CLAS STANDARDS

The National Standards for Culturally and Linguistically Appropriate Services (CLAS)

- A set of 15 action steps 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.
- The National CLAS Standards were first developed by the HHS Office of Minority Health in 2000. Following 10 years of successful implementation, the Office of Minority Health launched an initiative to update the Standards to reflect the tremendous growth in the field of cultural and linguistic competency since 2000 and the increasing diversity of the nation.
- The Enhancement Initiative lasted from 2010 to 2013, and it had three major components: a public comment period, a systematic literature review, and ongoing consultations with an advisory committee comprised of leaders and experts from a variety of settings in the public and private sectors. (www.thinkculturalhealth.hhs.gov)

The Enhanced National CLAS Standards

- The enhanced National CLAS Standards were developed in response to health and health care disparities, changing demographics, and legal and accreditation requirements.
- The enhanced National CLAS Standards have a broader reach to address the importance of cultural and linguistic competency at every point of contact throughout the health care and health services continuum. Specifically, the Standards' conceptualization of culture, audience, health, and recipients were expanded to improve the quality of services and primary care outcomes.
- Health care policies, such as the Affordable Care Act, have also helped to underscore the importance of cultural and linguistic competency as part of high quality health care and services.
- National accreditation standards for professional licensure and accreditation of health care centers such as Federally Qualified Health Centers, has helped accentuate the importance of cultural and linguistic competency as a part of high quality health care services. (www.thinkculturalhealth.hhs.gov)

Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
CULTURE	Defined in terms of racial, ethnic and linguistic groups	Defined in terms of racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics
AUDIENCE	Health care organizations	Health and health care organizations
HEALTH	Definition of health was implicit	Explicit definition of health to include physical, mental, social and spiritual well-being

National CLAS Standards in California

- The California Department of Public Health has incorporated the National CLAS Standards in state policies and procedures.
- In 2014, the Department's Office of Health Equity drafted California's Statewide Plan to Promote Health and Mental Health Equity,1 which outlined priorities and goals targeted for implementation through 2019.
- The Department of Health Care Services mandates that each county's mental health department develop and annually update a Cultural Competence Plan3 to facilitate cultural competency at the county level, in accordance with the California Code of Regulations, Title 9 §1810.410 (9 CCR §1810.410). The goal of a Cultural Competence Plan is to ensure the reduction of mental health service disparities identified in racial, ethnic, cultural, linguistic, and other underserved populations and the development of the most culturally and linguistically competent programs and services, to meet the needs of California's diverse racial, ethnic, and cultural communities in the mental health system of care. (https://www.thinkculturalhealth.hhs.gov/assets/pdfs/CLASCompendium.pdf)

Format of National CLAS Standards

- Principal Standard and Three Enhanced Themes with a total of 15 Standards
  - **Principal Standard (Standard 1):** it has been made the principal Standard to frame the essential goals of all the Standards.
  - **THEME1:Governance, Leadership, and Workforce (Standards 2-4)**
  - **THEME 2: Communication and Language Assistance (Standards 5-8)**
  - **THEME 3:Engagement, Continuous Improvement, and Accountability: (Standards 9-15)**

Principal Statement (Standard 1)

- 1. **Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.**
- **Culture:** "The integrated patter of thoughts, communications, actions, customs, beliefs, values, and institutions associated wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics. Culture is dynamic in nature and individuals may identify with multiple cultures over the course of their lifetime."
  (https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf)
- Individuals do not experience their lives or their health through a single lens of identity (e.g., solely on race, gender, religion, or sexual orientation)

Principal Statement (Standard 1)
Elements of Culture

- Age
- Gender, Gender Identity, Sexual Orientation
- cognitive ability or limitations
- Country of Origin
- Degree of Acculturation
- Educational level attained
- Environment and Surroundings
- Family and household composition
- Gender identity
- Health Practices (e.g., traditional healers, Reiki, Acupuncture, etc.)

Principal Statement (Standard 1)
Elements of Culture Continued

- Linguistic Characteristics, including language (s) spoken, written, or signed; dialects or regional variants; literacy levels; and other related communication needs.
- Military Affiliation
- Occupational Groups
- Perceptions/beliefs regarding diet and nutrition
- Physical Ability or limitations
- Political beliefs
- Racial and ethnic groups – including but not limited to – those defined by the U.S Census Bureau.
- Religious and Spiritual Characteristics including beliefs, practices, and support systems related to how an individual finds and defines meaning in his/her life.

Principal Statement (Standard 1): Putting it all together

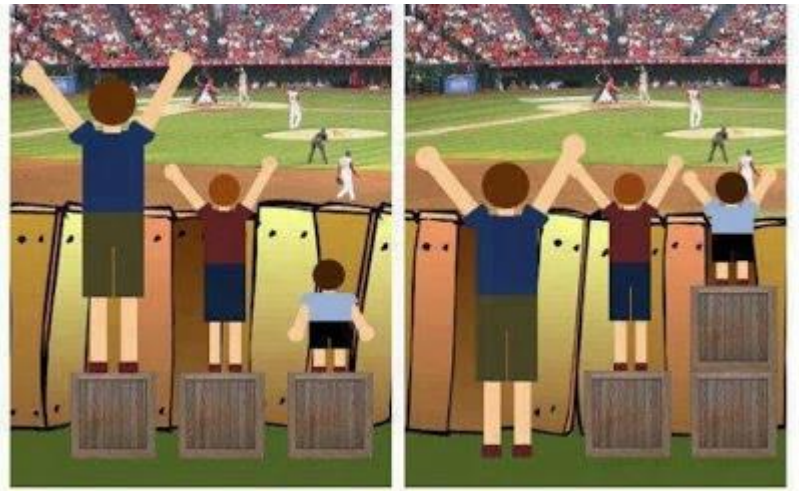
- Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs
- What are Effective Care and Services?
- How does Equitable Care and Services look like?
- How can we provide Understandable Care and Services?
- How do we provide Respectful Care and Services?
- How do we integrate Cultural Beliefs and Practices in the Care & Services?
- What efforts are we making in providing Care & Services in the Preferred Language, Health Literacy Level, and Communication Needs of our clients?

Principal Statement (Standard 1): Putting it all together

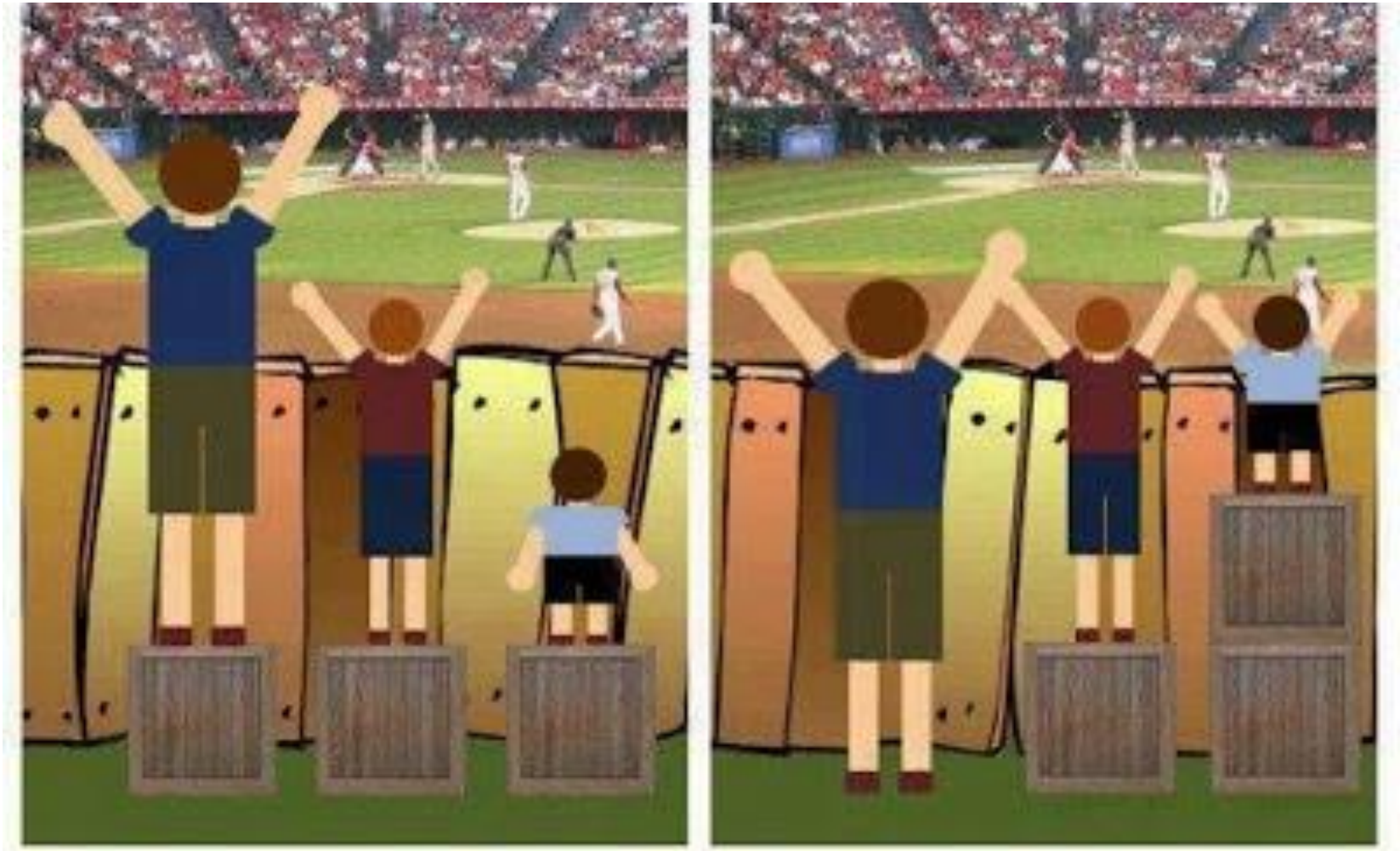
- EFFECTIVE CARE AND SERVICES:
- * Those that successfully restore an individual to his/her desired health status and help to protect his/her future health.
- * Ensuring that services are culturally and linguistically appropriate: **health promotions, disease prevention, diagnosis, treatment, supportive care, rehabilitation, palliative end-of-life care, mental & behavioral health, emergency care, and wellness and intervention.**
- * Imperative to providing effective care and services, service providers must understand the issue of illness, course of treatment or services for that individual or culture, and negotiate the solutions or treatment successfully with the individual.

Principal Statement (Standard 1): Putting it all together

- EQUITABLE CARE AND SERVICES: (Difference between EQUALITY & EQUITY?)
- * Must apply to all individuals and groups regardless of their cultural identity.
- * Equitable care and services are influenced by a number of factors, including but not limited to: **Race, education, health literacy, age, sexual orientation, ethnicity, religion, physical or mental disability, language, gender, gender expressions, gender identity, income, class, and access to care** (California Pan-Ethnic Health Network, 2010; National Partnership for Action and Health Disparities, 2011) http://www.cpehn.org/pdfs/Building%20Quality%20and%20Equitable%20Health%20Care%20Systems%2010-10.pdf



EQUALITY AND EQUITY (JUSTICE)



Principal Statement (Standard 1): Putting it all together

- **UNDERSTANDABLE CARE AND SERVICES:**
- * Clear exchange of information between those providing care and services and those receiving them.
- * Individuals should be able to fully **comprehend** how to access care and services. What their treatment options are, and what they need to get and stay well.
- * Particularly important to those who have limited English proficiency, are deaf or hard of hearing, or may have difficulty comprehending the health care system and terminology.
- * It is estimated that 90% of adults have difficulty using everyday health information routinely found in health care facilities, retail outlets, media, and communities.
- * Limited health literacy is associated with poorer health outcomes and higher health care costs (HHS ODPHPO, 2012) (http://www.health.gov/communication/literacy)

Principal Statement (Standard 1): Putting it all together

- **RESPECTFUL CARE AND SERVICES**
- * Important to fostering an environment in which individuals from diverse backgrounds will feel comfortable discussing their needs with any service provider.
- * The U.S Department of Health and Human Services Agency for Health Care Research and Quality states on the Consumer Bill of Rights and Responsibilities that consumers "have the right to considerate, respectful care from all members of the health care system at all times and under all circumstances." (https://archive.ahrq.gov/hcqual/cborr/chap5.html)
- * All members of the health care team should provide individuals with assurances that disrespect and discrimination or any kind is intolerable and provide individuals with reasonable assistance to overcome language, cultural, physical, or communication barriers. (https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf)

Principal Statement (Standard 1): Putting it all together

- **CULTURAL HEALTH BELIEFS AND PRACTICES:**

*Thoughts, communications, actions, beliefs, values, and institutions associated with one's cultural identity forms how individuals perceive illness, its cause, its treatment, and what wellness may look like (http://support.mchtraining.net/national_ccce/case0/concepts.html#4)

- Providers should inquire and try to understand traditional/cultural healing practices (e.g., curanderos, sobadores, acupuncture, cupping), used by consumers they serve and integrate these treatment approaches into treatment when appropriate.
- It is imperative that service providers and staff members engage in self-examination and honest self-assessment in order to understand how their own cultural beliefs and practices impact their own lives and professional activities.

* It is equality important to not stereotype or overgeneralize any culture, in its beliefs or practices.

Principal Statement (Standard 1): Putting it all together

- **PREFERRED LANGUAGES:**
- According to the 2010 US Census, in the US about 8.7% of the population speaks “less than very well” English and should be considered limited English proficient for health and health care purposes according the TJC *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care*: A Roadmap for Hospitals (2010).
- Health and medical health terminology and discussions in English may be hard to comprehend for individuals who are conversant in English. Health Service providers should determine the communication and language barriers and assistance needed including interpreters, translators, materials, signage, etc.
- Communication should reflect appropriate health literacy level of the patients
- Just because someone speaks English does not mean they can read it (TJC, 2010)

Principal Statement (Standard 1): Putting it all together

- **HEALTH LITERACY:** The degree to which an individual has the capacity to obtain, process, and understand basic health information and services needed to make informed decision about their health (HHS ODPHP, 2000).
- About 12% of adults have proficient health literacy. Translates to nearly 9 out of 10 adults may lack the skills needed to manage their health and prevent disease (Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C. (2006). The health literacy of America's adults: Results from the 2003 National Assessment of Adult Literacy (NCES 2006–483). Washington, DC: National Center for Education Statistics.)
- Adults with limited literacy skills are less likely to manage their chronic diseases and more likely to be hospitalized that adults with stronger literacy skills. This leads to poorer health outcomes and higher health care costs (https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf)

  A better match between appropriate health literacy level provided to the population, patient or family being served, the greater the adherence to treatment, ability to engage in self-care, improved health status, and greater efficiency and costs to the health system. (http://www.health.gov/communication/HLActionPlan/pdf/Health_Literacy_Action_Plan.pdf)

Principal Statement (Standard 1): Putting it all together

COMMUNICATION NEEDS:

- Individuals commonly report that health professionals are not meeting their communication needs.
- Racial and ethnic minorities, individuals and families with limited English proficiency, and those with less education are more likely to have communication difficulties and to rate health care communication poorly.
- The communication needs of some individuals, culture or populations may be easier to identify than others.

* Include the use of interpreters, translated materials, signage and wayfinding, augmentative and alternative communication resources, and auxiliary aids and services (https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf)

CLAS STANDARD NUMBER 3

Courtesy of Center for Applied Research Solutions (CARS)

- **Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.**

The purposes of Standard 3 are:

- To create an environment in which culturally diverse individuals feel understood, welcomed, and valued.
- To promote trust and engagement with the communities and populations served.
- To infuse multicultural perspectives into planning, design, and implementation of CLAS.
- To ensure diverse viewpoints are represented in governance decisions.
- To increase knowledge and experience related to culture and language among staff.

What were doing:

- We continue to work to ensure that our workforce, including our Senior Leadership Team, is representative of the diverse population in our County.

Group Exercise

- How can we continue to operationalize CLAS Standard 3 throughout our agencies?
- Our Programs?

ENSURING WORKPLACE DIVERSITY

- As best as possible, ensure that our work force reflects the community that we serve.

- Does your workforce match the demographics that you serve or want to serve? If not, develop a hiring strategy to increase workforce diversity.

SUGGESTIONS FOR RECRUITING A DIVERSE WORKFORCE

- Talk to local organizations with community connections, including religious and spiritual organizations, cultural institutions, and colleges.
- Enlist the assistance of local nonprofits.
- Ask employees for referrals since they will have peers in the industry or know qualified candidates who may be looking for work.
- Make the job more compelling to job hunters by emphasizing details that will attract a more diverse candidate pool.
- Be culturally aware/sensitive when describing what makes your company a good place to work.

SUGGESTIONS FOR RETAINING A DIVERSE WORKFORCE

- Provide diversity training in your workplace. Employees should understand that hiring decisions are based on finding the best candidate and not on quotas.
- Making the recruiting process more transparent can help ease the minds of skeptical employees.
- Form staff workgroups that empower colleagues to improve community activities and events to attract the target population. This promotes innovation diversity as an asset.
  - Organizations get new ideas and employees are reassured that their differences are assets.

CLAS STANDARD NUMBER 6

Courtesy of Center for Applied Research Solutions (CARS)

- **Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.**

The purposes of Standard 6 are:

- To inform individuals with limited English proficiency, in their preferred language, that language services are readily available at no cost to them.
- To facilitate access to language services.
- To assist organization to comply with requirements such as Title VI of Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements to which they may need to adhere.

Standard 6 in Stanislaus County BHRS:

- This information regarding this is posted in programs in the threshold language.
- Staff having first contact with an individual are also able to verbally let them know that we will provide staff or an interpreter who speaks their language.
- All of this information is part of our Policy and Procedure 90.1.106 – Language Assistance Services to Limited English Speaking Clients and Family Members.

CLAS STANDARD NUMBER 7

Courtesy of Center for Applied Research Solutions (CARS)

- **Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.**

The purposes of Standard 7 are:

- To provide accurate and effective communication between individuals and providers.
- To reduce misunderstanding, dissatisfaction, omission of vital information, misdiagnosis inappropriate treatment and patient safety issues due to reliance on staff or individuals that lack interpreter training.
- To help organizations comply with requirements such as Title VI of the Civil Rights Act of 1964: the Americans with Disabilities Act of 1990: and other relevant federal, state, and local requirements to which they may need to adhere.

Standard 7 Interpreter guidelines:

- The use of Family and Friends should not be used to provide interpretation services (with exception of specific request by the client/consumer and after being informed of the risks of this choice and that a trained, confidential interpreter can be provided without cost).
- Interpreters must be qualified to work in the health industry and have no conflicts of interest with the client/consumer.
- Providers can educate and inform clients/consumers on how and when to use an interpreter.
- Providers can educate and inform clients/consumers on confidentiality issues and reassure clients/consumers who are not comfortable with interpreters.

Standard 7 Interpreter guidelines:

- Staff should receive regular trainings on how to effectively use an interpreter.
- Bilingual staff should be tested to determine if they have a command of English and the target language.
- Tools should be in place for measuring interpreter skills and qualifications.
  - Both in English and Target language.
  - Regarding Techniques, ethics, and cross-cultural issues.
  - Interpreter use should be documented.

Standard 7 in Stanislaus County BHRS:

- We do not allow children and adolescents to provide translation. .
- We discourage adult family members from being interpreters as well, but there may be occasions when the individual strongly prefers to have their family member do the interpreting..
- All of our interpreters and staff receive training regarding the Principles and Practices of Interpreting.

CLAS STANDARD NUMBER 8

Courtesy of Center for Applied Research Solutions (CARS)

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

The purposes of Standard 8 are:

- To ensure that readers of other languages and individuals with various health literacy levels are able to access care and services.
- To provide access to health-related information and facilitate comprehension of, and adherence to, instructions and health plan requirements.
- To enable all individuals to make informed decisions regarding their health, care, and services options.
- To offer an effective way to communicate with large numbers of people and supplement information provided orally by staff members.
- To help organizations comply with the requirements such as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state and local requirements to which they may need to adhere.

Things to Take Into Consideration

- Do the documents provided by your agency address the person's reading level?
- Do they meet a basic level of health literacy?
- How do we verify that the person understood the material?
- Not all translations mean the same thing.

Standard 8 in Stanislaus BHRS:

- Many of the materials that are distributed to clients is in both English and Spanish, including but not limited to, HIPAA materials, Consent to Treatment, Release of Information as well as brochures and some media materials.
- The Medi-Cal booklet is also available in large print and on CD's.

CLAS STANDARD NUMBER 9

Courtesy of Center for Applied Research Solutions (CARS)

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

Purpose of Standard 9

- To Make CLAS central to the organization's service, administrative and supportive functions
- To Integrate CLAS throughout the Organization and Highlight its importance through specific goals.
- To link CLAS to other organizational activities, including policy, procedures, and decision-making related to outcomes accountability.

Standard 9 In Stanislaus County

- Cultural competency has been infused within our organization since the late 1990's when Behavioral Health and Recovery Services (BHRS) embarked on a massive stakeholder process to develop a Cultural Competency plan for our Department. This effort preceded any statewide efforts. We have a longstanding CCESJC group that helps plans and coordinates cultural competency efforts department-wide and among our contract agencies. Three years ago, we began to incorporate these CLAS standards into our planning and policy development.

CLAS STANDARD NUMBER 10

- **Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.**

Purpose of Standard 10

- To assess performance and monitor progress in implementing the National CLAS Standards
- To obtain information about the organization and the people it serves which can be used to tailor and improve services
- To assess the value of CLAS-related activities to the fulfillment of governance, leadership, and workforce responsibilities

Standard 10 in Stanislaus County

- Two years ago we began doing this using the CCESJC as a platform. Initially, we obtained feedback from CCESJC committee members regarding county and contractor efforts pertaining to the CLAS standards. We are currently reviewing the CLAS standards in greater detail to better understand them and make suggestions for improvement.

CLAS Standard Number 11

- Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and inform service delivery.

Purpose of Standard Number 11

- To monitor individual needs, access, utilization, quality of care and outcome patters
- To accurately identify population groups within a service area
- To ensure equal allocation of organizational resources
- To improve service planning to enhance access and coordination of care
- To assess and improve to what extent health care services and provided equitably

Standard 11 in Stanislaus County

- We have a data warehouse that allows us to develop and view reports of client demographics by department, system of care, and individual program. Client demographics that are part of this report include client ages, gender, sexual orientation, marital status, location of residence, ethnicity, language, diagnostic class, employment status, insurance type, living situation, if trauma was disclosed, and if there is SUD concerns among others.

CLAS Standard Number 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 diversity of populations in the service area.

Purpose of Standard 12

- To determine the service assets and needs of the populations in the service areas (needs assessment)
- To identify all of the services available and not available to the populations in the service area (resource inventory and gaps analysis)
- To determine what services to provide and how to implement them based on the results of the community assessment
- To ensure that health and health care organizations obtain demographic cultural, linguistic, and epidemiological baseline date (quantitative and qualitative) and update the data regularly to better understand the populations in their service areas.

Standard 12 in Stanislaus County

- We participate in our Public Health Department's "Framework for a Thriving Stanislaus". We have areas in which we are leading efforts to intervene to enhance the health of our community in general and behavioral health more specifically. The BHRS Prevention and Early Intervention department has also built several partnerships with the community to further promote cultural and linguistic appropriateness of services that can review health assets and needs. These collaborations include the Latino Behavioral Health Coalition (LBHC), LGBTQA collaborative, the Assyrian Wellness Collaborative (AWC), and the Stanislaus Asian American Community Resource (SAACR) committee.

CLAS Standard Number 13

- Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Purpose of Standard Number 13

- To provide responsive and appropriate service delivery to a community
- To ensure that services are informed and guided by community interests expertise, and needs
- To increase use of services by engaging individuals and groups in the community in the design and improvement of services to meet their needs and desires
- To create and organizational culture that lead to more responsive, efficient, and effective services and accountability to the community
- To empower members of the community ion becoming active participants in the health and health care process.

Standard 13 in Stanislaus County

- Our CCESJ committee continues to provide a platform to evaluate this. The committee has been evaluating practices and services throughout various BHRS programs to ensure that there is cultural and linguistic appropriateness.

- The BHRS Prevention and Early Intervention department continues to maintain strong partnerships with the community to promote cultural and linguistic appropriateness of services. These collaborations include the Latino Behavioral Health Coalition (LBHC), LGBTQA collaborative, the Assyrian Wellness Collaborative (AWC), and the Stanislaus Asian American Community Resource (SAACR) committee.

CLAS Standard Number 14

- Create conflict grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Purpose of Standard 14

- To facilitate open and transparent two-way communication and feedback mechanisms between individuals and organizations
- To anticipate, identify, and respond to cross-cultural needs
- To anticipate, identify, and respond to cross-cultural needs
- To meet federal and/or state level regulations that address topics such as grievance procedures and discrimination policies and procedures.

Standard 14 in Stanislaus County

- Our Mental Health Plan has a grievance resolution process that is available in threshold languages.

CLAS Standard Number 15

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

Purpose of Standard 15

- To convey information to intended audiences about efforts and accomplishments in meeting the National CLAS standards
- To learn from other organizations about new ideas and successful approaches to implementing the National CLAS Standards
- To build and sustain communication on CLAS priorities and foster trust between the community and the service setting
- To meet community benefits and other reporting requirements, including accountability for meeting health care objectives in addressing the needs of diverse individuals or groups.

Standard 15 in Stanislaus County

- Our CCESJC serves as a venue for this as the committee consists of BHRS programs, contractors, and community stakeholders. Our CCESJC Newsletter shares updates and presentations on various BHRS programs and provides a summary of the activities of the CCESJC committee. This Newsletter and all of the CCESJC materials are accessible through our intra and Extranet. The Newsletter is also accessible through the Stanislaus County main web page.

THE LAST RESORT

Presentation produced by: Nahrain B. 2018

Outpatient

Intensive Outpatient Treatment

Located at 3125 McHenry Ave Ste D Modesto, CA

*13-17 6pm -8:30pm Monday,Wednesday & Thursday

*18-24 1pm-3pm. Monday, Wednesday & Thursday

Most all insurances cover services

THC levels tested

Residential Facility

Detoxification -

Alcohol/Drug detox is the first step to cleanse the body from its toxic effects. Supervised treatment is required for withdrawal to monitor potential dangers such as seizures, hallucinations and other problems. Unlike withdrawal from many other substances, alcohol withdrawal can be potentially fatal without proper medical supervision and intervention.

Residential Treatment –

We are a 6-bed residential adolescent treatment center helping teens break the cycle of addiction. The Last Resort Recovery Center uses a variety of proven methods to reach struggling adolescents.

Male and female residents
Ages 13-17

Physician on call and meets counselors weekly

10 panel drug screening

Residential Treatment

The Last Resort Recovery Center uses a variety of proven methods to reach struggling adolescents including:

- Individual and Group Therapy
- Cognitive-Behavioral Therapy
- 12-Step Philosophy
- Gender-Specific and Mixed-Gender Groups
- Substance Abuse Education
- Sober Recreational Activities
- Multi-Family Groups

Activities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STAN COUNTY PARTNERS IN HEALTH / HEALTH PARTNERS

HEALTH NET

AVANET

**CONTINGENT UPON ELIGIBILITY CHECKS

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(209)523-6910. Mon-Fri 9am-5pm
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