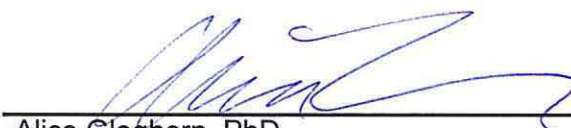
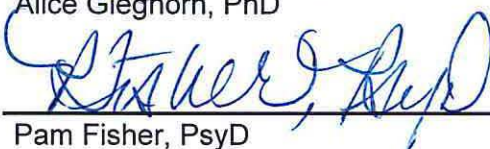




SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

**Programmatic
Policy and Procedure**

Section	Access to Quality Services	Effective:	4/1/1998
Sub-section		Version:	2.0
Policy	Language Services for Limited English Proficiency (LEP) Beneficiaries	Last Revised:	8/8/2018
Policy #	2.006		
Director's Approval	 _____ Alice Gleghorn, PhD	Date	<u>8/8/18</u>
Deputy Director's Approval	 _____ Pam Fisher, PsyD	Date	<u>8/8/18</u>
Supersedes:	P&P 6 – Non-English Speaking Beneficiaries rev. 6/9/2010		Audit Date: 8/8/2021

1. PURPOSE/SCOPE

- 1.1. To ensure Limited English Proficient (LEP) beneficiaries and families receive equitable access to care by providing service and treatment in their primary or preferred language, including threshold and non-threshold languages.

2. POLICY

- 2.1. It is the policy of the Santa Barbara County Department of Behavioral Wellness (hereafter the "Department") to ensure access to care and culturally competent service delivery for Limited English Proficiency (LEP) beneficiaries and their families. Department-operated programs and network providers will offer a bilingual staff or interpreter who speaks the beneficiary's primary or preferred language whenever there is an indication that English is not the beneficiary's and/or the beneficiary's representative language of choice.
- 2.2. Beneficiaries and their families will be notified at admission of their right to interpretation services free of charge.
- 2.3. Posters indicating free language assistance are posted in all service delivery sites and are delivered to all network providers for display. These posters indicate how to access these services.
- 2.4. Whenever possible, interpreter services will be provided by certified and qualified interpreters contracted by the Department-operated program or network provider. Family members and support persons will not be expected to provide interpretation.

- 2.5. The practice of utilizing family members and support persons is highly discouraged due to lack of impartiality, inability to determine that person's proficiency in interpretation and understanding of behavioral health terminology, and potential discomfort in communicating personal and sensitive information. If a beneficiary insists or prefers on receiving interpretation assistance from a family member or support person after interpretation services and other alternatives are offered, this preference will be documented in the beneficiary's electronic health record.
- 2.6. With the exceptions of emergency situations, minor children shall never be used as interpreters.

3. LANGUAGE SERVICE PROCEDURES

- 3.1. Whenever there is an indication that English is not the preferred/primary language of a beneficiary or beneficiary's representative requesting and/or receiving specialty mental health and/or substance use disorder services, bilingual staff or an interpreter will be offered.
- 3.2. Every effort will be made to connect the beneficiary or the beneficiary's representative with a staff who speaks the primary or preferred language. All efforts and progressive steps to link to linguistically appropriate services (including those beneficiaries whose preferred language is not the county's threshold language of Spanish) are documented in the electronic health record.
- 3.3. When services are provided by a bilingual staff who speaks the beneficiary's or the beneficiary's representative language, or when an interpreter is used, this service will be documented as indicated, including access and crisis templates and in the beneficiary's electronic health record.
- 3.4. Staff may coordinate in-person interpretation services with the Department's in-person interpretation contractor for routine appointments. For urgent, last minute and field-based interpretation needs, staff will utilize over-the-phone interpretation services contracted by the Department.

ASSISTANCE

Yaneris Muñiz, Ethnic Services and Diversity Manager

REFERENCE

California Code of Regulations – Rehabilitative and Developmental Services
Title 9, Chapter 11, Section 1810.410(a)

Code of Federal Regulations
Title 42, Section 438.10

California Department of Health Care Services (DHCS)
 DMC-ODS Intergovernmental Agreement, Exhibit A, Attachment I

RELATED DOCUMENTS AND POLICIES

[24/7 Toll-free Access Line](#)

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
8/8/2018	2.0	<ul style="list-style-type: none"> Revised to reflect integrated requirements with the Drug Medi-Cal Organized Delivery System. Emphasized the importance of not utilizing family and support persons for interpretation needs.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).