



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

DATE: January 12, 1999

BHRS POLICY: 99-01

SUBJECT: Services to Clients in Primary or Preferred Languages

AUTHORITY: California Department of Health Care Services; Divisional, Health System Policies A-25 & A-26

AMENDED: December 2001; Amended December 2005; Amended December 10, 2008; Amended March 22, 2019; Technical Edit January 9, 2020; Technical Edit January 20, 2021

ATTACHMENTS:

- A. Health System Policy A-25, Client's Right to Language Services Notification Policy.
https://www.smchealth.org/sites/main/files/file-attachments/a25_clients_right_to_language_service.pdf
- B. Health System Policy A-26, No Use of Minors & Careful Use of Family for Interpretation Policy.
https://www.smchealth.org/sites/main/files/file-attachments/a26_no_use_of_minors_for_interpretation.pdf
- C. Language Access Service Instructions
<https://smcgov.sharepoint.com/sites/Health/HA/Pages/Interpretation-&-Translation-Services.aspx>
- D. Activity Record and Progress Notes 1-08.
https://www.smchealth.org/sites/main/files/file-attachments/99.01attach_dactrcrdprogoterev7.14.pdf

BACKGROUND:

A core value of San Mateo County Behavioral Health and Recovery Services (BHRS) is to promote culturally responsive person-and-family centered recovery. Being able to communicate with clients/families with limited English proficiency (LEP) in their language of choice is a key component in providing culturally competent, effective services.

To support the expectation of the California Department of Health Care Services (DHCS) that beneficiaries whose primary language is a threshold language (i.e. primary language of 3,000 Medi-Cal beneficiaries or 5% of the beneficiary population, whichever is lower) have services available to them in their primary language. In San Mateo County, English, Spanish, Chinese and Tagalog are the threshold languages.

The County of San Mateo MHP and DMC-ODS is committed to reducing healthcare disparities for Limited English Proficiency (LEP) clients. The Health System website has established an informational link entitled Language Assistance Services Intranet. The policies cited as sources and attached to this BHRS policy, and the application form for interpretive services can be found on this site.

POLICY:

1. Every effort shall be made to communicate with clients in their primary or preferred language.
 - There shall be sufficient staff at all mandated key points of contact (ACCESS Team, clinical sites, Psychiatric Emergency Services, acute hospitals) who are proficient in speaking and reading target primary languages of potential and enrolled consumers.
 - Where needs of monolingual clients reach target criteria in a specific geographic area, but not in the county as a whole, there shall be sufficient staff at those sites who are proficient in speaking and reading these additional languages. In North County, the Mental Health Plan has chosen to provide Tagalog speaking clinicians for that specific population.
 - Staff fluent in target languages shall include administrative support staff and youth and adult clinicians.
 - The MHP Outpatient Provider Network and DMC-ODS Provider Network shall include sufficient staff proficient in threshold languages to meet the needs of referred clients; other language skills of contract providers shall be noted on a provider database accessible to the ACCESS Team.
 - All intake assessments will be conducted in the preferred language of the client including ASL, either through bilingual staff or certified interpreters.
 - All interpreter services will be provided free of charge to the consumer.
 - Notices will be available in clinic sites informing consumers/families of the availability of free 24/7 language assistance services, the procedure for obtaining these services, and the process for filing complaints. (See Attachment A, Health System Policy A-25, Client's Right to Language Services Notification Policy.)

2. The following plan shall be utilized to address those circumstances where primary language needs cannot be met through scheduled staffing (i.e., clients who speak non-target languages, clients at non-mandated key points of contact, staffing shortages).
 - Primary and/or preferred language of clients/parents/guardians shall be determined during the assessment process and noted on face sheets/registrations forms so that planning for services in primary languages can occur at the onset of treatment.
 - In the case of clinician absence, clinicians proficient in the primary language of the client shall agree to support each other in order to provide appropriate services. This shall include back-up services at their own or other sites. Bilingual clinicians shall not, however, be the primary or ongoing resource for interpretation assistance for consumers not on their case-loads.
 - Where staff proficient in the client's primary language are not available, the client shall be offered the use of a trained interpreter for assessments, medication evaluations, and other scheduled therapeutic contacts.
 - The Language Assistance Line (650-573-3660) has been established as a 24/7 single point of access for language interpreters, including to request American Sign Language, verbal document/text translation, or for immediate over-the-phone interpretation.
 - To request professional interpreters for in-person/ video remote interpretation services, call the Language Assistance Line (650-573-3660) or contact the Office of Diversity & Equity or designee for additional information.
 - Where there is a need for immediate language assistance, or in the event that language needs cannot be met through staffing or the use of interpreters, staff may access 24/7 over-the-phone interpretation by calling the Language Assistance Line (650-573-3660). This service shall be regarded as an emergency back-up for cases where planning ahead for an interpreter was not possible.
 - **There is no prior authorization required for over-the-phone interpretation. Authorization from a supervisor is required prior to requesting in person/ video remote interpretation and documentation translation services.**
 - Unit chiefs may request a referral, through the ACCESS Team, to the outpatient provider network for consumers of any financial class, if this is the only way, on an ongoing basis, to meet a specific language need.
3. The consumer must consent specifically to the use of family members or friends for clinical interpretation for Specialty Mental Health Services (SMHS) only. (See

Attachment B, Health System Policy A-26, No Use of Minors & Careful Use of Family for Interpretation Policy.)

- **Client’s receiving Substance Use Disorder Services (SUDS), friends and family member may not be used even with consent.**
- Even with consent, the clinician must weigh the convenience of using family/friends against the absence of privacy in the clinical session.
- Under no circumstances may minor children interpret for the consumer or for other family members.

4. Documentation

- Because clients have the right to language services, the offer of an interpreter shall be documented in the medical record. This documentation may be in the assessment or in an initial progress note.
- If the client refuses language assistance services, the documentation shall include the fact that the client has been notified of his/her rights to language assistance and that the client declined assistance.
- The provision of services in a language other than English shall be documented following directions on the Activity Record and Progress Notes (Attachment D).
 - Services provided by an interpreter shall be noted in the body of the note.
 - Services provided directly by staff fluent in the preferred language of the client/family member will be noted in the column provided on the progress note, with the language indicated by including its first initial.

Approved: _____ *Signature on File*
Scott Gruendl, MPA
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Approved: _____ *Signature on File*
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BHRS Director