

**SANTA CRUZ COUNTY  
Behavioral Health**

**POLICIES AND PROCEDURE MANUAL**

**Subject:** Linguistically Appropriate Services

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**Responsible for Updating:**  
CLAS Coordinator/QI Director

**Approval:**   
Behavioral Health Director

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Date

**POLICY:**

All Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) programs, County and Contractor, shall provide linguistically appropriate services utilizing the procedures indicated below. Certified bilingual clinical and support staff shall be available to assist with threshold language (Spanish) interpretation and translation activities, as identified in this policy.

**PURPOSE:**

To ensure accessibility and understanding of services, through communications in the beneficiary's primary language.

To identify procedures to obtain both in-house and contract interpreter and translation services.

**DEFINITIONS:**

**Language Services Associates (LSA) Language Line:**

A contracted service that provides voice and audio-only interpreting service for non-English consumers when in-person interpretive services are not available.

**Language Services Associates (LSA) Video-IRIS Application:**

A contracted service via IRIS computer application that provides audio and video-only calls for interpreting medical, psychological, substance use and crisis assessments and therapeutic sessions for non-English consumers when in-person interpretive services are not available.

**LEP:**

Limited English Proficiency. Beneficiaries who speak/read little or no English.  
Bilingual beneficiary who prefers services in his/her primary language.

**Threshold Language:**

A primary language (other than English) that is spoken by 3,000 Medi-Cal beneficiaries or 5% of the Medi-Cal beneficiary population in Santa Cruz County (whichever is lower). In Santa Cruz County, the threshold language is Spanish.

**Key Points of Contact:**

Common points of access to county or contractor providing mental health & substance use disorder services.

**Bilingual Level I:**

Staff evaluated and certified in their ability to converse in the threshold language, and to read English and translate orally into the threshold language. Qualified county staff get paid a premium for their abilities.

**Bilingual Level II:**

Staff evaluated and certified in their ability to converse in the threshold language; to read English and translate orally into the threshold language; read the threshold language and translate orally into English; and to write in the threshold language. Qualified county staff get paid a premium for their abilities.

**General Documents:**

Literature, pamphlets, forms, and documents that are non-clinical and non-legal documents.

**Clinical Documents:**

Treatment Plans, Assessments, Progress notes and content of doctor notes.

**Legal Documents:**

Any legally binding document that requires client signature.

**Reviewer:**

Designated Bilingual Level II Clinical and/or Administrative staff within each Behavioral Health program or section who will review and approve final draft translations.

**Interpretation**

The transference of meaning between spoken languages.

**Transiation**

The transference of meaning between written languages.

## **PROCEDURES:**

### **1. County Behavioral Health 24 Hour Toll-Free Line (1-800-952-2335)**

- a. County Behavioral Health Services operates a 24-hour Toll-Free Line for MHP and DMC-ODS beneficiaries, and the community at large, that is answered during normal business hours by threshold-language bilingual clerical and clinical staff.
- b. After hours and on weekends, the Toll-Free Line is answered by the contracted answering service. Approximately 90% of the operators employed by the answering service are bilingual in our threshold language.
- c. In addition, all County and Contractor staff have access to the LSA toll-free language line: 866-937-7325, provides 24-hour/day interpreters in all languages.
- d. There is an Access email address via website for hearing impaired individuals to request services. In addition, per FCC rules, 711 may be used for relay services.

### **2. Threshold Language:**

- a. At key points of contact, services are provided in the threshold language (Spanish) in order for the beneficiary and staff to communicate effectively.
- b. LEP beneficiaries who speak Spanish will be offered a Spanish speaking clinician.
- c. Use of the LSA language line (see above number) is acceptable only when other options are unavailable.
- d. LEP beneficiaries will be informed in Spanish that they have a right to free language assistance services. Signs are posted as well in provider lobbies.

### **3. Non-Threshold Language**

- a. If the beneficiary speaks a language other than a threshold language and there is no provider in the MHP or DMC-ODS who speaks the beneficiary's language, the program may utilize the LSA toll-free services.
- b. Contractors are required to contract with someone to provide these services (See Procedure # 5.a. below);
- c. The program may request the assistance of a neighbor county program to provide these services; and
- d. LEP beneficiaries will be informed (in a language that they understand) that they have a right to free language assistance services.

### **4. Use of In-House Interpreters**

- a. Clinician Responsibility

When a beneficiary or his/her family needs an interpreter to assist during provision of services, it is the responsibility of the bilingual clinician to provide the interpreter services or to make the necessary arrangements in advance to have an interpreter present. Note: Support staff are not responsible for making interpreter arrangements.

**b. Meds Only clients**

When a beneficiary does not have a coordinator, it is the responsibility of the psychiatrist, or assigned medical assistant, to make arrangements to have a clinician available to interpret service. Clinical supervisors/managers may be called upon to facilitate the availability of an interpreter.

**c. Other Bilingual Staff**

- County and Contractor programs shall utilize in-house Bilingual Level I or Level II clinical staff will provide interpretation services for clinical interactions.
- Bilingual Level 1 or Level 2 non-clinical staff can be used to interpret only general information.
- County and Contractor personnel staff shall manage a list of staff who are designated Bilingual Level 1 and Level 2 and distribute to agency programs accordingly.

**d. Family Members**

- It is prohibited to expect family members or friends to provide interpreter services.
- A beneficiary may choose a family member or a friend as an interpreter after being informed of the availability of free interpreter services.
- Minors should not provide interpreter services even if selected by beneficiary.

**5. Use of Professional Interpreting Services**

**a. Non-Threshold Language**

If a client speaks a non-threshold language, and there is not a clinical person on staff that speaks that language, County staff shall utilize the LSA toll-free language line: 866-937-7325, available 24-hour/day interpretive services in all languages.

b. In addition, per FCC rules, 711 may be used for relay services.

c. County non-clinical staff that are fluent in the non-threshold language may be used to interpret for walk-in or urgent situations.

d. Contractors are required to contract with someone to provide these services.

## **6. Translated Materials**

- a. General program literature will be available in Spanish at all provider sites.
- b. The materials should be consistent with the culturally appropriate field-testing procedures, which may include back translation.
- c. Upon entry into the program, LEP Spanish speaking beneficiaries will be given translated copies of:
  - The Mental Health Plan (MHP) informing materials and/or Drug Medi-Cal Organized Delivery System (DMC-ODS) brochure.
  - The MHP and/or DMC-ODS Handbook
  - Beneficiary Grievance, Appeal and Fair Hearing materials.
- d. Other materials available in Spanish include (but not limited to):
  - Beneficiary satisfaction surveys
  - Informed Consent for Medication
  - Release of Confidential Information forms
  - Service orientation for clients
  - Notice of Privacy Practices
  - Advance Directives information

## **7. In-House Translation of General Documents**

### **a. Translating Process**

- If a document has not been translated, the supervisor or manager will designate a Bilingual Level II staff and allow sufficient lead time to complete the translation, based on current workload.
- The document will be translated into a format similar to the English version.
- The Spanish version will include all titles and subtitles in English in a smaller font (for identification purposes).
- Staff will use any resources at their disposal to facilitate the translation process including, but not limited to, consulting with other co-workers, and language websites.

### **b. Administrative Review**

- Staff will provide the English document and the final Spanish draft to the CLAS Coordinator, or designee, for approval.
- The CLAS Coordinator, or designee, will consult with original translator to make any necessary changes.
- The Administrative Reviewer will return the approved translated document to the translator and supervisor or manager.
- If the document is maintained by QI, the reviewer will also submit the approved translated version to the QI Administrative Aide.

- When applicable, the QI Administrative Aide will transfer the Spanish version into the appropriate format.

## **8. In-House Translation of Clinical Documents**

### **a. Assignment of Task:**

- Bilingual Level 2 clinical staff will translate necessary documents for clients on their caseload.
- If a clinical document needs to be translated and the clinician is not certified as Bilingual Level 2, they should consult with their supervisor or program manager.
- The Program Manager or Supervisor will designate a Bilingual Level 2 clinician to translate the document and allow sufficient lead time to complete the translation based on current workload.

### **b. Translating Process**

- Clinical staff will translate clinical documents into a format similar to the English version.
- Spanish versions will include all titles and subtitles in English in a smaller font (for identification purposes), if applicable.
- Staff will use any resources at their disposal to facilitate the translation process including, but not limited to, consulting with other co-workers, and language websites.

## **9. Professional Translation Services for non-threshold Languages**

### **a. Identification of Need**

- Whenever possible, Behavioral Health Services will utilize its own staff resources for translations as stated above; and
- Use of a contracted translation service may be deemed necessary when the language is not the threshold language.

### **b. Submission of Request**

- The Program Manager will be responsible to determine that the request is necessary and approve the expenditure.

## **10. Monitoring Contract Budget**

County Behavioral Health Services fiscal department may invoice Contractors for use of the available LSA interpretive services. The MHP and DMC-ODS will maintain invoice copies of all contracted services to ensure effective use of contract budget.

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**PRIOR VERSIONS:** February 9, 2018, October 6, 2016, December 5, 2008

**REFERENCES:** DMH Information Notice 02-03, CCR Title 9 section 1810.410, 42 CFR Section 438.10, MHP and DMC-ODS DHCS Contracts