

**SANTA CRUZ COUNTY  
Behavioral Health**

**POLICIES AND PROCEDURE MANUAL**

**Subject:** Linguistically Appropriate Services

**Policy Number:** 3105

**Date Effective:** December 14, 2020

**Pages:** 10

**Replaces:** March 16, 2020

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

**Approval:**

  
Behavioral Health Director

12-14-2020  
Date

**BACKGROUND:**

In 2013, the Office of Minority Health (OMH) developed the National Culturally and Linguistically Appropriate Services (CLAS) Standards as a response to the evidence of continued health inequities in our nation. The OMH set out to advance health equity, improve quality of services, and eliminate health disparities by providing health organizations with action steps for providing Culturally and Linguistically Appropriate Services. Behavioral Health Services (BHS) is committed to ensuring that CLAS standard practices are incorporated into governance, leadership, and workforce positions by providing linguistically appropriate services resources to its beneficiaries.

**SCOPE:**

This policy applies to all BHS staff who provide Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) services and administrative support. MHP and DMC-ODS community service agency contracts specify language regarding the implementation of CLAS policies and practices, which shall be provided to the County upon request.

**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.

**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.

**DEFINITIONS:**

**1. Culturally and Linguistically Appropriate Services (CLAS):**

Provide effective, equitable, understandable, and respectful quality care services that are responsive to diverse cultural beliefs and practices, preferred languages, health literacy, and other communication needs.

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

A MHP and DMC-ODS contracted service provider that provides confidential three-way voice and audio-only interpreting service for non-English consumers when in-person interpretive services are not available.

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

A MHP and DMC-ODS contracted three-way confidential teleconferencing service via IRIS computer application that provides audio and video 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.

**4. LEP:**

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

**5. 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.

**6. Key Points of Contact:**

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

**7. 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.

**8. 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.

**9. General Documents:**

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

**10. Clinical Documents:**

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

**11. Legal Documents:**

Any legally binding document that requires client signature.

**12. 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.

**13. Interpretation:**

The transference of meaning between spoken languages.

**14. Translation:**

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, which provides 24-hour/day interpreters in all languages.
- d. Behavioral Health has an Access/General Information email address via website for hearing impaired individuals to request services. In addition, per FCC rules, County utilizes 711 for relay services. This information is posted in the MHP and DMC-ODS Beneficiary Handbook and website.

## **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 as available.
- c. Use of the LSA language line (see above number) is acceptable only when other options are unavailable.
- d. LEP beneficiaries are informed in Spanish that they have a right to free language assistance services via staff, website and signs are posted 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 BH staff shall utilize the LSA toll-free services.
- b. Contractors are required to ensure 24/7 threshold and non-threshold services are provided, establishing vendor contracts as needed.; and
- c. 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 schedule:

- Available clinical bilingual staff available to interpret service. Clinical supervisors/managers may be called upon to facilitate the availability of an interpreter.
- A LSA interpretive or IRIS teleconferencing service



c. Other Bilingual Staff

- County service programs shall utilize available in-house Bilingual Level I or Level II clinical staff to provide interpretation services for clinical interactions.
- Bilingual Level 1 or Level 2 non-clinical staff can be used to interpret only general information.
- County 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

- BH staff shall not expect family members or friends to provide interpreter services for an active MHP and/or DMC-ODS client.
- 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, County staff shall utilize 711 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. County MHP and DMC-ODS general program literature shall be available in Spanish at all provider sites.

b. The materials should be consistent with 6<sup>th</sup> grade readability and 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) and/or Drug Medi-Cal Organized Delivery System informing materials and 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
- MHP and/or DMC-ODS Provider Directory

e. Language Assistance notifications (Taglines) provide beneficiaries with information on how to access material in various languages free of charge. This notification provides this information in multiple languages including large print. The Language Assistance notification accompanies:

- Provider Directory
- Notice of Adverse Benefit Determination (NOABD)
- Grievances
- Appeals
- Change of Treatment Staff Provider

## **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 reasonable time to complete the cultural and linguistic translation, based on current workload.
- The document will be translated into a format similar to the English version.
- The Spanish version will include an English footnote, title and/or subtitle 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 and Finalization

- 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 and save a copy for reference
- 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 and save accordingly.

## **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 within a reasonable timeframe to complete the cultural and linguistic 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 an English footnote, title and/or subtitle 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 management will be responsible to determine that the request is necessary and approve the expenditure.

## **10. Signage**

County Behavioral Health Services are to have signage in threshold languages (English and Spanish) in hallways, lobby's, and outside buildings. This includes directories, office names/numbers, check-in procedures, and notices such as holiday closures and safety protocols.

## **11. 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:** December 5, 2008, October 6, 2016, February 9, 2018, March 16, 2020

**REFERENCES:** Think Cultural Health. (2016). National CLAS Standards, DMH Information Notice 02-03, BHIN 18-011, CCR Title 9 section 1810.410, 42 CFR Section 438.10, MHP and DMC-ODS DHCS Contracts

**FORMS/ATTACHMENTS:** Language Assistance notifications (Taglines)



## LANGUAGE ASSISTANCE

### ENGLISH

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call: 1-800-952-2335 (Email: [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us) )

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call 1-800-952-2335 (Email: [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us))

### Español (SPANISH)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-952-2335 - Correo electrónico: [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)

### 繁體中文 (CHINESE)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-952-2335

電子郵件 [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)

### Tiếng Việt (VIETNAMESE)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-952-2335

E-mail: [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)

### TAGALOG (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-952-2335 - Email: [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)

### 한국어 (KOREAN)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-952-2335

이메일 [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)

### Հայերեն (ARMENIAN)

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-952-2335 – Email: [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)

### فارسی (FARSI)

شمارتاس برای رایگان بصورت زبانی تسهیلات، کنید می گفتگو فارسی زبان به اگر: توجه بگیرد. 1-800-952-2335 - [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us) یت الکترونیک

**Русский** (RUSSIAN)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.  
Звоните 1-800-952-2335 - Эл. Адрес [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)

**日本語** (JAPANESE)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-952-2335

Eメール [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)

**العربية** (ARABIC)

تنبيه: إذا كنت تتحدث العربية، خدمات المساعدة اللغوية، مجاناً، تتوفر لك 1-800-952-2335  
[البريد الإلكتروني hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)

**ਪੰਜਾਬੀ** (PUNJABI)

ਪਿਆਰ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਮਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫਤ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ. ਕਾਲ ਕਰੋ 1-800-952-2335

ਈ - ਮੇਲ [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)

**ខ្មែរ** (CAMBODIAN)

ប្រយ័ត្ន: រ ើសិនជាអ្នកនិយាយ ភាសាខ្មែរ , រសវាជំនួយមនុស្សភាសា រោយមិនគិតថ្លៃ  
គឺអាចមានសំរាប់ រ ើអ្នក។ ចូ ទូ ស័ព្ទ 1-800-952-2335 អ៊ីមែល [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)

**Hmoob** (HMONG)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-952-2335 - Email: [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)

**हिंदी** (HINDI)

ध्यान दें: यदि आप हिंदी बोलते हैं, तो मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-952-2335  
ईमेल [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)

**ภาษาไทย** (THAI)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-952-2335

อีเมล [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)

**ພາສາລາວ** (LAO)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,

ໂດຍບໍ່ແຈ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ1-800-952-2335 ທີ່ຢູ່ອີເມວ [hsabhserviceinfo@co.santa-cruz.ca.us](mailto:hsabhserviceinfo@co.santa-cruz.ca.us)