**Subrecipient Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GMIS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Use this template to create a plan to increase Culturally and Linguistically Appropriate Services (CLAS). Complete ALL 15 Standards.**

* **Based on what was learned from the CLAS self-assessment, activities should be identified to improve the cultural competency of services in FY2025.**
* **Submit this form with initial application, mid-year, and final report to show accomplishments.**

This document is being submitted as: *(please check one)* **🞎 Initial Plan** (due with application) **🞎 Progress Report** (due 10/15/2024) **🞎 Final Report** (due 5/15/2025)

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| --- | --- | --- | --- | --- | --- | --- |
| **Objective** | **Activities** | **Person(s) Responsible** | **Begin/End Date** | **Evaluation** | **Accomplishments Mid-Year Report**  ***4/1/2024 – 9/30/2024*** | **Accomplishments**  **Final Report**  ***4/1/2024 – 3/31/2024*** |
| **UNDERSTANDABLE AND RESPECTFUL CARE** | | | | | | |
| Standard #1: Understandable and Respectful Care | * Provide effective, equitable, understandable, respectful quality care, and services that are responsive to diverse cultural health beliefs and practices in preferred languages with health literacy, and other communication. * Signages * Interpretations * Translations of publication |  |  |  |  |  |
| **GOVERNANCE, LEADERSHIP, AND WORKFORCE** | | | | | | |
| Standard #2: Diverse Staff and Leadership | * Recruit and promote diverse governance, leadership, and workforce that are responsive and supportive culturally and linguistically to the populations in the service areas. |  |  |  |  |  |
| Standard #3: Ongoing Education and Training  ***EXAMPLE*** | * Orient new staff members to cultural competence training * Develop orientation materials related to cultural competency. * Encourage all staff to participate in cultural competence training | Administrative Staff  Clinical Staff | April 1, 2024 – October 31, 2024 | Staff participation in ongoing training and education will be accounted for in a database.  The percentage of staff who have participated in ongoing training will be assessed bi-monthly to monitor progress toward our objective. | The percentage of staff who have participated in ongoing training and education increased from 75% to 90%. | The percentage of staff who have participated in ongoing training and education increased from 90% to 100%. |
| Standard #4: Language Assistance Services | * 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 healthcare and services. |  |  |  |  |  |
| **COMMUNICATION AND LANGUAGE ASSISTANCE** | | | | | | |
| Standard #5: Right to Receive Language Assistance Services | * Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally, signages, and in writing. |  |  |  |  |  |
| Standard #6: Informing About Language Assistance | * Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. |  |  |  |  |  |
| Standard #7: Competence of Language Assistance | * Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area. |  |  |  |  |  |
| Standard #8: Patient-Related Materials | * Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations. |  |  |  |  |  |
| **ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY** | | | | | | |
| Standard #9: Written Strategic Plan | * Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. |  |  |  |  |  |
| Standard #10: Organizational Self-Assessment | * Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. |  |  |  |  |  |
| Standard #11 Patient / Consumer Data | * 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 diversity of populations in the service area. |  |  |  |  |  |
| Standard #12: Community Profile | * Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. |  |  |  |  |  |
| Standard #13: Community Partnerships | * Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. |  |  |  |  |  |
| Standard #14: Conflict/Grievance Processes | * Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the public. |  |  |  |  |  |
| Standard #15: Implementation of health equity action plan on an additional health equity topic.  Example:  **Increase access to contraceptive services for young adults 18-24 in at least 3 neighborhoods with health disparities in birth spacing outcomes.** | Example of needed steps   * Describe tasks needed. * Create SMART goals. * Design and implement an evaluation plan. * Review birth spacing data, maternal and infant mortality data, pregnancy related reports. * Prioritize top 3 neighborhoods to target outreach. * Conduct interviews with at least 10 young adults. * Engage young adults on I & E Committee to develop marketing materials. * Create and implement outreach and marketing plan with 18-24 * Increase weekend and teen clinic hours. * Train staff on new contraceptive approaches * Build capacity of clinic to increase supply of contraceptives and EC | Clinical Staff  Maternal & Infant Health Staff  Communication  Manager  Data Team: Biostatistician  Young Adults 18-24 | April 1, 2024, to March 31, 2025 | # Of new young adults on I & E Committee  # Of interviews completed with 18-24 for marketing plan  # Of shares, # comments, # views for social media campaign in target neighborhoods  # Of staff who completed 100% of contraceptive and EC training  # Clients ages 18-24 with reproductive life plan  # And type of new contraceptives in stock clinic | Increased awareness of clinic location & services among 18-24 adults in target neighborhoods  Increase in stock of variety of contraceptives and EC from 75% to 90% at clinic  % Staff implementing new contraceptive and EC protocols during client visits  Increased use of reproductive life plan among of 18-24 adults from 85% to 100% | % Of young adults sustained on I & E Committee  Increased visits to clinic among clients aged 18-24  Increased use of contraceptive services among young adults from 65% to 80% in priority neighborhoods  Increased birth spacing interval from 12 months to 18 months among clients aged 18-24 |