DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
LANGUAGE TRANSLATION AND INTERPRETATION SERVICES	**200.03**	**02/01/2016**	**1 of 9**
APPROVED BY: Robin Kay, Ph.D Acting Director	SUPERSEDES **200.03** **08/01/2004**	ORIGINAL ISSUE DATE **05/14/2004**	DISTRIBUTION LEVEL(S) **1, 2**

PURPOSE

1.1 To establish the Los Angeles County Department of Mental Health (LACDMH) policy and guidelines regarding language translation and interpretation services.

1.2 To ensure that under no circumstances a beneficiary is denied access to mental health services due to language barriers.

1.3 To ensure all non-English speaking and Limited English Proficient (LEP) consumers receive equal access to interpretation services in their primary or preferred language including threshold and non-threshold languages.

DEFINITIONS

2.1 **Limited English Proficient (LEP)**: A limited level of English language skills that, within the context of accessing mental health services, would call into question the consumer's ability to adequately understand and respond to issues related to his or her treatment. (Authority 8)

2.2 **Threshold Language**: A language identified as the primary language spoken at a high proportional rate within a geographic region of the state.

2.2.1 A countywide annual numeric identification of either 3,000 beneficiaries or five (5) percent of the Medi-Cal beneficiary population, whichever is lower, in an identified geographic area, whose primary language is not English, and for whom information and services shall be provided in their primary or preferred language. Other than English, the threshold languages are Arabic, Armenian, Cambodian/Khmer, Cantonese, Farsi, Korean, Mandarin, Other-Chinese [for purposes of written communication, Chinese includes Traditional and Simplified Chinese], Russian, Spanish, Tagalog, and Vietnamese. (Authority 9)

2.3 **Non-Threshold Language**: Other non-English languages that do not meet threshold language criteria as briefly described in Section 2.2.

2.4 **Primary or Preferred Language**: A language, including sign language, which must be used by the beneficiary to communicate effectively and which is so identified by the beneficiary. (Authority 10)

2.5 **Translation**: A conversion of a text message or written form from the source language into an equivalent target language.

2.5.1 **Source Language**: A language in which a message is originally given.

2.5.2 **Target Language**: A language in which a message is to be translated or interpreted.

2.6 **Interpretation**: A conversion from a source, verbal, or sign language of a message into an equivalent verbal target or sign language.

2.6.1 **Face-to-Face Language Interpretation**: LACDMH services that involve the physical presence of a language interpreter to facilitate verbal or sign language communication, in real time, between two (2) or more people who are not fluent in each other's languages. Language interpreters take into consideration the spoken language and the cultural differences related to nonverbal forms of communication, including facial expressions, eye-to-eye contact, physical space, body posturing, and gestures. Language interpreter services include verbal and sign languages. (Authority 11)

2.6.2 **Simultaneous Interpretation**: Highly complex cognitive activity that requires the interpreter to listen, analyze, comprehend, convert, edit, and reproduce in real time a speaker or signer's message while the speaker or signer continues to speak or sign, in a specific social context.

2.6.3 **Telephonic Language Interpretation**: A process of connecting interpreters via telephone to individuals who wish to communicate with each other but have issues with the language barrier. The telephone

interpreter converts the spoken language from one language to another enabling listeners and speakers to understand each other.

2.6.3.1 Telephone or Telephonic Language Interpreting is carried out remotely, with the interpreter connected by telephone to the principal parties, typically provided through a speakerphone or headsets. In health care settings, the principal parties, e.g., doctor and patient, are normally in the same room, but telephone interpreting is served as a three-way teleconference. (Authority 11)

POLICY

3.1 In accordance with applicable federal, state and, County Policy and Agreement, LACDMH will provide equal access to all LEP consumers in Los Angeles County for threshold and non-threshold languages as well as consumers needing services in American Sign Language (ASL).

3.2 Non-English or LEP consumers have the right to language assistance services, at no cost, in their primary or preferred language.

3.3 Non-English or LEP consumers are to be informed in writing of their right to language assistance services at no cost and how to access these services.

3.4 Consumers have the right to culture-specific rendering providers and to receive specialty mental health services in their primary or preferred language.

3.5 LACDMH shall provide a listing of service providers that identifies names, locations, telephone numbers and culture-specific services, non-English language capabilities of staff, specialty mental health services, and culture specific services.

3.6 Emergency assessments for involuntary hospitalization shall be conducted with assistance from appropriate language interpretation services.

3.7 LACDMH will continue to recruit and hire mental health professionals who are proficient in non-English languages.

PROCEDURE

General:

4.1 LACDMH informs consumers of their right to receive mental health services in their primary or preferred language and at no cost language interpretation services including Teletypewriter/Telecommunications Device for the Deaf (TTY/TDD), and how to access specialty mental health services via the Guide to Medi-Cal Mental Health Services, the Beneficiary Handbook, and Local Mental Health Plan Posters displayed at provider sites.

4.2 LACDMH will provide upon request a listing of specialty mental health and culture-specific providers via the Service Area Provider Directories which include names, addresses, telephone numbers, hours of operation, types of Specialty Mental Health Services (SMHS), age groups served, and non-English languages offered including American Sign Language (ASL) and cultural considerations (veterans, homeless and other) in provider locations.

The Provider Directories can also be accessed online at http://psbqi.dmh.lacounty.gov/providerdirectory.htm. The Provider Directories also provide translated information on the availability of Specialty Mental Health Services in the County in more than 90 languages via the Google Translator. This information can be accessed at http://maps.lacounty.gov/dmhSL/

Language Translation Services:

4.3 LACDMH Directly Operated Programs requiring access to language translation services shall follow this procedure:

1) Obtain the contact information and vendor agreement for the contracted language translation vendor from the Administrative Support Bureau (ASB)/Procurement Office (Procurement).

2) Confirm that the desired target language(s) for translation are included in the vendor agreement.
3) Contact the contracted language translation vendor and obtain a quote for the cost of the translation needed.
4) Ensure that the unit price of the quote obtained is consistent with the pricing in the vendor agreement prior to submitting the Special Request (SR) to Procurement for a Purchase Order (PO).
5) To obtain a PO, the requestor should submit to Procurement a completed SR form with the vendor quote attached.
6) Once Procurement issues a PO, Procurement will release the signed PO to the vendor and requestor in order to commence language translation services. The requestor can then start coordinating the services with the vendor.
7) Programs requesting language translation services in non-threshold languages not listed on the agreement shall obtain at least three quotes for amount over $1,500 but less than $5,000. Amount over $5,000 requires a formal solicitation conducted by Internal Services Department (ISD) requiring a detailed Statement of Work (SOW).
8) For language translation projects priced below $1,500, only one vendor quote is required.
9) For questions regarding this procedure, please contact Procurement at (213) 738-4800 or by email at "Procurement Inquiry" under the Global Address List on Outlook.

4.4 Translated materials shall be written at a 6th grade reading level and go through a review mechanism for ensuring accuracy and cultural competency of the translation (e.g., back translation and field testing).

4.4.1 In back translation, the translated document gets translated back into the source language by another translator. Both source and target language translations are compared to ensure that they mirror each other.

4.4.2 In field testing, the translated document is reviewed by consumers/family members/community members or LACDMH bilingual certified employees who are proficient in the target language. This

process ensures that the translated document has meaning beyond a literal translation.

Face-to-Face Language Interpretation:

4.5 LACDMH provides free verbal or sign language assistance services in threshold and non-threshold languages to consumers. Language assistance services for LACDMH Directly Operated Programs shall be provided following the procedure specified in the LACDMH Policy No. 602.01, Bilingual Bonus, Sections 4.3 to 4.7.

4.6 LACDMH Directly Operated and Contracted Programs maintain a current internal roster of staff proficient in non-English languages. All providers utilize their bilingual staff as a primary resource for language interpretation services for consumers requesting/needing interpretation in their primary or preferred language.

4.6.1 LACDMH staff identified by the Human Resources Bureau as proficient in a non-English language may qualify for bilingual compensation (LACDMH Policy No. 602.01, Bilingual Bonus).

4.7 LACDMH staff providing language interpretation services to the consumer shall document that free language services in the consumer's primary or preferred language were offered and provided. The documentation of language interpretation services shall be completed in accordance to the procedural guidelines specified in the Short Doyle/Medi-Cal Organizational Provider's Manual, which can be accessed at http://file.lacounty.gov/dmh/cms1_159846.pdf

4.8 Exception: Consumer needs may better be served by referral to an agency provider of similar but more culturally or language-specific services. The referral process will allow latitude for clinical judgment in some cases.

4.9 In accordance with Title VI (Civil Rights Act) requirements, the expectation that family members provide interpreter services is prohibited.

4.9.1 If a consumer insists on using a family member or friend as an interpreter, they may do so only after being informed of the availability of free interpreter services.

4.9.2 Minor children should not be used as interpreters.

4.10 The LACDMH Program Support Bureau - Workforce Education and Training Division will make annual training available in the use of interpreter services for staff that have direct consumer contact.

4.11 Directly Operated Programs requiring access to language interpretation services for meetings and conferences shall follow this procedure:

1) Obtain the contact information and vendor agreement for the contracted language interpretation vendor from ASB/Procurement.
2) Confirm that the desired target language(s) for interpretation are included in the vendor agreement.
3) Contact the contracted language interpretation vendor and obtain a quote for the cost of the services needed.
4) Ensure that the unit price of the quote obtained is consistent with the pricing in the vendor agreement prior to submitting the SR to Procurement for processing.
5) The SR form shall specify the date, time and location of the meeting (e.g., address, floor, and room number); the number of hours of language interpretation services needed; the target language(s) being requested; and the number of participants expected to attend for each of the requested target languages.
6) SR forms completed for multiple meetings shall specify the location for each, when different locations are involved.
7) To obtain a PO, the requestor should submit to Procurement a completed SR form with the vendor quote attached.
8) Once Procurement issues a PO, Procurement will release the signed PO to the vendor and requestor in order to commence language interpretation services. The requestor can then start coordinating the services with the vendor.

9) If other non-threshold languages are not listed on the agreement, requestor needs to obtain bids for amount over $1,500 to $5,000. Amount above $5,000 requires a formal solicitation conducted by ISD.
10) Procurement can process the SR for amount under $1,500 requiring one single quote for services not covered under the agreement.
11) For questions regarding this procedure, please contact Procurement at (213) 738-4800 or by email "Procurement Inquiry" under the Global Address List on Outlook.

Telephonic Language Interpretation:

4.12 The 24/7 toll-free ACCESS Center hotline, 1-800-854-7771, will make telephonic language interpretation services available to all callers requesting specialty mental health services or referral information. The ACCESS Center does not fulfill requests for language interpretation services originating from LACDMH Directly Operated or Contracted Programs.

4.13 Directly Operated Programs may request access to the contracted language line from ASB by calling (213) 637-4591 and providing the following information: Division/Program Name, Address, Contact Name, Contact Phone Number, Fax Number, and Contact's Email. ASB will provide the phone number and access code to the Directly Operated Program to access the language line.

Hearing Impaired Language Interpretation:

4.14 The hearing impaired public can access LACDMH services information 24/7 via TTY/TDD using telephone number (562) 651-2549.

4.15 For additional information on hearing impaired access for Directly Operated and Contracted Providers, refer to LACDMH Policy No. 200.02, Hearing Impaired Mental Health Access, Section 3.1 for Non-Emergency Sign Language Interpretation Service and Section 3.2 for Emergency Sign Language Interpretation Service.

AUTHORITY

1. Voluntary Compliance Agreement
2. OCR 09-89-3143/US
3. Department of Health and Human Services, Office of Civil Rights
4. CCR Title 9 Chapter 11 Section 1810.410
5. National Standards on Culturally and Linguistically Appropriate Services (CLAS)
6. Dymally-Alatorre Bilingual Services Act 1973
7. Title VI, Civil Rights Act, Federal Register, Volume 68, No. 153
8. California DMH (AKA California Department of Health Care Services - DHCS) Information Notice No 10-02
9. California Department of Health Care Services (DHCS) Information Notice No. 13-09
10. California Code of Regulations Title IX Section 1810.410(a) (2) Cultural and Linguistic Requirements
11. Culturally and Linguistically Appropriate Services Standards (CLAS)

REFERENCES

1. LACDMH Policy No. 200.02, Hearing Impaired Mental Health Access
2. LACDMH Policy No. 401.02, Clinical Records Maintenance, Organization, and Contents
3. LACDMH Policy No. 602.01, Bilingual Bonus
4. LACDMH Policy No. 602.01, Bilingual Bonus (Attachment 1 - Request for Interpretation/Translation Services (RITS) Form)

RESPONSIBLE PARTY

LACDMH Program Support Bureau, Quality Improvement Division