



Gavin Newsom
Mayor

Office of Equal Employment Opportunity
And Cultural Competency

DATE: August 2, 2006

TO: Direct Service Contractors of the Department of Public Health
Program Managers and Analysts
Office of Contracts Management

FROM: Jason Hashimoto, Director
EEO and Cultural Competency

RE: Annual Cultural Competency Reports

All providers of direct services with contracts in excess of \$25,000 (aggregate of all contracts) are required to provide an annual Cultural and Linguistic Competency Report by September 30 of each year, or within 60 days of the award of a contract if the provider has not previously submitted an annual report. All requests for Health Commission approval of contracts for direct services after September 30 will include information on whether or not the provider submitted its annual report, and an evaluation of the report. Please be advised that the annual reports will be reviewed by departmental program managers/analysts as part of the contract monitoring process.

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. The CLAS Standards are available online at <http://www.sfdph.org/CLAS/default.htm>.

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.

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. The report should describe in a narrative form how the contracted services are provided, including but not limited to:

- Experience with providing services to the diverse ethnic, linguistic, sexual or cultural populations 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 contractor's process to ensure the involvement of diverse populations, including clients, in the design, provision and evaluation of culturally and linguistically 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 agency to provide culturally and linguistically competent services.

Qualitative outcome measures should be specific, measurable, achievable, realistic, time-phased objectives related to how the provider will perform services. Quantitative outcome measures should describe the results, outcome, benefits to, or change for the clients receiving the services being delivered.

Many providers have requested a standardized report format and identification of policies and procedures that should be in place. Attached is a template that can be used in completing the annual report.

All programs must submit their Annual Report to the Department's Office of EEO and Cultural Competency by September 30, 2006. Additional copies of the annual report must also be submitted to your Program Managers/Analysts.

For CBHS programs only, submit reports to DPH Office of EEO and Cultural Competency and **ELECTRONIC** copies to Genie.Wong@sfdph.org. CBHS Program Managers/Analysts will review reports through a shared electronic folder. Annual Report does not need to be submitted to each CBHS Program Manager/Analyst. If the program is funded by CBHS and other DPH section(s), then the program needs to submit their report to the DPH Office of EEO and Cultural Competency, CBHS and other DPH section(s).

If you would like to submit your report in COOL, please see the instructions enclosed. After importing your report into COOL *as one document*, please be sure to notify the Office of EEO and Cultural Competency and your program manager(s) that you have submitted your report in COOL. (Note: Submitting your report in COOL is not mandatory, but it may be easier electronically, especially if your report is a large electronic file that may be too large to email.)

As in previous years, the Department will hold a general informational meeting with providers to review the annual report requirement on Aug 30, 2006 at 10:00 a.m. and Sept. 6, 2006 at 2:00 p.m. in Room 300, 101 Grove Street. If you have questions specific to your program, please contact your program manager/analyst. Additional information on culturally and linguistic competency, including resources on the use of the CLAS Standards, is available on the web at:

<http://www.sfdph.org/CLAS/default.htm>

Reports will be evaluated by DPH Program Managers/Analysts, and will be reflected in the annual contract monitoring process.

For additional information, please contact Jason Hashimoto at 554-2595.

Provide a table of contents and number pages. Refer within the report to attachments.

A. Supporting Policies and Procedures

The report should provide a copy of the agency policies and procedures and identify the languages in which these policies are available; this information may be provided as an attachment to the narrative described above. Please note policies requested refer to client policies, not employee policies.

- **Client** nondiscrimination policy
- **Client** grievance policy
- **Client** reasonable accommodation request policy. This should reflect policies and procedures to ensure physical and programmatic access to disabled clients and for disabled clients requesting reasonable accommodation, including ASL and assistive devices.
- **Client** language access policy (request for bilingual or ASL interpreter services at no cost).

B. Contact Information

The report should provide the contact information (for future mailings and training activities); this information may be provided as an attachment to the narrative described above.

- Name, title, address, telephone/fax number, and e-mail address for the individual responsible for cultural competency compliance at the agency.
- Name, title, address, telephone/fax number, and e-mail address for the individual responsible for ADA compliance at the agency.
- Name, title, address, telephone/fax number, and e-mail address for the individual responsible for bilingual services at the agency.
- Name, title, address, telephone/fax number, and e-mail address for the individual responsible for staff training at the agency.
- TTD/TDD number(s) for the agency (Note: all agencies must have at least one TTD/TDD number. The California Relay Service can not be accepted as a substitute) and is the TTD/TDD number(s) listed on their **website** and **printed materials**.

C. Narrative Report

1) Experience with providing services to the diverse ethnic, linguistic, sexual, or cultural populations served under the contract as described.

Organizational and Programmatic

- Board Resolution and Mission Statement to ensure and demonstrate their commitment to cultural competency. *Provide the date of the resolution and mission statement, dates of review and or revisions and attach the mission statement and resolution to the report.*
- Culturally and linguistically appropriate care is a part of policies and procedures of the organization and programs.
- Written policies and procedures to ensure physical and programmatic access to disabled clients and for disabled clients requesting reasonable accommodation, including ASL and assistive devices.
- Agency has developed and implemented written policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership that are representative of the demographic characteristics of the clients they serve.

Action Plan for improvement:

Linguistic Competence:

- Signage, administrative documents, health information materials, and all key written/other materials appropriate to literacy level of populations served. *Written materials should be field tested and/or tested for literacy level.*
- Curriculum for training staff on organizational cultural and linguistic competency policies and procedures, includes interpreting.
- Policy in place that minimizes the use of family members as interpreters unless preferred by client.
- Clear non-discrimination, conflict resolution, and grievance procedures available in appropriate languages and in accessible formats.
- Cultural and linguistic competency policies and procedures communicated to staff and clients, including no cost interpretation services, which includes ASL and use of referral agencies.
- Has a policy and process for assessing bilingual staff for language proficiency and knowledge of medical or service terminology and a mechanism to readily identify available bilingual staff or gain access to bilingual services as needed. *This covers the issue of screening bilingual abilities; though there is no consistent standard for contractors.*

Action Plan for improvement:

2. **Capacities of staff, including volunteers and Board, to design, provide, and evaluate culturally and linguistically appropriate services as described. Providers must include a list of culturally and linguistically appropriate on-going trainings targeted to the population they serve that will be conducted in the upcoming year and the methodology that will be used to evaluate these trainings.**

Have a written strategic plan outlining clear goals, policies/procedures, operational plans, fiscal plan, and identify management/Board accountability/oversight mechanisms to provide culturally and linguistically appropriate services which is reevaluated and updated.

Cultural competence curricula particularized to roles of persons trained (e.g., clinical, front-line, administrative, outreach, etc.) integrated into the training plan that provides basic/initial and periodic cultural competence training for all staff. *Describes how the trainings will be evaluated and whether participants' knowledge and skills were improved. Describes how training is related to improving cultural and linguistic competency training are related to goals and objectives within this plan.*

Action Plan for improvement:

3. **For each program**, provide qualitative and quantitative outcome measurements specific, measurable, achievable, realistic, time-phased objectives related to how the provider will perform culturally and linguistically appropriate services under each program of the contract as to how it benefits or changes services received/delivered to their clients.
 - This section should clearly identify what progress was made in achieving the outcome measures identified in the previous fiscal year's report for each program, and the planned objectives for the next fiscal year. This information should be specific to each program and will be evaluated as part of the monitoring process for that contract. At least one of the outcome measures must be a satisfaction of clients with the services. **Outcomes should be specific, measurable, achievable, reasonable and time limited and can represent steps toward a years long goal.** Other outcomes can include:
 - administration/policy
 - research/evaluations/outcomes
 - training
 - human resources development
 - consumer and family.

Action Plan for improvement:

4. **Description of the contractor's process to ensure the involvement of diverse populations, including clients and family members, in the design, provision, and evaluation of culturally and linguistically competent services as described.**
 - Membership on relevant planning/monitoring/review committees of community participants that represent groups served.
 - Client and staff participation/satisfaction regarding cultural competence-related planning.
 - Makes accommodations to and integrates client's traditional health beliefs and practices, as appropriate.
 - Regularly assesses treatment processes and outcomes related to ethnic/cultural/language groups as part of quality monitoring and improvement program.

Action Plan for improvement:

5. **Description of collaboration efforts with other programs in the continuum of care who serve culturally and linguistically diverse populations as described.**
 - Formal and informal alliances/links with community, referral sources, and other partners to address cultural competence issues.

NOTE continuum of care may not be the applicable term for non health care services...

Action Plan for improvement:

6. Identification and proposed remedy of potential barriers that may limit the ability of the agency to provide culturally and linguistically competent services as described.

Programs are regularly assessed with respect to identifying and addressing gaps/barriers to providing culturally competency services.

- Collect and maintain data regarding client's race, ethnicity, language preference, level of literacy, and sexual orientation that can be queried for current demographic, cultural, and epidemiological profile of the community. **NOTE: all data collected is voluntary on the part of the client**
- Conduct regular assessments of how the organization's services respond to the cultural and linguistic characteristics of the service area. Periodic review to identify and correct physical barriers for disabled clients.
- Collect and maintain data regarding client's race, ethnicity, language preference, and sexual orientation for health records.
- Community and client assessment guidelines and tools exist to elicit cultural and demographic factors relevant to health and health behaviors that identifies and addresses community/client beliefs, practices and culture-related factors.

Action Plan for improvement:

How to Import a Cultural Competency Report into COOL

If you do not already have a COOL account, you may request one at this address:

<http://www.sfdph.org/contracts/COOL/vendorTechSurv.htm>

If you are NOT able to scan your report, follow these instructions:

1. Go to COOL and log in.
2. Go to Vendor File/Folder.
3. Import your one (1) cultural competency document (if you start with more than one document, please cut-and-paste or otherwise combine them so that you are only importing one document):
 - a. Under Folder Actions, click on Import.
 - b. In the Import: File Selection window, click on Add Files.
 - c. Browse and find your report, then click on the file name it to select it. It should then be displayed in the Selected Files box.
 - d. Click on Next. This should take you to the Import: Object Definition window.
 - e. Pull down the list in the Type field and select Monitoring Document.
 - f. Click on Finish. This should add your document to the Vendor File.

If you ARE able to scan your report, follow these instructions:

1. Scan your cultural competency report as one (1) PDF file/Adobe Acrobat document, and save it.
2. Go to COOL and log in.
3. Go to Vendors Cabinet.
4. Import document:
 - a. Under Folder Actions, click on Import.
 - b. In the Import: File Selection window, click on Add Files.
 - c. Browse and find your report, then click on the file name it to select it. It should then be displayed in the Selected Files box.
 - d. Click on Next. This should take you to the Import: Object Definition window.
 - e. Pull down the list in the Type field and select Monitoring Document.
 - f. Click on Finish. This should add your document to the Vendor File.

Be sure to let the EEO Office and your Program Manager know that you have imported your cultural competency report into COOL. You may do this either by email or routing your document in COOL.

For instructions on how to route a document in COOL and other COOL tutorials, go to:
<http://www.sfdph.org/contracts/COOL/Training/COOLTutMenu.htm>

If you are have questions about how to use COOL, please contact the Contracts Office unit related to your contract:

101 Grove: 554-2607; 25 Van Ness: 554-3086; 1380 Howard: 255-3518.



CMSDoc Docbase



Vendors Cabinet



ACME Medical Supplies Vendor Folder



Insurance Certificate



Audited Financial Statements



Cultural Competency Report



Import your cultural competency report here - as a Monitoring Document.



Articles and Bylaws



Board Roster



Tax Form 990



Monitoring Folder



Standard monitoring form(s)



Standard Monitoring Follow-up



DCYF Program Monitoring



HSA Program Monitoring



DPH Program Monitoring



Import department-specific monitoring documents into these folders.



Vendor Set-Up Folder (user created)



HCAO Declaration



MCO Declaration



P-25 Business Tax



Vendor Profile



W9



12b101 Form



HRC 3