

San Francisco Department of Public Health

POLICY AND PROCEDURE

Policy Number	102
Title	CULTURAL AND LINGUISTIC COMPETENCY POLICY
Corresponding Health Commission Resolutions	# 9-99, adopted 3-16-99 # 2-02, adopted 1-8-02
Review Date(s)	Policy is reviewed annually.
Policy Oversight	Director of EEO and Cultural Competency
Authors	Cultural Competency Task Force
Persons Affected	Direct service providers who provide health care services to clients in civil service and contract programs. Indirect service providers are not covered by the policy.
Purpose	The San Francisco Department of Public Health is committed to developing and maintaining health services that are culturally competent, consumer-guided and community-based. Cultural competence is an essential requirement for health care providers to provide effective services to our diverse populations.
Definitions	<p>*Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. `Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. `Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.</p> <p>*Direct Services are any programs or services funded by the Department, including program design, evaluation, outreach and media that are provided directly to the public or a specific population.</p> <p>*Indirect Services are programs or services that are provided directly to the Department, such as the provision of materials and supplies, accounting or fiscal services, design and construction work on facilities, or maintenance and security services.</p>
Guiding Principles	<p>The Health Commission adopted the Culturally and Linguistically Appropriate Services (CLAS) standards as general guidelines in order to provide a uniform framework for developing and monitoring culturally and linguistically appropriate services. In adopting the CLAS Standards the Commission acknowledges that the CLAS Standards as implemented by the Department of Public Health are intended to be broadly inclusive of diverse racial, ethnic, sexual and other cultural and linguistic groups. The CLAS Standards as utilized by the Department of Public Health are intended to serve as general guidelines and not as mandatory requirements.</p> <p>Health Care Organizations Should Ensure That Patients/Consumers Receive From All Staff Members Effective, Understandable, and Respectful Care That Is Provided in a Manner Compatible With Their Cultural Health Beliefs and Practices and Preferred Language;</p> <p>Health Care Organizations Should Implement Strategies To Recruit, Retain, and Promote at All Levels of the Organization a Diverse Staff and Leadership That Are Representative of the Demographic Characteristics of the Service Area;</p> <p>Health Care Organizations Should Ensure That Staff at All Levels and Across All Disciplines Receive Ongoing Education and Training in Culturally and Linguistically Appropriate Service Delivery;</p> <p>Health Care Organizations Must Offer and Provide Language Assistance Services, Including Bilingual Staff and Interpreter Services, at No Cost to Each Patient/Consumer With Limited English Proficiency at All Points of Contact, in a Timely Manner During All Hours of Operation;</p>

Health Care Organizations Must Provide to Patients/Consumers in Their Preferred Language Both Verbal Offers and Written Notices Informing Them of Their Right To Receive Language Assistance Services;

Health Care Organizations Must Assure the Competence of Language Assistance Provided to Limited English Proficient Patients/Consumers by Interpreters and Bilingual Staff. Family and Friends Should Not Be Used To Provide Interpretation Services (Except on Request by the Patient/ Consumer);

Health Care Organizations Must Make Available Easily Understood Patient-Related Materials and Post Signage in the Languages of the Commonly Encountered Groups and/or Groups Represented in the Service Area;

Health Care Organizations Should Develop, Implement, and Promote a Written Strategic Plan That Outlines Clear Goals, Policies, Operational Plans, and Management Accountability/Oversight Mechanisms To Provide Culturally and Linguistically Appropriate Services;

Health Care Organizations Should Conduct Initial and Ongoing Organizational Self-Assessments of CLAS-Related Activities and Are Encouraged To Integrate Cultural and Linguistic Competence-Related Measures Into Their Internal Audits, Performance Improvement Programs, Patient Satisfaction Assessments, and Outcomes-Based Evaluations;

Health Care Organizations Should Ensure That Data on the Individual Patient's/Consumer's Race, Ethnicity, and Spoken and Written Language Are Collected in Health Records, Integrated Into the Organization's Management Information Systems, and Periodically Updated;

Health Care Organizations Should Maintain a Current Demographic, Cultural, and Epidemiological Profile of the Community as Well as a Needs Assessment to Accurately Plan for and Implement Services That Respond to the Cultural and Linguistic Characteristics of the Service Area;

Health Care Organizations Should Develop Participatory, Collaborative Partnerships With Communities and Utilize a Variety of Formal and Informal Mechanisms to Facilitate Community and Patient/ Consumer Involvement in Designing and Implementing CLAS Related Activities;

Health Care Organizations Should Ensure That Conflict and Grievance Resolution Processes Are Culturally and Linguistically Sensitive and Capable of Identifying, Preventing, and Resolving Cross-Cultural Conflicts or Complaints by Patients/Consumers; and,

Health Care Organizations Are Encouraged to Regularly Make Available to the Public Information About Their Progress and Successful Innovations in Implementing the CLAS Standards and To Provide Public Notice in Their Communities About the Availability of This Information.

References

The CLAS Standards were issued by the United States Department of Health & Human Services, Office of Minority Health, on December 22, 2000. Federal Register: (Volume 65, Number 247) [Page 80865-80879]

000.1 Non-Discrimination in Provision of Services

Policy

All direct service providers shall be in compliance with all applicable federal, state, and local anti-discrimination laws and regulations, including but not limited to the American's with Disabilities Act and Chapter 12B of the San Francisco Administrative Code.

Procedure

*Each provider of direct services shall adopt a non-discrimination policy prohibiting on the basis of the fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or AIDS/HIV. The policy shall state whom to contact in instances of possible discrimination.

*Each provider of direct services shall make available to clients copies of the non-discrimination policy. In addition, the policy posted in an area visible to clients or at the point of service.

*Each provider of direct services shall make available to clients procedures for requesting reasonable accommodation in the receipt of services. In addition, the policy posted in an area visible to clients or at the point of service.

*Each provider of direct services shall make available to clients procedures for requesting interpretation services, including American Sign Language, in the receipt of services. In addition,

the policy posted in an area visible to clients or at the point of service.

*These policies and procedures shall be available in languages and formats (e.g. for persons with disabilities) appropriate to the populations being served.

000.2 Grievance Procedures

Policy

All direct service providers shall have a fair and expeditious process for the resolution of client grievances.

Procedure

*Each provider of direct services shall provide a fair and expeditious process for the resolution of client grievances.

*The policy shall adequately describe the process for resolving client grievances, including identification of whom to contact regarding client grievances and applicable timelines.

*The policy shall be available in languages and formats (e.g. for persons with disabilities) appropriate to the populations being served.

*Each provider of direct services shall provide an annual report to on the resolution of client grievances.

000.3 Cultural and Linguistic Competency Reports

Policy

The San Francisco Department of Public Health shall assure that health services that are culturally and linguistically competent, consumer-guided and community-based.

Procedure

All providers of direct services shall provide an annual Cultural and Linguistic Competency Report. **Using the CLAS Standards as general guidance**, the Report shall address the provider's ability to provide services to the diverse ethnic, linguistic, sexual or cultural populations served under contract, including: Experience with providing services to the diverse ethnic, linguistic, sexual or cultural population served under the contract; Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services; providers must include a list of cultural competency trainings that will be conducted in the upcoming year and the methodology that will be used to evaluate these trainings; Specific outcome measures, qualitative and quantitative, that will be used during the upcoming year to assess whether services are culturally and linguistically competent; at least one of the outcome measures must be satisfaction of clients with the services; Description of the provider's process to ensure the involvement of diverse populations, including clients, in the design, provision and evaluation of culturally competent services; Description of collaboration efforts with other programs in the continuum of care which serve culturally and linguistically diverse populations; Identification and proposed remedy of potential barriers that may limit the ability of the provider to provide appropriate services.

000.4 Reporting Procedures

Policy

All providers of direct services shall provide an annual Cultural and Linguistic Competency Report.

Procedure

*All direct service providers shall submit an annual Cultural and Linguistic Competency Report by **September 30th of each year, or within 60 days of the award of a contract** if the provider has not previously submitted an annual report.

*The report shall be submitted to the Department of Public Health Section responsible for monitoring the contract.

*A copy of the annual Cultural and Linguistic Competency Report shall be provided to the Department's EEO and Cultural Competency Office.

000.5 Requests for Proposals or Qualifications (RFP/Q's)

Policy

Every person or organization applying for a direct services contract shall demonstrate an ability to deliver the

Procedure

All Requests for Proposals or Qualifications (RFP/Q's) shall include a requirement that potential contractors demonstrate an ability to provide culturally competent services. Specifically:

*Their previous experience with providing services to the diverse ethnic, linguistic, sexual or cultural population to be served;

services in a culturally and linguistically competent manner.

*The current ability of the agency's staff, volunteers, and Board to provide the specific services solicited to the diverse ethnic, linguistic, sexual or cultural population to be served; and

*The specific outcome measures, qualitative and quantitative, which demonstrate that the program provides culturally and linguistically competent services.

000.6 Program Monitoring

Policy

The San Francisco Department of Public Health shall conduct periodic monitoring activities which ensure that programs are providing culturally and linguistically appropriate services.

Procedure

*Program Managers/Analysts shall review the cultural and linguistic competency reports utilizing a standardized monitoring protocol as part of their regular contract monitoring process.

*The Office of EEO and Cultural Competency, in conjunction with the Cultural Competency Task Force, Program Managers/Analysts, and interested members of the public shall develop a standardized monitoring protocol to ensure that programs are providing culturally and linguistically appropriate services.

000.7 Technical Assistance and Training

Policy

The San Francisco Department of Public Health shall offer periodic training activities on cultural and linguistic competency, including population specific and skills based training activities.

Procedure

*The Office of EEO and Cultural Competency, in conjunction with the Cultural Competency Task Force, shall offer periodic training activities on cultural and linguistic competency, including population specific and skills based training activities.

*The Office of EEO and Cultural Competency shall establish web-based resources to assist contractors and Program Managers/Analysts in the implementation of this policy.

Any questions about the policy or its implementation should be addressed to Jason Hashimoto at 415-554-2595.

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