

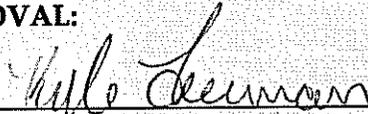
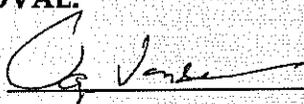
# APPENDIX 4

Cultural and Linguistic Competency Requirements  
for Mental Health Services Policy  
and HHS Translation Review Guidelines



NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY

A Tradition of Stewardship  
A Commitment to Service

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| <p><b><u>POLICY AND PROCEDURE:</u></b><br/>Cultural and Linguistic Competency<br/>Requirements for Mental Health Services</p> | <p><b><u>EFFECTIVE DATE:</u></b><br/>November 30, 2009</p>   |
| <p><b><u>REVIEW FREQUENCY:</u></b><br/>Annually</p>   | <p><b><u>ORIGINAL DATE OF ISSUE:</u></b><br/>June 01, 2004</p>   |
| <p><b>POLICY# 5101a</b> (For Office Use Only)</p>   | <p><b><u>REVISED DATE:</u></b><br/>November 16, 2009</p>   |
| <p><b><u>DISTRIBUTION:</u></b><br/><br/><input checked="" type="checkbox"/> <b>Mental Health</b></p>                          | <p><b><u>APPROVAL:</u></b><br/><br/> 11/18/09<br/>_____<br/>Quality Coordinator Date</p> |
|   | <p><b><u>APPROVAL:</u></b><br/><br/> 11/25/09<br/>_____<br/>Division Manager Date</p>  |
|   | <p><b><u>APPROVAL:</u></b><br/><br/> 12.2.09<br/>_____<br/>HHS Director Date</p>       |

**POLICY STATEMENT:**

1. It is the policy of the Napa County Mental Health Plan (MHP) to assure that culturally and linguistically competent services are available to all of the individuals it serves, including those who do not meet the threshold language criteria.
2. MHP staff shall be trained in the methods available to them for linking served individuals to culturally and linguistically appropriate services.
3. All limited English proficient individuals shall be informed, in a language they understand, that they have a right to free language assistance services.
4. It is the policy of the MHP that English-speaking family members or friends not be asked or required to provide interpretation services for individuals in need of services.

5. When staff who speak the individual's chosen language are unavailable at any key point of contact, MHP staff shall arrange for interpreter services through the AT&T Language Translation Service. Key points of contact include, but are not limited to, the 24-hour toll free line, problem resolution systems, contracted inpatient hospital services and all central access locations established by the MHP.
6. Staff shall make interpreter services available in a timely fashion, as is reasonably possible given the time of day and presenting circumstances.
7. Given available reasonable resources, whenever feasible, when an individual requests a change of provider in order to access culturally appropriate services, such change shall be granted in a timely fashion.
8. Individuals who are visually or hearing impaired shall be provided with information in appropriate format on how to access County mental health services.
9. If the individual requests County staff to communicate in writing with another party, such communications shall be created only by staff that are qualified to provide such services and subject to legal limitations. Further, a full translation in the primary language of the individual shall be provided to the individual for approval prior to being sent to any other party.

**ADMINISTRATION:**

Mental Health Director

**DEFINITIONS:**

"Threshold language" means Spanish.

**END OF POLICY**

**PROCEDURES:**

Mental Health supervisors shall train their respective staff members in the following language procedures:

1. Family members are not to be used as interpreters, especially in instances where a minor is the sole English speaker for an adult friend or family member.
2. Available interpreter services must be utilized in all cases where the individual is unable to reasonably communicate his or her needs in English as follows:
  - a. Any available staff interpreters may be arranged for during regular working hours by contacting unit supervisors.
  - b. If no staff interpreters are available, AT&T Language Translation Service may be utilized. [See "AT&T Language Service" Policy and Procedure for the procedure for this service.]
  - c. If the individual is an inpatient and no staff is available at the inpatient facility, staff shall notify the Mental Health Director to see if interpreter services can be arranged for individually.

- d. Any other situation where an individual is unable to avail themselves of necessary mental health services due to language problems (other than an emergency situation) shall be brought to the attention of the Mental Health Director in order that solutions may be explored for that individual.
3. When interpreter services are necessary, at the onset of treatment and/or evaluation and as appropriate during treatment, individuals and their families shall be informed that:
    - a. They have a right to free language assistance services;
    - b. Requests for a change of provider in order to access culturally specific providers will be granted whenever feasible;
    - c. A client problem resolution system is available. Written materials, available in the threshold language, shall be provided regarding problem resolution grievance and fair hearing materials; and,
    - d. Staff will document in a progress note any responses to offers of interpreter services and any steps taken to provide the services.
  4. For individuals requesting services from a MHP contracted provider:
    - a. If requested, the individual may be provided with a list of contract providers that speak the threshold language, if any;
    - b. Information in the threshold language will be provided to them identifying how to access available mental health services;
    - c. Written information in the threshold language, regarding mental health education materials will be made available for their education regarding the problems they are having; and,
    - d. They will be provided with the Napa County Mental Health Plan brochure in the threshold language upon request and when first accessing services.

**REFERENCES:**

CCR, Title 9, Chapter 11, Section 1810.410

DMH Information Notice No. 02-03, Page 14

Title VI, Civil Rights Act of 1964, 42 U.S.C., Section 2000d, 45 CFR. Part 80

**FORMS:**

None

**CONTACT PERSON(S):**

Mental Health Director

**END OF PROCEDURES**

**REVISION HISTORY:**

| <b>Revision</b> | <b>Date</b> | <b>Description of Changes</b>  | <b>Requested By</b>               |
|-----------------|-------------|--|-----------------------------------|
| 5101a           | 10/20/09    | Include language in the policy that staff will document in a progress note any responses to offers of interpreter services and the progressive steps taken to provide the services (i.e., "contacted AT&T Language Line and arranged translation services for this meeting". | Kyle Freeman, Quality Coordinator |



## Napa County HHS Guidelines for Translation Reviews

Employees reviewing translations should follow these guidelines to ensure that agency translations meet the required quality assurance standards.

- **Reviewers should focus on two areas: errors and context barriers.**

The reviewer's task is to correct mistakes and to point out contextual barriers by offering constructive feedback and suggestions for improvement.

- **When possible, reviewers should be native speakers with familiarity of the culture of the intended audience.**

Please consider regional differences of the language. For example, Spanish varies greatly among countries and regions. Before deciding that an expression is incorrect, double-check to make sure that the word is, in fact, incorrect and not a word that sounds foreign only because you are not accustomed to using it. For example, "servicios sanitarios" in Spain and some countries in Latin America refers to health services, but would be considered a reference to sanitary services in Mexican Spanish.

- **Use the following steps to guide the review process.**

Following are standard procedures for reviewers to follow.

**Step 1: Read the translation first.** Set aside the original English document to read later. Read the complete translation to assess the quality and suitability of the language version. By reading only the translated language version first, you should be able to gain a general impression of the ideas expressed in that language, without your judgment being affected by what the English version says.

**Step 2: Take mental notes.** As you read, make a mental note of where you have to pause to get the meaning, or if any part of the translation is hard to understand.

**Step 3: Read the English version and compare the translated document with the English version.** If you think the translation will need extensive revision in order to be published, please inform your division's translation contact person to discuss whether you should continue the review process.

**Step 4: Review the translation for accuracy of context, meaning, message, grammar, and spelling.** When reviewing the translated document, ask yourself the questions outlined below. Identify and mark any significant inaccuracies and write on your copy of the translation what you think it should say in the target language. Where appropriate, include brief explanatory comments. Here are some questions to guide your review:

- Does the translated document convey the same meaning as the original English document?
- Does it contain all and only the essential message(s) that were in the English original and is it easy to follow?
- Are medical or technical terms accurately translated in a way that will be understood by the intended reader?

- Would the readers of the translated version, who only speak that language, understand everything and be comfortable with the way it is expressed? Is the translation inappropriate or offensive for the intended audience?
- Are there any mistranslations, additions or omissions, or unclear messages?
- Are there any serious mistakes which distort or cloud the meaning of any part of the text?
- Are there grammatical errors, such as incorrect gender usage, mistakes in spelling, punctuation, script, accents, incorrect or inconsistent capitalization, or hyphenation?
- Is the language level appropriate for an average reader in the target audience to understand? Are there words and/or phrases in the translation that the target population may not understand due to literacy, regional differences, or cultural issues?
- Does the translation maintain the same tone and reading level as the original?

**Step 5: Proofread and check the overall presentation and layout.**

Are there any problems with general presentation, format and layout, font size, spacing or alignment of text?

**Step 6: Complete the Translation Quality Assurance Form.**

Using the attached form, rate the translated document for loyalty, register, false cognates/false friends, appropriateness for intended culture/audience, and grammar, style and reading level. Provide general comments in one or two paragraphs on the quality of the translation. Remember that your division's contact person may not speak the language concerned, and is relying on you to explain why you consider the translation satisfactory or unsatisfactory.

**Step 7: Contact Translation Point Person.** Review your concerns, corrections, and comments with the translation contact person and, if necessary, discuss changes for developing another draft of the translation.

- **Definition of Terms**

Loyalty - Conveys the same general message(s) as the original English language document.

Accuracy - Contains the same information (not more, less, or different) as the original English document.

Register - Tone and style of the translation is appropriate.

False Cognates/False Friends - Words that may appear similar in both languages but have distinctly different meanings (e.g. *Embarazada* in Spanish means pregnant, not embarrassed. Someone who feels embarrassed *tiene vergüenza* or *se siente avergonzado*).

Appropriateness for intended culture/audience - The translation is appropriate for the intended audience and will not be offensive or misunderstood.

Grammar and Reading Level - The translation does not have any grammatical mistakes, punctuation errors or formatting problems and the reading level is appropriate for the intended audience.

**Napa County HHS Translation Quality Assurance Form**

Date: \_\_\_\_\_

Translated Document: \_\_\_\_\_

Language of Translation: \_\_\_\_\_

Reviewer: \_\_\_\_\_

| Quality Assurance Standards   | Strongly Agree           | Agree                    | Not Sure/<br>Mixed       | Disagree                 | Strongly Disagree        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <u>1. Loyalty to the original document:</u><br>I read the translation and it conveys the same general message as the original English language document.  | <input type="checkbox"/> |
| <u>2. Accuracy of translation:</u><br>I read the translation and got the same information (not more, less, or different) as when reading the original English document.   | <input type="checkbox"/> |
| <u>3. Register:</u><br>The translation is written with an appropriate tone and style that will be acceptable to the intended culture/audience.  | <input type="checkbox"/> |
| <u>4. Identification of any False Cognates/False Friends:</u><br>I read the translated text and it does not have any False Cognates/False Friends.  | <input type="checkbox"/> |
| <u>5. Appropriateness for intended culture/audience:</u><br>The translation is appropriate for the intended culture/audience.   | <input type="checkbox"/> |
| <u>Grammar and Reading Level:</u><br>6. The translation does not have any grammatical mistakes, punctuation errors or formatting problems and the reading level is appropriate for the intended culture/audience. | <input type="checkbox"/> |

Is this translation ready for publication?

- Yes.    
  Yes, with a few corrections.    
  Not Sure. Needs further review    
  No, substantial changes needed.    
  No, complete revision required.

**Recommendations/Comments** (please use additional sheets if necessary):