

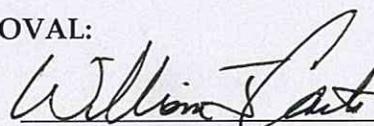
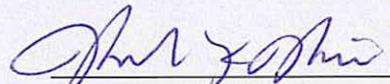
APPENDIX 6

Interpretation and Translation Assistance
Requirements for Mental Health Services Policy
and AT&T Language Line Procedures



A Tradition of Stewardship
A Commitment to Service

NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY

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| <p><u>POLICY AND PROCEDURE:</u> Interpretation and Translation Assistance Requirements for Mental Health Services</p> | <p><u>EFFECTIVE DATE:</u> August 22, 2016</p> <p><u>ORIGINAL DATE OF ISSUE:</u> Originally issued June 01, 2004 as MH Policy #5101a "Cultural and Linguistic Competency Requirements for Mental Health Services" Originally issued January 10, 2010 as MH Policy 8003a "Interpreter Services: AT&T Language Line"</p> |
| <p><u>REVIEW FREQUENCY:</u> Every two years</p> | <p><u>REVISED DATE:</u> July 29, 2016</p> |
| <p>POLICY# 2000201-1020-16 (For Office Use Only)</p> <p><u>DISTRIBUTION:</u></p> <p><input checked="" type="checkbox"/> Mental Health</p> | <p>APPROVAL:  _____ MH-Staff Services Analyst Date</p> <p>APPROVAL:  _____ Division Manager Date</p> <p>APPROVAL:  _____ HHSA Director Date</p> |

POLICY STATEMENT:

It is the policy of the Napa County Mental Health Plan (MHP) to provide culturally competent interpretation and translation assistance to individuals seeking or receiving mental health services, including those who do not meet the threshold language criteria, those who have limited English proficiency (LEP), or those who have other language or communication barriers (i.e., visual or hearing impaired), in a manner that affords equal access to these services. All individuals served by the MHP shall be informed, in a language they understand, that they

have the right to language assistance services. The MHP shall ensure that interpreter services are available for all languages at key points of contact to assist beneficiaries with access to specialty mental health services. The MHP shall ensure that language assistance services are made available in a timely fashion, as is reasonably possible given the time of day and presenting circumstances, and are of no cost to the individual. Furthermore, the MHP shall comply with each of the Division responsibilities as outlined in the Napa County Health and Human Services (HHSA) policy *Translation and Interpretation #2001001-1007* and in Procedures, Section E of this policy.

ADMINISTRATION:

Mental Health Director

DEFINITIONS:

“Key Points of Contact” means common points of access to specialty mental health services from the MHP including but not limited to the MHP’s beneficiary problem resolution process, county owned or operated or contract hospitals, and any other central access locations established by the MHP.

“Certified Bilingual Employee” refers to an employee who has passed the Napa County or Merit System Services language proficiency test and uses this bilingual skill to provide language assistance to individuals seeking services. These employees show a sufficient level of proficiency in a language other than English, which would allow them to provide interpretation and/or translation for basic interactions with individuals seeking services.

“Level I Bilingual Staff” are staffs who have been certified to have the ability to read and speak in English and to speak and interpret orally in a second language.

“Level II Bilingual Staff” are staffs who have been certified to perform the same functions as a Level I bilingual staff person with the additional ability to read the second language and interpret orally into English and the ability to write in the second language.

“Limited English Proficient (LEP)” are individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English at a level that permits them to interact effectively with English speaking persons.

“Interpreter” refers to a person who is either a Napa County HHSA certified bilingual employee or who is provided by a contracted interpreter services agency to transfer a verbal or signed message from one language into another language. The interpreter’s function is to analyze the message and accurately convey its original meaning.

“Threshold Language” means a language that has been identified as the primary language, as indicated on the Medi-Cal Eligibility Data System (MEDS), of 3,000 beneficiaries or five percent

of the beneficiary population, whichever is lower, in an identified geographic area, per Title 9, CCR, Section 1810.410 (a) (3). For Napa County, the threshold language is Spanish.

“Translator” refers to a person who performs the written transfer of a message from one language to another.

“Vital Documents” are documents which contain information that is critical for meaningful access to services and/or benefits; letters or notices that require a response from the individual; and documents that inform individuals of no cost language assistance.

END OF POLICY

PROCEDURES:

A. MHP STAFF TRAINING

All MHP staff shall receive initial and ongoing training on how to obtain language assistance services, how to most effectively work with bilingual staff and/or interpreters, and complaint procedures in regards to language services. This training shall be provided at the Mental Health Division’s New Employee Compliance Training and annually thereafter. All MHP staff shall be trained to the following:

1. The MHP shall maintain availability and access to language services 24 hours per day, seven days per week, depending on the business hours of the program, as to avoid delay in service to benefit LEP individuals.
2. The MHP shall not require or expect LEP individuals to use family members, escorts, or friends as interpreters.
 - a. In emergency situations, an individual’s adult family members, escorts, or friends may be asked to provide basic information in order for the individual to receive immediate and appropriate services. This shall not replace but shall take place pending the securing of an interpreter.
 - i. An LEP individual may secure the services of his or her own interpreter at personal expense or through family or friends however this does not waive the responsibility of the MHP to provide interpreter services
 - b. The MHP prohibits the use of minors as interpreters.
3. Interpreter services must be utilized in all cases in which the individual is unable to reasonably communicate his or her needs in English as follows:
 - a. Any available Mental Health Division interpreter-trained Level II bilingual staff may be arranged for during regular working hours by contacting the Mental Health Division’s Project Manager or designee.
 - i. Mental Health Division staff shall utilize the services of interpretation-trained Level II bilingual staff to provide interpreter services.

- b. If no interpreter-trained Mental Health Division Level II bilingual staff are available, the AT&T Language Line may be utilized (see Section D below).
 - c. When no interpreter-trained Mental Health Division Level II bilingual staff are available and the AT&T Language Line is not appropriate for the situation, staff may request interpreter services from HHSO Operations (Refer to Napa County HHSO policy *Translation and Interpretation #2001001-1007-10*).
 - i. At least a three-day advanced notice of the need for interpreter services must be provided in order for Operations staff to assist in identifying inter-divisional resources.
 - d. Staff who self-identify as fluent in a non-threshold language, and therefore have not been certified bilingual, may not provide any interpreting services, but may provide only basic customer service in that language. All other interpretation and/or translation services in the non-threshold language shall be met by contracted interpreters or by accessing the AT&T Language Line (see Section D below).
 - e. Situations in which 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 or designee, in order that solutions may be explored for that individual.
4. When interpreter services are necessary, either at the beginning 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. They will be provided with interpretive services by the MHP when necessary at no cost to them;
 - c. At their own expense, they may provide their own interpreter if they so choose;
 - d. That potential problems may occur by using their own interpreter, including the possibility of ineffective communication, inaccurate interpretation, and the need to disclose private information to the interpreter;
 - i. If the individual chooses to provide his or her own interpreter, the individual must first sign an *Authorization for Release of Information* to authorize the MHP to share information with that interpreter.
 - ii. The interpreter will be required to sign the *Interpreter's Certification* form which certifies confidentiality and his or her agreement to interpret what is said accurately and completely.
 - e. Requests for a change of provider in order to access culturally specific providers shall be granted whenever feasible and in a timely fashion;
 - f. A problem resolution system is available. Written materials, available in threshold languages, shall be provided regarding grievance and fair hearing process.
5. At either at the beginning of treatment and/or evaluation and as appropriate during treatment, staff shall complete the *Interpretive Services Disclosure* form to document the need for an interpreter, the offer to provide interpreter services, the acceptance or refusal

of that offer, and the method used to provide interpretation. Documentation of acceptance or refusal provides evidence of responses to MHP offers of interpreter services that is required for internal quality assurance and external oversight by regulatory authorities.

- a. The *Interpretive Services Disclosure* form shall be completed upon intake of all new individuals coming in for mental health services.
 - b. The *Interpretive Services Disclosure* form shall be completed regardless if interpretation is being provided by a bilingual Mental Health Division clinical staff.
 - c. The *Interpretive Services Disclosure* form and the *Interpreter's Certification* form, if applicable, shall be filed as part of the individual's electronic medical record.
6. For individuals who request services from an MHP-contracted provider:
- a. The individual shall be offered a list of contract providers and the linguistic services provided (including threshold languages);
 - b. Information in the threshold language shall be provided, identifying how to access available mental health services;
 - c. Written information in the threshold language regarding mental health education materials shall be made available for their education regarding the problems they are having; and,
 - d. The Napa County MHP brochure shall be provided in the threshold language when first accessing services and upon request.

B. ACCESSING INTERPRETING SERVICES IN THE MHP

1. Any available Mental Health Division certified Level I or II bilingual staff may be arranged for during regular working hours by contacting the Mental Health Division's Project Manager or designee.
 - a. It is the preference of the Mental Health Division to utilize Level II bilingual staff to provide interpreter services; however, the use of Level I bilingual staff is permissible.
2. Staff shall contact the Mental Health Division's Project Manager or designee to obtain a list of the Mental Health Division's interpreter-trained Level II bilingual staff. The Mental Health Division's Project Manager or designee shall first contact the supervisor(s) of these trained staff to check the staff's availability and shall then contact the staff to confirm the assignment.
 - a. In emergency situations, both the supervisor and the interpreter-trained Level I II bilingual staff may be contacted simultaneously.
3. The Mental Health Division's Project Manager or designee shall make every effort to minimize the impact of requesting certified Level II bilingual staff from subunits to provide language services and to the greatest extent possible shall rotate through the Mental Health Division's list of certified Level II bilingual staff.

- a. There may be occasions, due to specific staff expertise, availability, or familiarity with an individual seeking mental health services where staff rotation may not be used.
4. If Mental Health Division interpreter-trained Level II bilingual staff are not available, staff shall follow the instructions outlined in the Napa County HHSA policy *Translation and Interpretation #2001001-1007* or utilize the AT&T Language Line instead (see Section D below).

C. ACCESSING TRANSLATION SERVICES IN THE MHP

1. Mental Health Division staff may request written translation services by contacting the Mental Health Division's Project Manager.
2. The Mental Health Division's Project Manager or designee shall email the translation request to the supervisors of designated Level II bilingual Mental Health Division staff who have been trained to provide translation and/or proofreading services, and the supervisors shall, within one (1) business day, respond to the assignment request by email, confirming whether they have delegated the translation and/or proofreading request to their staff members. After a positive confirmation is received, the Mental Health Division's Project Manager shall coordinate directly with the staff members themselves to complete the assignment within the prescribed deadline.
3. While same-day translation of short and simple letter correspondence is possible, most translations require considerable lead time. Per the Napa County HHSA policy *Translation and Interpretation #2001001-1007*, all translations must be "reviewed by two Level II bilingual staff members independently, to verify loyalty, accuracy, register, false cognates/false friends, appropriateness for the intended culture/audience, grammar style, and reading level. No translation shall be published or distributed to individuals prior to agreement from the review team." MHP staff should expect a minimum one-week turnaround on translations up to ten (10) pages, and longer turnarounds for lengthier texts.
4. If there are no translation-trained Mental Health Division staff available to provide the translation and/or proofreading services, staff shall refer the assignment to the Operations Division as specified in the Napa County Health and Human Services policy *Translation and Interpretation #2001001-1007*.
5. Per the Napa County HHSA policy *Translation and Interpretation #2001001-1007*, at a minimum, vital Mental Health Division documents shall be translated into any non-English language spoken by a 5% or more, or 1000 individuals or more, of the eligible population provided services.
 - a. When translation of vital documents is not required, the MHP shall provide written notice, in the primary language of the LEP person, of their right to oral interpretation of written materials.

- b. Translated versions of vital Mental Health Division documents will be made available within 30 days of the publication of the document in English.
- c. Whenever possible, the MHP shall use officially translated materials provided by federal and state agencies.

D. AT& T LANGUAGE LINE

1. AT&T Language Line services are available at key points of beneficiary contact. These services allow staff to manage calls from individuals who do not speak English, by means of a three-way conference between staff, individuals requesting services, and the Language Line interpreter. In addition to facilitating language access by phone, the service can be used for face-to-face contacts by utilizing the speaker-phone function of the telephone. Staff shall follow the instructions located on the HHSA Intranet page under "Quick Links" for accessing the AT&T Language Line.
2. MHP staff will document in a progress note or information note the offer to use the AT&T Language Line services, and the acceptance or refusal of that offer for the service being provided (refer to Section A, 5 above).

E. MHP RESPONSIBILITIES

Per the Napa County HHSA policy *Translation and Interpretation #2001001-1007*, the MHP is responsible for:

1. Developing policies and procedures covering any program-specific language service requirements and/or mandates not covered by the Napa County HHSA policy *Translation and Interpretation #2001001-1007*. Any MHP divisional policies and procedures shall not be less restrictive or conflict with the HHSA policy and procedure;
2. Developing and maintaining a list of vital documents and the languages they are translated into. The MHP shall provide an updated list to HHSA Operations upon each revision or change of that list;
3. Arranging and coordinating any specialty training needed for bilingual staff, particularly in medical and mental health terminology;
4. Identifying when in-person interpretation is required and/or when AT&T Language Line services is not appropriate, and communicating those situations to staff;
5. Establishing written procedures under which service participants are informed of their rights and compliant procedures, including their right to file a complaint alleging a violation of their civil rights under Title VI with US Department of Health Care Services, California Department of Social Services, US Department of Agriculture, or other appropriate agencies; and,
6. Developing effective evaluation measures to allow individuals to provide feedback on whether or not they felt that the interpretation or translated documents they received were clear and understandable.

REFERENCES:

CCR, Title 9, Chapter 11, Section 1810.410
DMH Information Notice #02-03, page 14

Title VI, Civil Rights Act of 1964, 42 USC, Section 2000d, 45 CFR, Part 80
 Napa County HHSA Policy #2001001-1007 "Translation and Interpretation"
 AT&T Language Line Instructions

FORMS:

1. *Interpretive Services Disclosure*
2. *Interpreter Certification*

CONTACT PERSON(S):

Mental Health Division Project Manager

END OF PROCEDURES

REVISION HISTORY:

| Revision | Date | Description of Changes | Requested By |
|------------------|-------------|--|------------------------------|
| 2000201-1020-11 | 06/15/11 | Policy due for review. Policy changes include: <ul style="list-style-type: none"> • Updated to match current practice • Incorporated the AT&T Language Line instructions into policy • Included staff training requirements • Reviewed MH Division policy against Agency policy for additional Division requirements | Mental Health Division |
| 2000201-1020-12 | 07/26/12 | Policy due for review. Policy updated to include two new forms: <i>Interpretive Services Disclosure</i> (Section A, 4(a-d(i-ii))) and <i>Interpreter Certification</i> (Section A, 5). Form names added to the FORMS section of the policy. Removed requirement for staff to contact their supervisor prior to requesting interpreter or translation services. | Mental Health Administration |
| 2000201-1020-14 | 06/26/14 | Policy due for review. Policy updated to include examples of language or communication barriers to the policy statement. | Mental Health Administration |
| 20000201-1020-16 | 07/29/16 | Policy due for review. Policy updated to: <ul style="list-style-type: none"> • Correct typographical and grammatical errors; and, • Remove Supervising Office Assistant position and replace with Project | Mental Health Administration |

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| | | Manager as lead for requesting interpretation and translation services for the Division | |
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AT&T Language Line Policy and Procedures

Language Line Services Over-the-phone Interpretation Instructions

Following are instructions on how to use **Language Line** Over-the-phone Interpretation Service. Please ensure that all users in your organization know how to use the conference feature on their phone.

Live Person

- 1 Call is received from client or call is placed to client. Caller is speaking a language you do not understand: You say: "Please hold" or "Wait a minute, please" or "Please wait"
- 2 Push phone Flash Key
- 3 DIAL Language Line Services at 9 1 800 523-1786
- 4 When asked for Client Number, it is # 201773
- 5 Confirm Name: Napa County Health & Human Services
- 6 When asked, identify the desired language
- 7 When asked for Department Number, use Your 5 digit Budget Unit
- 8 Please provide your First and Last name
- 9 Wait for the translator to come on the line. Explain what you would like to say to the caller including that an Interpreter is being used.
- 10 Press the **FLASH KEY** once again to connect with the client and translator
- 11 **DO NOT HANG UP** or **PRESS HOLD**
- 12 Continue with the call
- 13 At the close of the conversation, ensure that the client knows the next steps. Thank the translator and client. Hang up.

To hear a free recorded demonstration of typical call scenarios, call 1 800 821-0301

