

CRITERION 7

COUNTY MENTAL HEALTH SYSTEM

LANGUAGE CAPACITY

I. Increase Bilingual Workforce Capacity

A. Evidence of Dedicated Resources and Strategies Counties are Undertaking to Grow Bilingual Staff Capacity, Including the Following:

1. Evidence in the Workforce Education and Training (WET) Plan on building bilingual staff capacity to address language needs.

Our threshold language is Spanish. According to a 3-year average of the American Community Survey United States Census statistics on languages spoken in Riverside County, 15% of Riverside County's total population reported they speak Spanish and either do not speak English or do not speak English very well. RCDMH has made concerted efforts to increase the capacity of our bilingual staff. The percentage of our direct and support staff with Bilingual/Spanish proficiency is: 31% Support staff; 38% Paraprofessional staff; 30% Clinical Therapist I (licensed-waivered) staff; and, 9% Clinical Therapist II (licensed) staff. The Department needs to continue to support our licensed-waivered staff to become licensed and to nurture our paraprofessional and support staff into pathways that lead to licensure (Attachment # 7, Page 9).

Riverside County is one of the fastest growing counties in the nation. In the year 2000, our total population was 1,553,902. By 2006, the population had increased to 2,026,803. With the exception of Caucasian/European origin, all ethnic groups showed an increase during those eight years. The greatest increase took place among Latinos, who went from 36% of the population in 2000 to 42% in 2006. After English, Spanish is the language most preferred by our Department's consumers.

Our stakeholders reminded us of the need to understand cultural competency in broader and more nuanced terms. They pointed out the need to recognize diversity within ethnic groups, as well as the need to incorporate LGBT, deaf and hard of hearing, and faith communities under the cultural umbrella. Unfortunately, there still exists a lack of understanding and lack of representation of these groups among our helping professionals. To address this, the WET team will work jointly with RCDMH's Cultural Competency Manager and Cultural Competency Committee in developing a structured and inclusive training program to enhance and expand our workforce's cultural knowledge. All RCDMH staff, including administrative and support staff, will undergo cultural competency training. RCDMH has already initiated the development of the

California Brief Multicultural Competency Scale training program to provide on-going cultural competency support for our workforce.

Additionally, our stakeholders identified the need to outreach members of cultural communities in their own language and from their unique perspectives. Capitalizing on the linguistic skills of our bilingual staff, who often serve as the primary interpreters for our linguistically diverse consumers and their families, RCDMH is providing Interpreter's Training in order to enhance staff's interpretation and translation skills. The Department will also develop a central, accessible list of bi-lingual and multi-lingual staff in order to create easier access for non-English speaking consumers. Furthermore, Riverside will fund the training of bilingual/Spanish volunteers (preferably consumers or family members) as *Promotores De Salud Mental*. These volunteers will serve as community liaisons and mental health educators. Depending on the success of this program, similar models will be developed to outreach other cultural groups. RCDMH has already offered "Survival Spanish" to staff and will explore its effectiveness. It is also exploring the need to expand this coursework to other languages including American Sign Language.

2. Updates from Mental health Services Act (MHSA), Community Services and Supports (CSS), or WET Plans on bilingual staff members who speak the languages of the target populations.

The Department has bilingual pay for designated positions. To establish positions as eligible for one of the bilingual levels, the Department must designate a position as eligible for bilingual pay at either level 1, 2, or 3*. The Department must verify that the position requires the use of a second language at least five times per week or once per day. Testing is required for all levels and designation occurs only once approved by the Department of Human Resources.

The authorization for bilingual compensation is tied to the individual's position. Therefore, any changes in employee position, including transfer to other programs, will result in the loss of bilingual pay and a new designation form would be required.

Level 1: Basic oral communication such that employees perform bilingual interpretation(oral) and/or provide services in a second language as part of their job function and regular duties at least five times per week or once per day.

Level 2: Basic oral and written communication: Employees at this level perform bilingual interpretation as described in level 1 as well as providing written translations. These are provided as part of their job function and regular duties at least five times per week or once per day.

Level 3: Complex written and/or oral Medical Legal Interpretation: Employees at this level perform complex verbal and written translations. Employees at this level perform complex verbal interpretation (simultaneous interpretation for a group of people) and written translations of documents and other written information by participating in the translation committee.

It is a goal of the Department of Mental Health, as part of the Cultural Competency Plan, to have a minimum of 50% bilingual staff in each job classification within each clinic, and more if clinic needs require it.

Of a total of 926 active employees, the Department currently has a total of 273 bilingual staff in Spanish, 5 American Sign Language, 2 bilingual Vietnamese, 2 bilingual in Tagalog, and 1 bilingual in Arabic. A total of 31% of the current staff is bilingual and receiving bilingual pay.

The Department also has a 24-hour phone line with statewide toll-free number that meets the linguistic needs of the population, including TDD.

In addition to the bilingual staff, the Department has a interpreting services contract with Interpreters Unlimited. The services that are provided by Interpreters Unlimited are face-to-face interpreting and telephone interpreting services for all languages other than sign language. There are two (2) contracts in place specifically for sign language interpreting.

3. Total Annual Dedicated Resources for Interpreter Services.

The Department has a projected budget allocation for the interpretation line, interpretation face-to-face, and translations of approximately \$130,000 a year.

In addition the Department has budgeted the bilingual pay positions.

II. Provide Services to Persons Who Have Limited English Proficiency (LEP) by Using Interpreter Services.

A. Policies, Procedures, and Practices in Place for Meeting Clients' Language Needs, Including the Following:

1. A 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service, shall be available for all individuals. Note: The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable.

It is the Department's goal to provide services to all clients regardless of the language they speak. Policies and procedures have been developed to assist

the Department with meeting this goal. Two Policies in particular that address language accessibility is Policy 162 (Attachment #2) and Policy 123-0 (Attachment #6).

Riverside County Department of Mental Health maintains a 24-hour toll-free telephone access that provides services in all languages.

It is the policy of the Department to inform Limited English Proficiency individuals, in a language they understand, that they have a right to free language services. An Interpretation Services Available Poster was provided by the contract vendor for the purpose of identifying individual's language, as well as informing them of the availability of interpretation services at no cost to them (Attachment #37).

At each key point of entry the Department has access to Teletype (TTY) or Telecommunication Device for the Deaf (TDD) equipment for the Deaf and Hard of Hearing individuals to have access to our services. The TDD equipment is located at regional clinics and programs determined to be key points of entries. The Department's Guide to Services provided the TDD/TTY phone numbers for each location.

Riverside County 24-hour phone line is a toll free telephone access that provides services in all languages. The Department has a contract for interpretation services with Interpreters Unlimited. The services that are provided by Interpreters Unlimited are face-to-face interpreting and telephone interpreting services for all languages other than sign language.

There are two contracts in place specifically for sign language interpreting. These are the vendors that do only sign language:

Dayle McIntosh Interpreting and Life Signs (Attachment #38)

2. Training for staff that may need to access the 24-hour phone line with statewide toll-free access so as to meet the client's linguistic capability. Currently all the Department staff gets in-service training during their staff meeting regarding the availability of the 24-hour phone line and the availability of interpretation services.

B. Evidence that Clients are informed in writing in Their Primary Language, of their Rights to Language Assistance Services. Including Post of this Right.

It is the policy of the Department to inform Limited English Proficiency individuals, in a language they understand, that they have a right to free language services. An Interpretation Services Available Poster was provided by the contract vendor for the purpose of identifying individual's language, as well as informing them of the availability of interpretation services (Attachment #37).

The right to free language services for all consumers is not only mentioned verbally to all consumers and family members during the first contact, but it is also noted in written documents such as the Guide to Services, posters at the clinic's sites and in program pamphlets and brochures.

C. Evidence that the county/agency accommodate persons who have LEP by using bilingual staff or interpreter services.

1. Share lessons learned around providing accommodation to persons who have LEP and have needed interpreter services or who use bilingual staff.

It is the Department's policy that bilingual staff members and contract providers are available during regular operating hours to provide interpretation or direct services in the consumer's preferred language.

The following is the list of some of the lessons learned as the Department ensures the availability of linguistic services:

- Difficulties of monitoring accuracy of the interpretation when the providers insist on interpreting the information "literally" or "word by word". This is not possible. The context of the statement will not make sense when interpreting literally into another language.
- Lack of understanding on the cultural context of the information. The interpreters cannot identify or relate the information provided by the consumer because the information does not register for him/her.
- Bilingual staff providing interpretation services is usually with no knowledge, background and experience in the mental health field.
- Difficulties of the staff providing interpretation services to be able to tie the information received into another cultural knowledge.
- Relevance of the information. Some aspects of Mental Health Services are very different for the different cultural and linguistic groups. Because of the differences within the diverse communities the interpreter's vocabulary should include terminology variances.
- Providing services in the client preferred language is the goal of the Department, but the use of interpretation service has become the only services available at some clinics.
- Consideration of new technologies such as video language conferencing especially with Deaf and Hard of Hearing consumers and the cost tied to the upgrading of the equipment is a challenge in times of budget difficulties.
- Ongoing training and dissemination of information regarding the use of 24-hour toll free line and the use of TDD machines is very important.

- Providing Interpretation Training, cultural competency, and technical assistance to the bilingual staff that is providing interpretation services in order to increase their interpretive skills.
- Development of quality control evaluation and vocabulary assessment tools for the interpreters providing services in the mental health setting.

D. Share Historical Challenges on Efforts Made on the Items A, B, and C above. Share Lessons Learned.

The following are efforts and lessons learned:

- Providing Interpretation Services training on a quarterly basis to ensure all bilingual staff providing interpretation services attend training once a year (Attachment #39)

Lessons learned:

- Training needs to include more information regarding cultural knowledge of the diverse population receiving services.
- Need to provide a list of terms and expressions related to mental health and mental illness.
- Need to increase sensitivity of providers providing services via interpretation regarding the interpreters dilemmas related to cultural and linguistic variations.
- Need to increase the attendance of the providers providing services via interpreters to the training.
- Spanish Survival Classes: During 2008-2009 the Department provided 3 levels of Spanish Survival Classes: Beginning, Intermediate, and Advance classes. A total of 191 staff enrolled in the class. Staff attending these classes were able to:
 - Review "Survival Spanish" vocabulary, including numbers, time and date, family members, anatomical words.
 - Work with a series of exercises to be conducted in conversational Spanish that focus on the various types of settings that they might have to participate.
 - Learn grammar, vocabulary and phrases useful in greeting the patient, talking about history of the present issues, past medical history and review of systems, medications and drug effects, family history, social and sexual history, mental health, nutrition, and physical examination.

Lessons learned:

- Need to increase participation of consumers and family members that are volunteering their time in helping with translation and interpretation services.
- Need to have ongoing practice opportunities to improve participant's learned skills.
- Need to determine participant's level of proficiency before and after the class, and to measure improvement and levels of confidence when providing language services.
- Need to develop a plan of instruction to address the level of the learners who will constitute the classes.

Consumers and Family Members Volunteer Program. It has been an effort by the Cultural Competency Program, Family Advocates and the Office of Consumer Affairs Office to increase the number of volunteers that are representative of the language diversity of the county. The Department has a group of consumers and family members that are conducting the Translations field testing, as well as a group of consumers that are assisting with the first and the second translation of the documents.

Lessons learned:

- Providing stipends for consumers and family members increases the level of participation and consistency in attending to the meetings or activities.
- Providing access to computers facilitates their participation with translation activities.
- Providing training, support and technical assistance regarding the challenges of interpretation is essential.

E. Identify County technical assistance needs.

None identified at this time.

III. Provide Bilingual Staff and/or Interpreters for the Threshold Languages at All Points of Contact.

A. Evidence of Availability of Interpreter (e.g. posters/bulletins) and/or Bilingual Staff for the Languages Spoken by Community.

It is the policy of the Department to inform Limited English Proficiency individuals, in a language they understand, that they have a right to free language services. An Interpretation Services Available Poster was provided by the contract vendor for the purpose of identifying individual's language, as well as informing them of the availability of interpretation services (Attachment #37).

The right to free language services for all consumers is not only mentioned verbally to all consumers and family members during the first contact but it is also noted in written documents such as the Guide to Services, posters at the clinic's sites and in program pamphlets and brochures.

B. Documented Evidence that Interpreter Services are Offered and Provided to Clients and the Response to the Offer is Recorded.

The Department has required information on interpretation services provided in the following forms:

- Adult Intake Assessment Form- under "Others present" it mentions, Family, interpreter etc. It is also documented when the consumers was offered interpretation services and their responses.
- Adult Psychiatric Assessment- same as the Intake Assessment Form it mentions if interpretation was provided.
- Consumer Care Plan- there is a section called "Linguistic Services" and three boxes to mark one of the three options (received, offered/refused or N/A.)

The Department has a contract with Language Line services to provide interpretation and translation services (Attachment #38).

C. Evidence of Providing Contract or Agency Staff that are Linguistically Proficient in Threshold Languages During Regular Day Operating Hours.

The Department has a contract with Language Services vendors to provide interpretation services in all languages including American Sign Language. The Department also has 273 bilingual staff receiving bilingual pay in order to provide linguistic services and/or services in the consumers' preferred language.

D. Evidence that Counties Have a Process in Place to Ensure that Interpreters are Trained and Monitored for Language Competency (e.g., formal testing).

The Department recognized the importance of using interpreters that have been trained in the field of mental health. This makes for more meaningful and effective service delivery. Agency-contracted personnel are used to deliver interpretation services. These contracted interpreters have usually passed extensive hiring requirements as well as professional training requirement in order to be certified as medical interpreters.

The Department has bilingual pay for designated positions. To establish positions as eligible for one of the bilingual levels, the Department must designate a position as eligible for bilingual pay at either level 1, 2, or 3*. The

Department must verify that the position requires the use of a second language at least five times per week or once per day. Testing is required for all levels and designation occurs only once approved by the Department and Human Resources.

The authorization for bilingual compensation is tied to the individual's position. Therefore, any changes in employee position, including transfer to other programs, will result in the loss of bilingual pay and a new designation form would be required.

Level 1: Basic oral communication such that employees perform bilingual interpretation(oral) and/or provide services in a second language as part of their job function and regular duties at least five times per week or once per day.

Level 2: Basic oral and written communication: Employees at this level perform bilingual interpretation as described in level 1 as well as do written translations. These are provided as part of their job function and regular duties at least five times per week or once per day.

Level 3: Complex written and/or oral Medical Legal Interpretation: Employees at this level perform complex verbal and written translations. Employees at this level perform complex verbal interpretation (simultaneous interpretation for a group of people) and written translations of documents and other written information by participating in the translation committee.

IV. Provide Services to All LEP Clients Not Meeting the Threshold Language Criteria Who Encounter the Mental Health System at All Points of Contact.

A. Policies, Procedures, and Practices the County Uses that Include the Capability to Refer, and Otherwise Links, Clients Who Do Not Meet the Threshold Language Criteria (e.g., LEP Clients) Who Encounter the Mental Health System at All Key Points of Contact, to Culturally and Linguistically Appropriate Services.

The Department makes every attempt to not differentiate the services provided to Limited English Proficient individuals that speak the threshold language and those that do not. Through the contract with Language Services the Department is able to have availability of language interpretation for consumers and family members in Sign Language, Vietnamese, and other languages, and to provide written information in their languages, as the budgets permits.

The Department makes efforts to link the non- threshold language consumers with the non-threshold language contract provides in the county. In addition,

another way to meet the needs of non-threshold language consumers is to utilize resources from neighboring counties. RCDMH is fortunate to be in close proximity to Orange County and Los Angeles County both of which have a wide array of threshold languages and are willing to share their translated documents and their list of available resources with us. Currently, intakes, financial information and other key informational brochures are available in Vietnamese and other non-threshold languages.

B. Provide a Written Plan for How Clients Who Do Not Meet the Threshold Language Criteria, are Assisted to Secure, or Linked to Culturally and Linguistically Appropriate Services.

It is a policy of the Department that Limited English Proficient Individuals that do not speak the threshold language are to be assured equal access to cultural and linguistic appropriate services (Attachment #2). Wherever possible, staff and/or contract providers are used to provide services in the consumer's primary language. When staff or contract providers are not available, agency interpreters are used to provide cultural consultation and language interpretation services to enable the consumer to obtain services that can meet their diverse needs. Consumers are also referred to the community resources that are culturally and/or linguistically specific, whenever possible.

C. Policies, Procedures, and Practices that Comply With the Following Title VI of the Civil Rights Act of 1964 (see page 32) Requirements:

1. Prohibiting the expectation that family members provide interpreter services;
2. A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services; and
3. Minor children should not be used as interpreters.

It is the Department policy to never expect family members to provide interpretation services. If language services are needed immediately and there are no in-house resources, the Language Line is used to provide immediate services (Attachment #2).

V. Required Translated Documents, Forms, Signage, and Client Informing Materials.

A. Culturally and linguistically appropriate written information of threshold languages, including the following, at minimum:

In order to ensure equal access to services for our threshold language population, the majority of our general program literature has been translated into Spanish. These brochures, pamphlets, forms, and informational materials are all available in clinics lobbies, sessions with clinicians, and website postings.

Attachment #40 provides a list of documents that have been translated into Spanish and available to all staff for their use and distribution in the X: Drive according to the Translation Policy (Attachment # 6).

B. Documented Evidence In the Clinical Chart, that Clinical Findings/reports Are Communicated in The Clients' Preferred Language.

When a client is non-English speaking, there is a check box on clinical and intake forms that indicate if an interpreter was utilized. If the staff is bi-lingual, they are requested to write in 'staff is bi-lingual'.

The actual contents of the chart are in English, as they are documents the client generally doesn't see. All written information and forms provided to the client in their preferred language is filed in their chart. If the client wants their records, the standard protocol is to write a summary (which would be translated into their preferred language).

C. Consumer Satisfaction Survey Translated in Threshold Languages, Including a Summary Report of the Results (e.g., back translation and culturally appropriate field testing).

The Riverside County Department of Mental Health strives to establish and maintain provider and consumer satisfaction by continuously evaluating services and implementing quality improvement initiatives. As part of these efforts, a telephone survey was administered. Forty-one of the 198 completed surveys were by Spanish Speaking consumers (Attachment #41).

D. Mechanism for Ensuring Accuracy of Translated Materials in Terms of Both Language and Culture (e.g., back translation and culturally appropriate field testing).

It is the policy of the Riverside County Department of Mental Health to follow standards and guidelines for translating documents, as well as ensure the quality, distribution and availability of translated information materials, forms and any other written documents (Attachment #6).

As indicated in the Translation policy, all the translation requests are to be sent to the Cultural Competence Program's Translations Subcommittee and go through a process which ensures accuracy. This subcommittee is comprised of bilingual/bicultural members of the CCC who will provide translation services and/or will review translated documents for approval and distribution. The staff doing the first and second translations are the bilingual staff currently receiving bilingual pay Level 2.

It is clear for this subcommittee that the translation is the process of transferring a written communication from one language to another. It is recommended the translation be at a **six grade reading level**. Each document must be evaluated for reading level before and after translation.

The staff assisting with translation has the following qualifications:

- High degree of familiarity with both source and target language.
- Ability to distinguish between dictionary language and language of clients.
- Inclusion of “real” experiences familiar with both cultures to increase equivalence of translations.
- Recognition that level of readability may need to be altered for some items.
- Understanding guidelines for translation, such as preferred use of concrete terms, addition of explanations for items interpreted figuratively in other culture and literally in another culture, attention to equivalence or non-equivalence of idiomatic phrases in either language by including both the idiom and the literal translation, care with verb tenses, or repetition of nouns and avoidance of passive tense, hypothetical phrasing, and subjective mood rather than use of pronouns.
- Culturally non-equivalent or inappropriate items may require radical modification. Objective is to preserve meaning of item.

For each document translated the Translation Subcommittee follows a protocol for completing the translation to minimize misunderstanding:

Step 1: Independent preliminary first translation by translator fluent in both original and target languages. (First translator)

Step 2: Comparison of first-translated version and the original version. Comparing with English versions will ensure that the content of the original English version is maintained. (Second translator)

Step 3: Field test for acceptability by clients in target language (Consumer and Family member committee).

E. Mechanism for Ensuring Translated Materials Is At An Appropriate Reading Level (6th Grade). Source: Department of Health Services and Manage Risk Medical Insurance Boards.

See above response for item D.