters
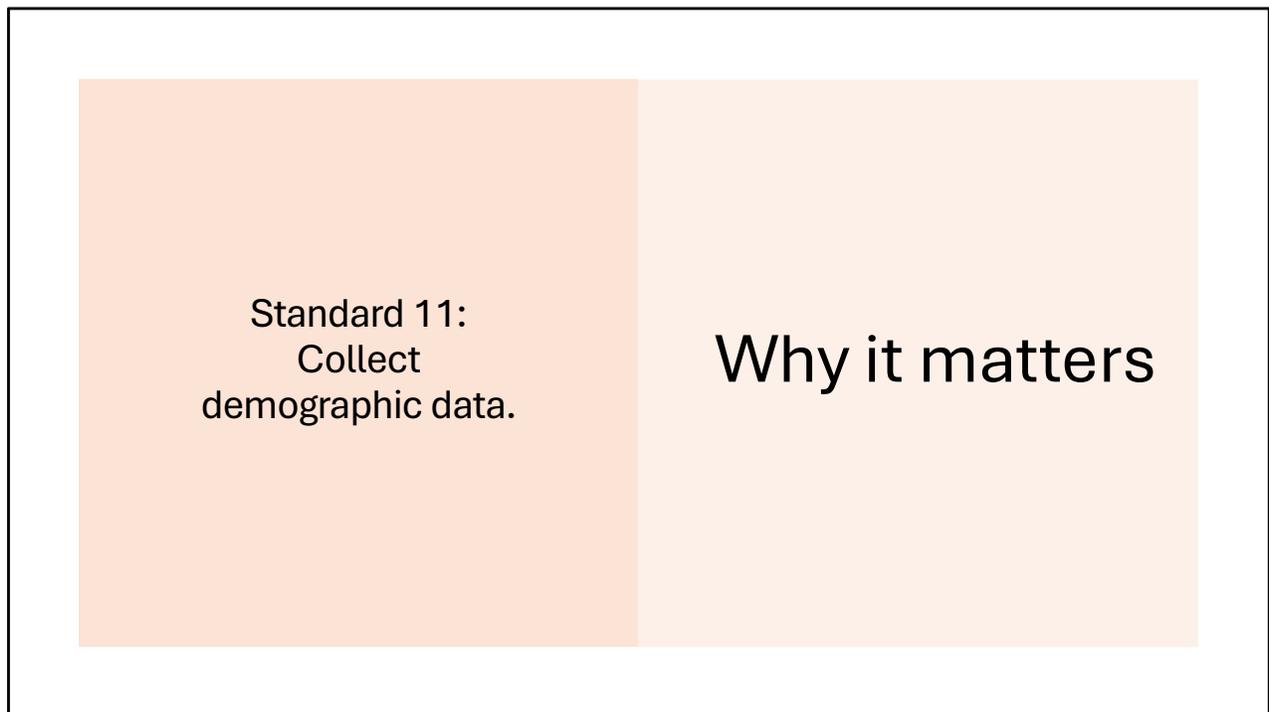
Applied to **Substance Use Disorder (SUD) treatment**, this standard ensures that demographic data is systematically gathered and used to identify disparities, improve cultural responsiveness, and guide resource allocation.

Implementing CLAS Standard 11 in SUD treatment:

- Enables **data-driven decisions** to reduce disparities in SUD treatment.

- Supports compliance with federal and state reporting requirements.

- Builds trust by showing commitment to culturally responsive care.

Standard 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.

Standard 12 : Assess community needs.	SUD Application: • Engage community leaders. • Identify barriers like stigma or transportation.

Key Applications in SUD Treatment
Conduct Community Needs Assessments
- Use surveys, focus groups, and interviews with:
  - Clients and families
  - Cultural and faith-based organizations
  - Local health and social service agencies
- Collect data on:
  - Prevalence of SUD by demographic group
  - Language needs and literacy levels
  - Cultural attitudes toward addiction and treatment
  - Barriers to care (transportation, stigma, cost)

Identify Community Health Assets
- Map existing resources:
  - Peer recovery networks
  - Faith-based support groups
  - Cultural organizations offering counseling or outreach
- Leverage these assets for **collaborative programming** and referrals.

Standard 12 : Assess community needs.	**SUD Application:** • Engage community leaders. • Identify barriers like stigma or transportation.

Key Applications in SUD Treatment
- **Use Data to Inform Service Design**
- Adapt treatment models based on findings:
  - Offer bilingual counselors and interpreters where language barriers exist.
  - Incorporate culturally relevant practices (e.g., family involvement, traditional healing).
- Develop outreach strategies targeting underserved populations identified in the assessment.

Engage Community in Planning
- Form **Community Advisory Boards** to review assessment results and co-design solutions.
- Include representatives from diverse cultural groups and individuals with lived experience of SUD.

Update Regularly
- Conduct assessments **every 2–3 years** or when major demographic shifts occur.
- Integrate findings into **strategic planning and quality improvement cycles**.

Share Results Transparently
- Publish a **Community Health Needs Report** summarizing findings and planned actions.
- Communicate in multiple languages and formats for accessibility.

Standard 12 : Assess community needs.	Why it matters

Applied to **Substance Use Disorder (SUD) treatment,** this standard ensures that programs are designed based on **real community data,** not assumptions. It focuses on understanding cultural, linguistic, and social factors that influence substance use and recovery.

Implementing CLAS Standard 12 in SUD treatment:

- Aligns services with actual community needs.
- Improves engagement and retention in treatment.
- Builds trust and partnerships with culturally diverse populations.

Standard 13	Partner with the community to design, implement, and evaluate cultural and linguistically appropriate practices and impact.

Standard 13 : Partner with community.	SUD Application: • Form advisory boards. • Co-create outreach campaigns.
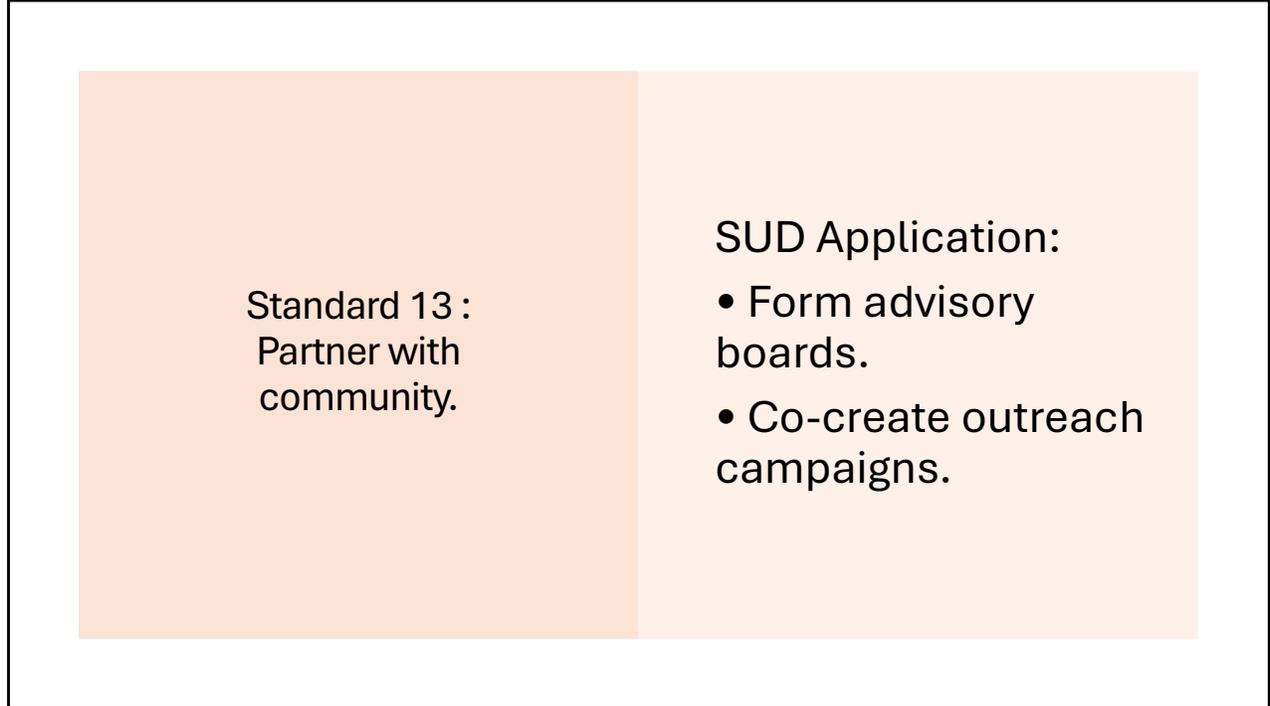
Key Applications in SUD Treatment
- **Build Community Partnerships**
- Collaborate with:
    - **Faith-based organizations**, cultural associations, and grassroots recovery groups.
    - **Local health departments**, housing agencies, and social service providers.
- Engage **people with lived experience** of SUD from diverse backgrounds in planning and evaluation.
- **Co-Design Services**
- Involve community representatives in:
    - Developing **culturally adapted treatment materials**.
    - Designing **outreach campaigns** that address stigma in specific cultural contexts.
    - Creating **peer recovery programs** that reflect community norms and values.
- **Shared Decision-Making**
- Establish **Community Advisory Boards** or **focus groups** to review policies and programs.
- Use **community feedback** to adjust treatment approaches (e.g., family involvement, language support).

Standard 13: Partner with community.	SUD Application: • Form advisory boards. • Co-create outreach campaigns.
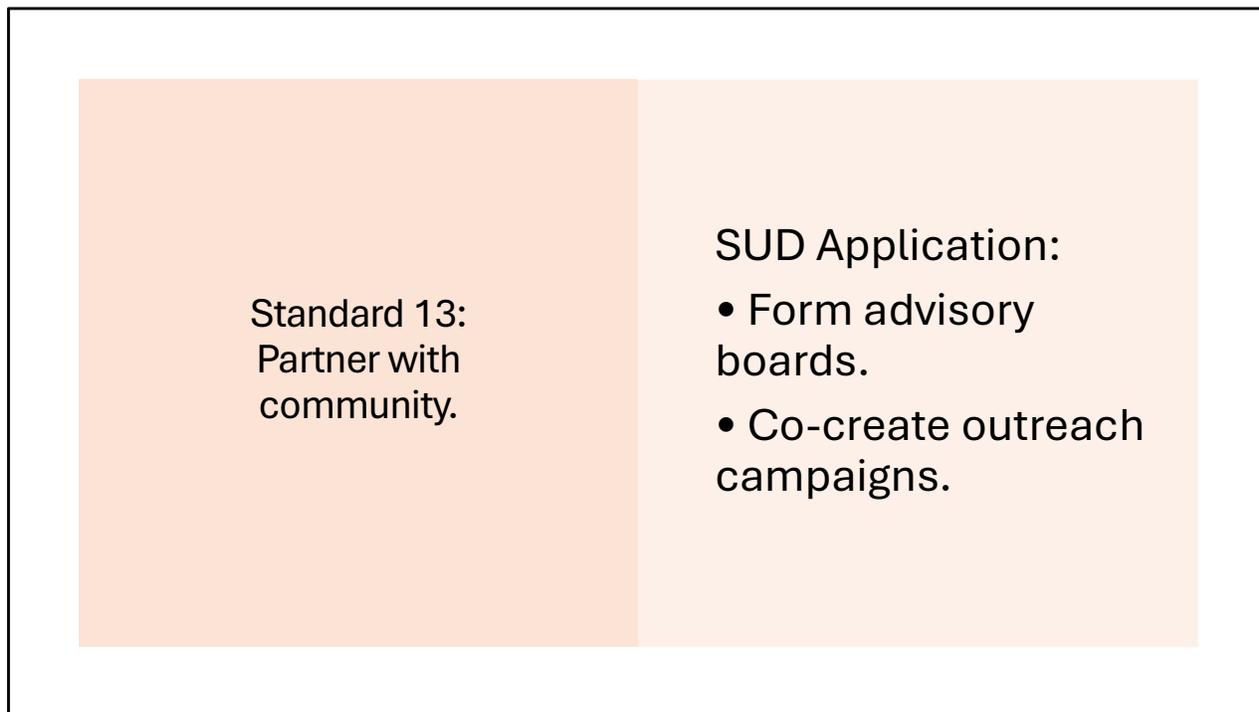
Key Applications in SUD Treatment
**Joint Implementation**
- Partner with community organizations to:
  - Host **recovery events** in culturally familiar settings.
  - Provide **mobile or community-based SUD services** in trusted locations.
  - Train **peer specialists** from the community to deliver support.

Evaluate Impact Together
- Collect **community feedback** on cultural responsiveness and accessibility.
- Share **program performance data** (e.g., engagement, retention, outcomes) with community partners.
- Use findings to **co-create improvement plans**.

Transparency and Trust
- Communicate program goals, changes, and outcomes in **multiple languages and formats**.
- Recognize and respect community contributions publicly.

Standard 13 : Partner with community.	# Why it matters
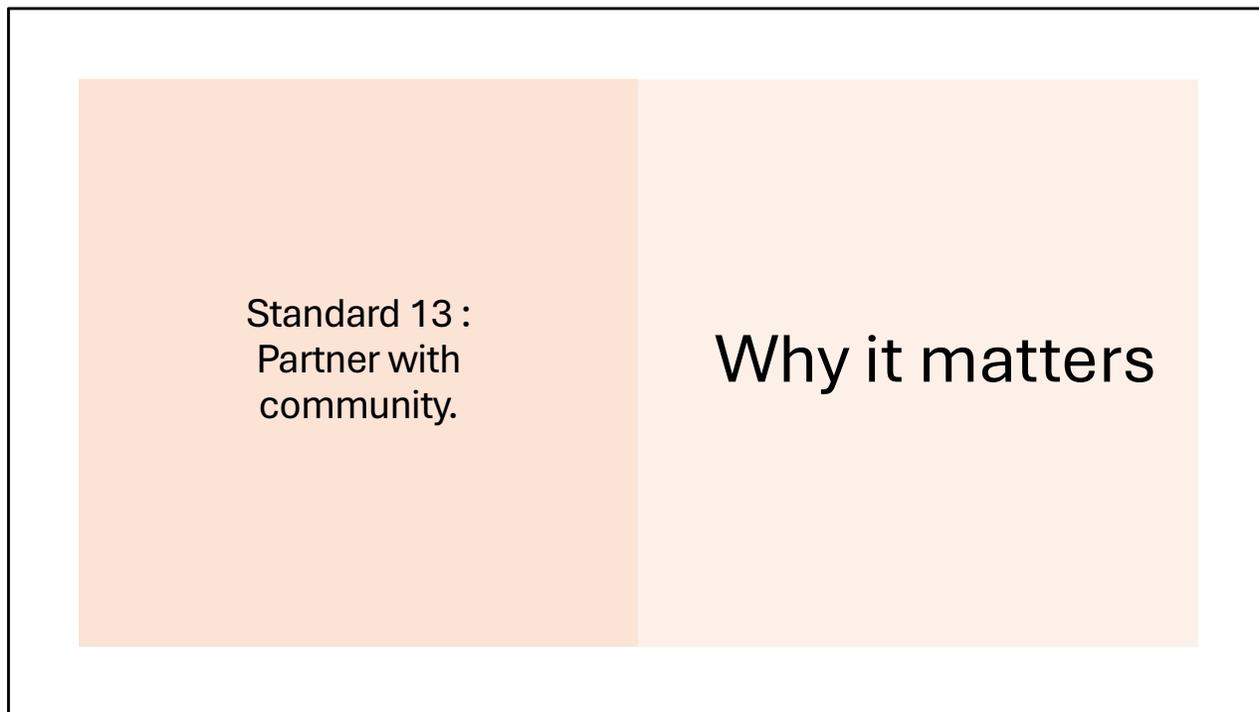
Applied to **Substance Use Disorder (SUD) treatment**, this standard emphasizes **collaboration with community stakeholders** to make services culturally relevant, accessible, and effective.

Implementing CLAS Standard 13 in SUD treatment:

- Builds trust and reduces stigma around SUD treatment.

- Improves engagement and retention among culturally diverse populations.

- Ensures services reflect real community needs and values.

Standard 14	Create culturally and linguistically appropriate processes to identify, prevent, and resolve conflicts, complaints, or grievances.

Standard 14 : Culturally appropriate grievance process.	SUD Application: • Offer complaint forms in multiple languages. • Train staff on culturally sensitive resolution.

Key Applications in SUD Treatment
Accessible Complaint Processes
Provide **multilingual grievance forms** and instructions in the most common languages in your service area.
- Offer multiple reporting channels:
    - In-person
    - Phone (with interpreter access)
    - Online forms
    - Anonymous options for sensitive issues

Cultural and Linguistic Responsiveness
- Train staff to handle complaints with **cultural humility** and avoid judgmental language.
- Ensure interpreters are available during grievance discussions.
- Adapt processes to respect cultural norms (e.g., involving family if appropriate and requested).

Prevention Strategies
- Use **client feedback surveys** in multiple languages to identify issues early.
- Conduct **regular staff training** on conflict resolution and cultural competence.
- Address systemic barriers (e.g., stigma, discrimination) through proactive education and outreach.

Standard 14 : Culturally appropriate grievance process.	SUD Application: • Offer complaint forms in multiple languages. • Train staff on culturally sensitive resolution.

Key Applications in SUD Treatment

Fair and Transparent Resolution
- Document all complaints and resolutions in a **standardized, culturally sensitive format**.
- Communicate outcomes to clients in their **preferred language**.
- Include timelines for resolution and escalation procedures.

Community Engagement
- Involve **Community Advisory Boards** in reviewing grievance trends and recommending improvements.
- Share aggregated complaint data (without personal identifiers) to build trust and accountability.

Continuous Improvement
- Analyze grievance data by **race, ethnicity, language, and other demographics** to identify patterns.
- Integrate findings into **quality improvement plans** and CLAS performance metrics.

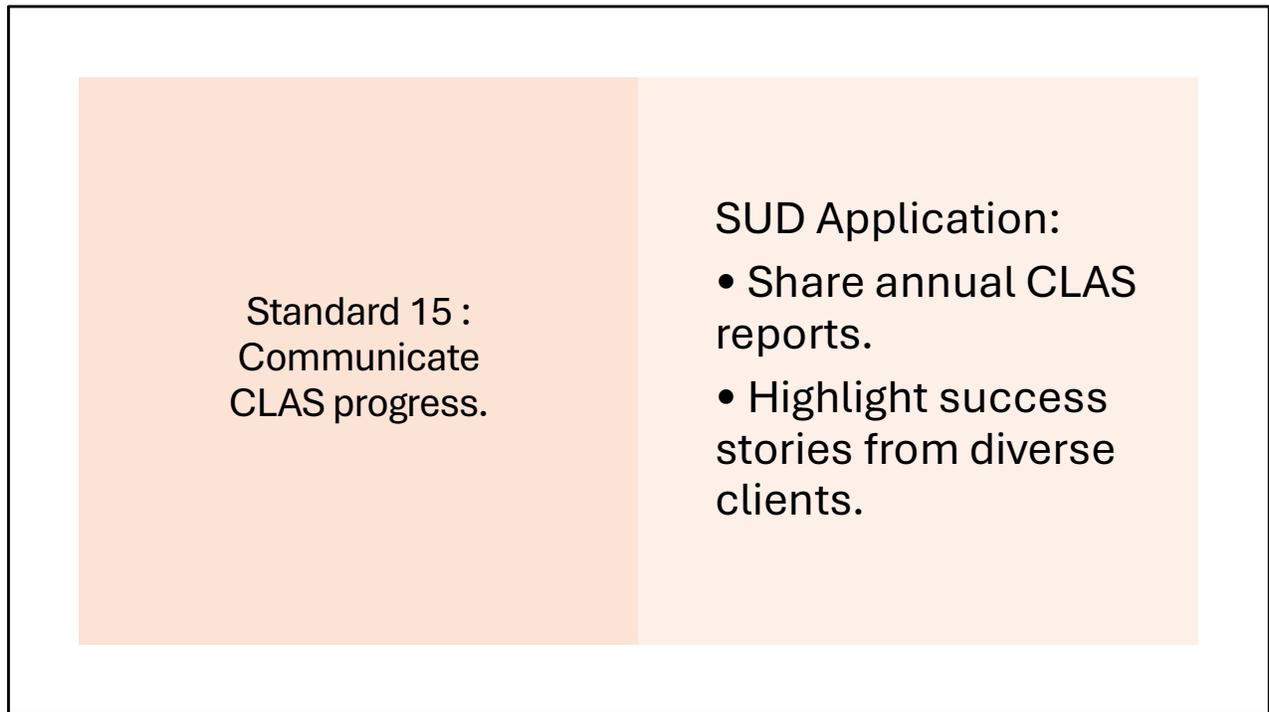| Standard 14 :
Culturally
appropriate
grievance process. | Why it matters |
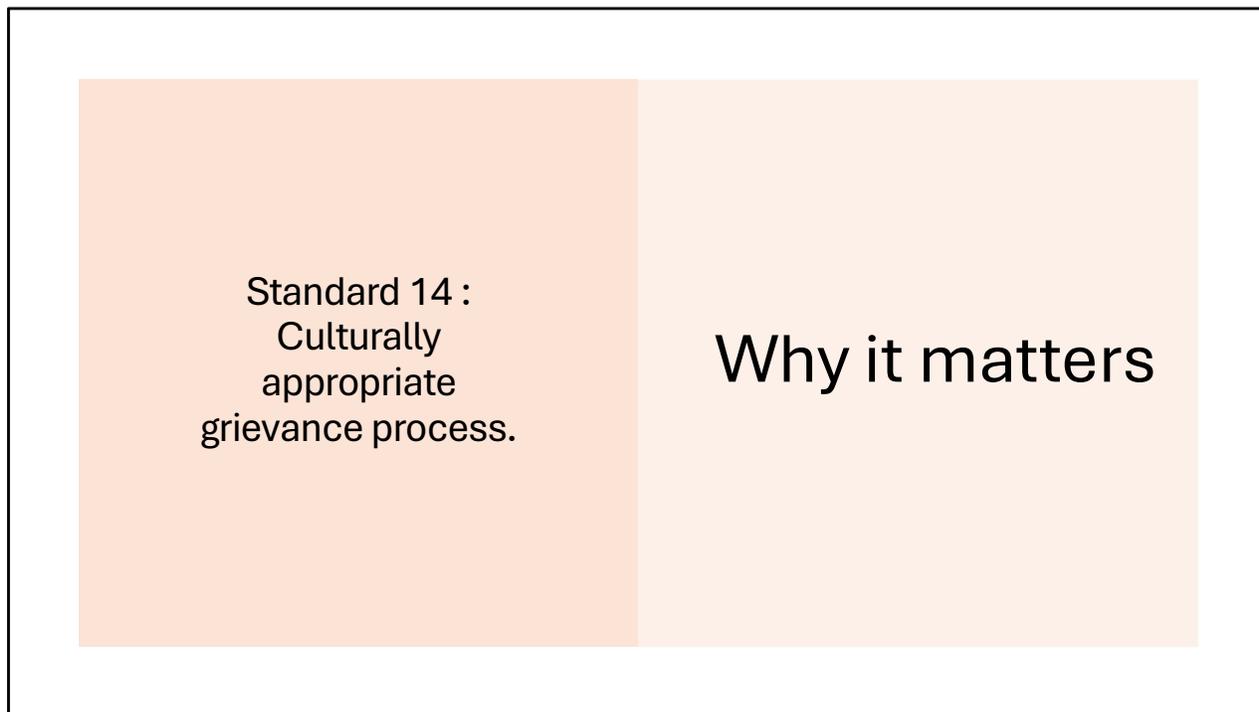
Applied to **Substance Use Disorder (SUD) treatment**, this standard ensures that grievance systems are **accessible, fair, and culturally responsive**, so clients feel safe reporting issues without fear of bias or misunderstanding.

Implementing CLAS Standard 14 in SUD treatment:

- Builds trust and safety for clients who may fear discrimination or stigma.

- Ensures compliance with federal and state regulations.

- Improves overall quality and equity in SUD treatment services.

Standard 15	Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Standard 15 : Communicate CLAS progress.	SUD Application: • Share annual CLAS reports. • Highlight success stories from diverse clients.

Key Applications in SUD Treatment

Develop a CLAS Communication Plan

- Identify audiences:
  - **Clients & Families** (need clear, multilingual updates)
  - **Staff & Leadership** (internal progress reports)
  - **Community Partners & Public** (annual reports, outreach)
- Define channels: website, social media, newsletters, waiting-room posters, community forums.

Publish Regular Progress Reports

- **Annual CLAS & Equity Report** (plain language, translated):
  - Goals and actions taken (e.g., interpreter services added, cultural training completed).
  - Performance metrics (access, retention, outcomes by language and ethnicity).
  - Community engagement activities and impact.
- Include **visual dashboards** for easy understanding.

Share Metrics and Outcomes

- Examples of data to report:
  - % of clients receiving language assistance.
  - Number of staff completing cultural competence training.
  - Reduction in disparities in MAT initiation or retention.
- Present data in **infographics and multilingual summaries**.

Standard 15 : Communicate CLAS progress.	SUD Application: • Share annual CLAS reports. • Highlight success stories from diverse clients.

Key Applications in SUD Treatment
**Engage Stakeholders**
- Host **community forums** or webinars to present progress and gather feedback.
- Share updates during **staff meetings** and on internal portals.
- Invite **Community Advisory Boards** to review and validate reports.

Ensure Accessibility
- Translate reports and summaries into the most common languages in your service area.
- Use **plain language and health literacy principles** (short sentences, visuals).
- Provide alternative formats (print, digital, video).

**Transparency and Accountability**
- Post reports on your website and social media.
- Include grievance trends and corrective actions taken (from Standard 14).
- Highlight success stories and next steps.

Standard 15 : Communicate CLAS progress.	Why it matters
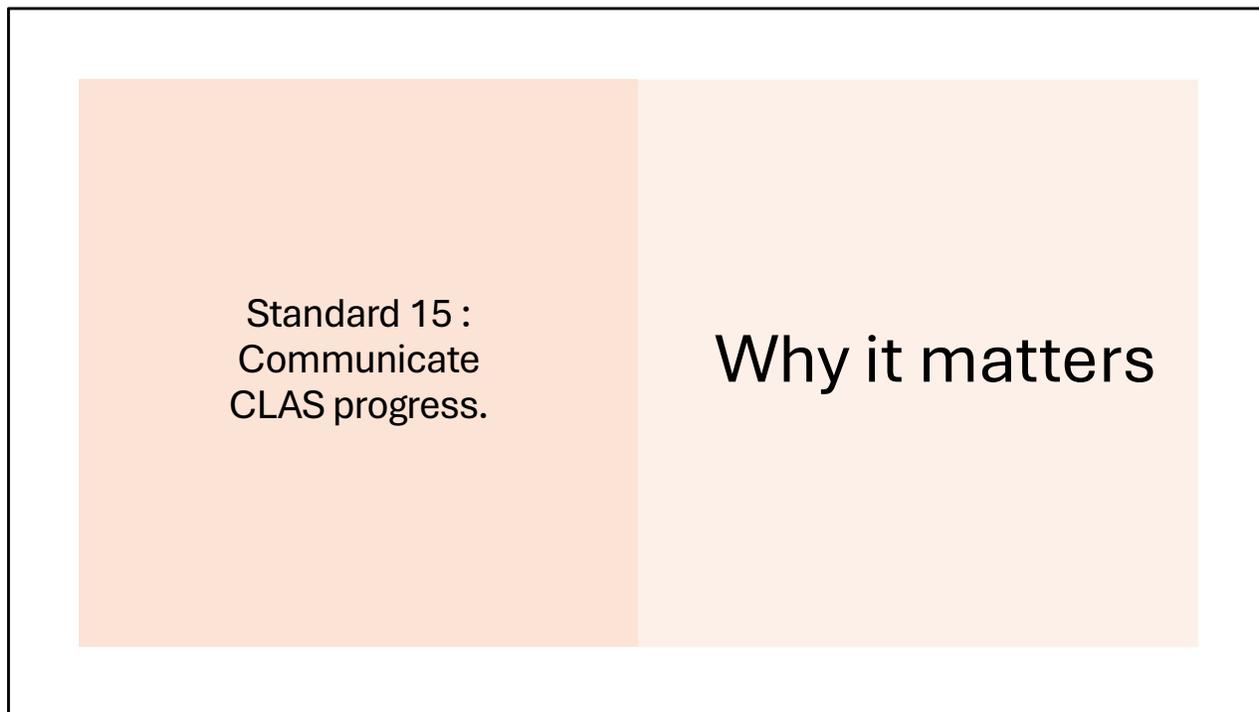
Applied to **Substance Use Disorder (SUD) treatment**, this standard ensures transparency and accountability by sharing measurable progress on culturally and linguistically appropriate services with clients, staff, partners, and the community.

Implementing CLAS Standard 15 in SUD treatment:

- Builds trust with clients and communities.

- Demonstrates commitment to equity and cultural responsiveness.

- Meets compliance requirements and strengthens partnerships.

The CLAS Standards	Closing word
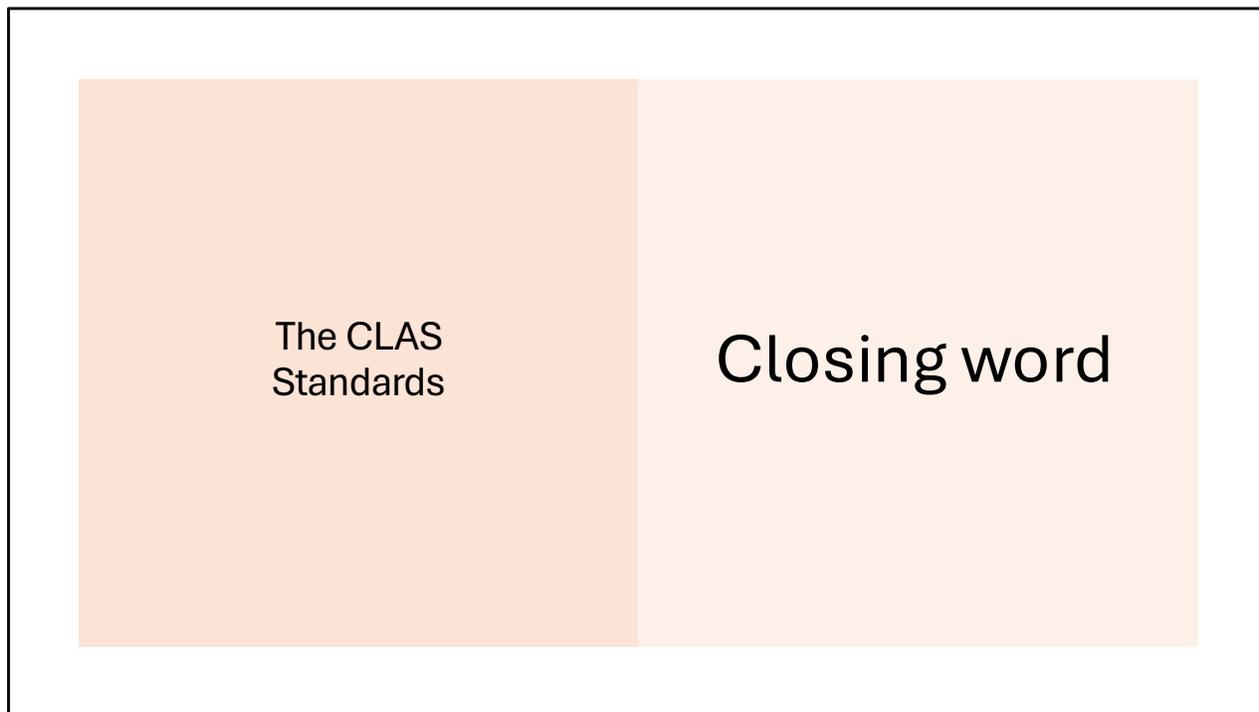
As we conclude, remember that the CLAS Standards are not just compliance requirements—they are tools for equity, trust, and better outcomes. In substance use disorder treatment, cultural and linguistic responsiveness can mean the difference between engagement and dropout, between stigma and hope. By embedding CLAS into every level—policy, practice, and partnership—we ensure that every person, regardless of language or culture, receives care that is respectful, understandable, and effective. Together, we can transform treatment into recovery that truly serves all communities.

The National CLAS Standards provide a framework for delivering culturally and linguistically appropriate services that advance health equity, improve quality, and eliminate disparities. In substance use disorder (SUD) treatment, applying these standards means ensuring care is respectful, understandable, and responsive to diverse cultural health beliefs and language needs. From offering free language assistance and using qualified interpreters to recruiting a diverse workforce, conducting community needs assessments, and embedding CLAS into organizational planning and quality improvement, these practices help build trust, reduce stigma, and improve engagement and outcomes. By integrating CLAS into every level of SUD programs—policy, practice, and partnership—we create a system where recovery is accessible and equitable for all.

Questions

**El Dorado County
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If you have any questions later on you can reach me or Chase at the contact info on the slide.

Our end code for this training is 4350.

That concludes this training. Thank you all for coming.

(End recording)

Our next training will be Adolescent Best Practices, on Friday March 13, 2026, at 10:30 AM as part of the monthly Provider meeting.

Until then, have a great rest of your day