

Ryan White Part A Quality Management

Cultural and Linguistic Competency
Standards of Care

Palm Beach County

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Palm Beach Care Council
Quality Management Committee
Medical and Support Services Committee

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Statement of Intent

The Cultural and Linguistic Competency (CLC) standards are proposed as one means to correct inequities that currently exist in the provision of health services and to make these services more responsive to the individual needs of all clients/patients.

The standards are intended to be inclusive of all cultures and not limited to any particular population or set of groups. They are especially designed to address the needs of racial, ethnic, and linguistic population groups that experience unequal access to health services.

Standards of Care

Standard	Indicator	Data Source
<p>1. Contracted agencies should ensure services are provided that are respectful to the client's cultural health beliefs, practices, and preferred language.</p>	<p>1.1 Written Culturally and Linguistically Competent (CLC) service provision policies and procedures.</p>	<p>1.1.1 Documentation in policies and procedures</p>
<p>2. Contracted agencies should make attempts to recruit, retain, and promote staff who represent the diverse cultural and ethnic communities served.</p>	<p>2.1 Written plan details the design, implementation, and evaluation of strategies that aid in the recruitment and retention of culturally and linguistically diverse staff to more effectively serve diverse clientele.</p> <p>2.2 Agency strategic plans and goals should integrate the goal of staff diversity.</p> <p>2.3 Agency makes ongoing attempts to recruit diverse subcontractors and affiliated personnel.</p> <p>2.4 Agencies monitor promotion and retention of staff with diverse cultural and linguistic backgrounds.</p>	<p>Documentation in policies, procedures, and job descriptions</p>
<p>3. Contracted agencies should ensure that staff and volunteers who have direct contact with clients receive ongoing training in culturally and linguistically appropriate service delivery.</p>	<p>3.1 100% of staff must receive basic cultural and linguistic competence training upon hire. Topics should include, but not be limited to;</p> <ul style="list-style-type: none"> • Agency policies and procedures • Basic concepts and terms • Effective strategies and techniques • Impact on service effectiveness and client health outcomes • Role of interpreters and translators 	<p>3.1.1 Documentation in personnel files</p>

<p>4. Contracted agencies <u>must</u> offer and provide free and timely language assistance services to clients with limited English proficiency (LEP).</p>	<p>4.1 Agency policies and procedures specify FREE language assistance services provided.</p> <p>4.2 Agencies should provide trained bilingual staff that can communicate directly with patients/clients in their preferred language (when possible).</p> <p>4.3 Languages not frequently encountered can be interpreted through trained professional telephone interpreters if authorized bilingual and/or trained professional interpreter staff do not speak the language or are not available.</p>	<p>4.1.1 Documentation in policies and procedures</p> <p>4.2.1 Documentation in policies and procedures</p> <p>4.3.1 Documentation in policies and procedures</p>
<p>5. Contracted agencies <u>must</u> notify clients of their rights to receive FREE language assistance services.</p>	<p>5.1 Clients preferred language is documented.</p> <p>5.2 Clients with physical, sensory, developmental, and/or cognitive impairments are documented.</p> <p>5.3 LEP individuals should be informed (in a language they understand) of their right to free language services.</p> <p>5.4 Signage notifies clients of their right to receive free language assistance services (at minimum in English, Haitian Creole, and Spanish languages) are clearly posted at all major public entrances.</p> <p>5.5 English and non-English language brochures, booklets, and outreach materials should include availability of free language assistance (when applicable).</p>	<p>5.1.1 Documentation in client file</p> <p>5.2.1 Documentation in client file</p> <p>5.3.1 Documentation in policies and procedures</p> <p>5.4.1 Visible signage posted</p> <p>5.5.1 Available documents observed</p>
<p>6. Contracted agencies <u>must</u> ensure interpreters and bilingual staff are competent in</p>	<p>6.1 100% of all bilingual staff and on-site interpreter staff attend training. Newly hired bilingual and interpreter staff attend training prior to client contact. Initial</p>	<p>6.1.1 Documentation in personnel file</p>

<p>providing language assistance to LEP clients.</p>	<p>training should include:</p> <ul style="list-style-type: none"> • Target and source language competency (written and oral) • Goals of interpreting • Modes of interpreting • Interpreting and translating • Interpreter Code of Ethics • HIV/AIDS vocabulary (target and source languages) • Skill competency • Pre-sessions • Note-taking 	
<p>7. Contracted agencies <u>must</u> offer easily understood client/patient related information.</p>	<p>7.1 100%of all Ryan White required forms should be translated into 3 most commonly spoken client languages (when requested by client).</p> <p>7.2 LEP individuals who cannot read their language or who speak non-written languages should be notified that written materials will be verbally sight translated to them.</p> <p>7.3 Policy and procedure requires oral reading of service information by bilingual staff and/or interpreters before translated written materials are signed by the client.</p>	<p>7.1.1 Forms observed</p> <p>7.2.1 Documentation in policies and procedures</p> <p>7.3.1 Documentation in policies and procedures</p>
<p>8. Contracted agencies should collect client cultural identification and linguistic proficiency data.</p>	<p>8.1 Intake/registration process documents client race.</p> <p>8.2 Intake/registration process documents client ethnicity.</p> <p>8.3 Intake/registration documents client’s preferred primary spoken language including American Sign Language (ASL).</p> <p>8.4 Intake/registration documents client preferred primary written language.</p>	<p>8.1.1 Documented in client file</p> <p>8.2.1 Documented in client file</p> <p>8.3.1 Documented in client file</p> <p>8.4.1 Documented in client file</p> <p>8.5.1 Documented in client file</p> <p>8.6.1 Documented in client file</p>

	<p>8.5 Use of professional or lay interpreters during service provision is documented in the client chart.</p> <p>8.6 Utilization reports monitor language assistance service usage and service locations on a monthly basis.</p>	
<p>9. Contracted agencies should ensure that conflict and grievance procedures accommodate culturally and linguistically diverse clients.</p>	<p>9.1 Grievance and complaint policies and procedures are culturally and linguistically competent (CLC).</p> <p>9.2 Client relations policies and procedures are culturally and linguistically competent (CLC).</p> <p>9.3 Clients who submit unsatisfactory service complaints related to cultural and/or linguistic issues are handled in a CLC manner.</p>	<p>9.1.1 Documented in policies and procedures</p> <p>9.2.1 Documented in policies and procedures</p> <p>9.3.1 Documented in client file</p>

*Standards of Care are guidelines or flexible directions to be used in the treatment of HIV/AIDS. Departures from these standards may arise due to a client's unique situation and/or based on an experienced professional's judgment.