



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
OFFICE OF ADMINISTRATIVE OPERATIONS – QUALITY IMPROVEMENT DIVISION
CULTURAL COMPETENCY UNIT**

CULTURAL COMPETENCE PLAN UPDATE – FY 16-17

Criterion 7

Language Capacity

August 2018

Criterion 7: Language Capacity

The Los Angeles County Department of Mental Health (LACDMH) strives to meet the linguistic needs of its diverse communities by growing a multicultural and multilingual workforce, providing training opportunities for bilingual certified staff to become language interpreters, and funding culturally and linguistically competent programs. The County of Los Angeles has thirteen threshold languages which include:

- Arabic
- Armenian
- Cambodian
- Cantonese
- English
- Farsi
- Korean
- Mandarin
- Other Chinese
- Russian
- Spanish
- Tagalog
- Vietnamese

Due to the size and diversity of Los Angeles County, LACDMH has determined threshold language profiles for each of our eight Service Areas (SAs) as follows:

TABLE 1: SERVICE AREA THRESHOLD LANGUAGES

Service Area	Threshold Languages
1	English, Spanish
2	Arabic, Armenian, English, Farsi, Korean, Russian, Spanish, Tagalog
3	Cantonese, English, Korean, Mandarin, Other Chinese, Spanish, Vietnamese
4	Armenian, Cantonese, English, Korean, Other Chinese, Russian, Spanish, Tagalog
5	English, Farsi, Spanish
6	English, Other Chinese, Spanish
7	English, Spanish
8	Cambodian, English, Korean, Spanish, Tagalog

Data Source: ACS, US Census Bureau and Hedderson Demographic Services, 2017. Data reported only for LACDMH threshold languages. "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.

I. Increase bilingual workforce capacity

Bilingual Certified Employees

LACDMH's workforce is composed of over 6,000 employees from Directly Operated (DO) and Contracted programs, with bilingual capacity in 60 languages, the majority being proficient in Spanish (over 4,500). Other languages well represented in the workforce are Korean, Mandarin, Armenian, Tagalog, Farsi, and Cantonese (between 100 and 200).

According to information provided by the LACDMH Human Resources Bureau (HRB) regarding DO Programs, the Department pays bilingual bonus for the following 39 languages, inclusive of threshold and non-threshold languages: American Sign Language (ASL), Arabic, Armenian, Bulgarian, Cambodian, Cantonese, Catalan, Chinese, Flemish, French, German, Greek, Hakka, Hebrew, Hindi, Ilocano, Italian, Japanese, Korean, Laotian, Mandarin, Nahuatl, Pangasinan, Portuguese, Russian, Samoan, Spanish, Swedish, Tagalog, Taiwanese, Thai, Toi Shan, Turkish, Urdu, Vietnamese, Visuyan, and Yiddish. The departmental practice of hiring employees with various bilingual capabilities and providing bilingual bonus compensation demonstrates the implementation of the Culturally and Linguistically Appropriate Services (CLAS) standards Nos. 3, 5, 7, and 8.

Per LACDMH Policy No. 602.01, Bilingual Bonus, LACDMH bilingual certified employees possess a valid Language Proficiency Certificate issued as a result of the County's Bilingual Proficiency Examination, which tests for proficiency to either speak, read, and/or write the language (**See Attachment 1: LACDMH Policy on Bilingual Bonus**). Bilingual compensation is paid to certified bilingual employees whose assignments require dual fluency in English and at least one foreign language, as well as knowledge of, and sensitivity toward, the culture and needs of the linguistic communities served by the Department. ASL is considered a foreign language for purposes of this bonus. All LACDMH bilingual certified employees are placed on the eligible lists and are contacted when their foreign language skills are needed for translation of materials and/or language interpretation services by diverse LACDMH Programs/Units.

The LACDMH-HRB is responsible for maintaining a current list of employees receiving bilingual bonus. The list shall be categorized by employee name, payroll title, pay location, language, and language competency level. This list can be accessed by LACDMH managers by contacting the LACDMH-HRB (**See Attachment 2: List of LACDMH Bilingual Certified Staff**).

Linguistic Competency Trainings

The Department allocates approximately \$1.6 Million each Fiscal Year (FY) for staff training including conferences. A major portion of this is related to cultural competence related trainings. For FY 16-17, the Department dedicated \$554,973 for cultural competence trainings, \$1,012,432 for culture-related conferences, and \$13,207 for language interpretation trainings through the Workforce, Education and Training (WET) Division (**See Attachment 3: Cultural Competence Training Expenditures**).

Examples of trainings offered to increase the linguistic competency of staff:

Introduction to Interpreting in Mental Health Settings

This three-day language interpreter training series is designed for bilingual staff who are proficient in English and in a second language. This introductory level training creates a structure for participants to understand the complex roles of the mental health interpreter. The purpose is to assist the Mental Health and Wellness programs by training the bilingual workforce to accurately interpret and meet the requirements of Federal and State law. This course provides the participants with the knowledge and skills around the role of interpreters, models of interpreting, mental health terminology, standards of practice, cultural interpreting, and skills to face challenges arising in the mental health field. Introduction to glossary development and maintenance of specialized mental health glossaries based on the interpreters' level of proficiency in both languages are also included in the training.

Advanced Interpreter's Training: The Fine Art of Interpreting

This workshop is designed for bilingual clerical and clinical staff who serve as interpreters in mental health settings. This training provides participants with the knowledge and skills necessary to effectively facilitate communication between mental health providers and Limited English Proficient (LEP) consumers. The ethical principles and the decision-making process are addressed. This interactive class includes role-playing, group activities, and videos. Resources to access mental health terminology in multiple languages are also provided during this training.

Increasing Spanish Mental Health Clinical Terminology

This training is intended to increase cross-cultural knowledge and skills with Spanish-speaking populations, specifically to increase clinician and bilingual staff's vocabulary and use of terms related to the provision of mental health services such as assessment, diagnosis, treatment and crisis intervention. Additionally, the training addresses challenges that may arise when performing services in Spanish. For example: Using incorrect or misleading terminology, misunderstanding of translated information, misdiagnosis, inappropriate diagnosis, and other unintended consequences. Participants become familiarized with the challenges that may interfere with establishing rapport, and treatment adherence.

Culturally and Linguistically Competent Programs

LACDMH also builds the linguistic capacity of the system of care by dedicating funding for culture-specific programs that increase service accessibility for underrepresented populations. For example, \$15 Million were allocated over a period of three FYs to the Recovery, Resilience and Reintegration Community-Designed Integrated Services Management Model (RRR-ISM). This Program was designed to incorporate the components of healthcare as defined by specific ethnic communities while promoting collaboration and community-based partnerships to integrate health, mental health, and substance use services utilizing non-traditional strategies to support recovery. The RRR-ISM model was implemented for five Underserved Cultural Communities (UsCC): African/African American (AAA), American Indian/Alaska Native (AI/AN), Asian Pacific

Islander (API), Eastern European/Middle Eastern (EE/ME), and Latino. Fourteen of the RRR-ISM providers with cultural and linguistic expertise received ongoing funding to provide the integrated services to these ethnic groups.

Additionally, LACDMH allocates Community Services and Supports (CSS) Planning Outreach and Engagement (POE) funding for the six UsCC subcommittees' capacity building projects. Each UsCC subcommittee receives \$100,000 per FY to implement culturally and linguistically competent projects, totaling \$600,000. Please refer to Criterion (CR) 1 and CR 3 for additional details.

Another example is the Countywide Community Mental Health Promoters Program, which is an adaptation of the Promotores Model originally implemented for the Latino community. Currently, LACDMH is expanding the project countywide to four additional UsCCs and languages: AI/AN – English, AAA – Somali, API – Tagalog, and EE/ME – Armenian. This countywide program will build system capacity and access to integrated services by utilizing Community Mental Health Promoters to increase the community's knowledge about mental health through outreach, engagement, community education, social support, linkage, and advocacy activities. The Department has allocated \$860,000 per FY for this project. Additionally, the Latino Mental Health Promoters Program has been expanded countywide.

Furthermore, the linguistic capacity of the system of care is strategically enhanced at the programmatic level. Cultural and linguistic competence related projects and activities are included in Programs funded by the \$84 million Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (FY 14-15 through FY 16-17). Examples include:

- MHSA Housing Program \$17.5 million + \$200,000 and MHSA Housing Trust Fund, \$7.5 million
- Assisted Outpatient Treatment (AOT) Evaluation, \$300,000
- Katie A. – Field Capable Clinical Services (FCCS) expansion for Intensive Care Coordination (ICC) and Intensive In-Home Behavioral Services (IHBS), \$3.3 million
- Katie A. – ICC for Full Service Partnerships, \$1.6 million
- Health Neighborhood and Faith Outreach and Coordination, \$900,000
- Expansion of FCCS Capacity, \$3.6 million
- FCCS Service Expansion in Skid Row, \$1.5 million
- Increased capacity to outreach, engage and serve UsCC communities, \$1.3 million
- Service Redirection from Prevention and Early Intervention (PEI) to FCCS, \$28.4 million
- Men's Jail Integration Program, \$2.5 million
- Law Enforcement Team (New Work Plan Proposed), \$5.7 million

Language Translation and Interpretation Services

LACDMH currently allocates \$90,000 per FY for language translation and interpretation services for meetings and conferences. For FY 16-17, a total of \$55,226 was spent on language interpretation services which allowed consumers, family members, and

Last Revised 8/20/18

community members to participate in various departmental meetings and conferences. Further, telephonic interpretation services are provided via the ACCESS Center and DO programs at an approximate cost of \$200,000 annually. The cost of American Sign Language services offered to consumers from both DO and contracted clinics was \$195,000.

II. Services to persons who have Limited English Proficiency (LEP)

24/7 Toll-Free Access Phone Line

LACDMH’s ACCESS Center provides emergency and non-emergency services. The ACCESS Center strives to meet the cultural and linguistic needs of our communities by providing language assistance services in threshold and non-threshold languages, at the time of first contact. When callers request information related to mental health services and other social needs, the ACCESS Center provides referrals to culture-specific providers and services that are appropriate and conveniently located. The ACCESS Center tracks the number of calls received in non-English languages.

Additionally, the ACCESS Center also provides equitable language assistance services to deaf and hard of hearing consumers and providers requesting ASL interpretation services for their consumers.

**TABLE 2: SUMMARY OF APPOINTMENTS FOR DEAF & HARD OF HEARING CONSUMERS BY FISCAL YEAR
FY 11-12 TO FY 16-17**

Fiscal Year (FY)	Number of Assigned Appointments
FY 11-12	963
FY 12-13	1,025
FY 13-14	937
FY 14-15	1,137
FY 15-16	1,058
FY 16-17	1,242
TOTAL	6,362

Note: Data includes only interpreter services requests assigned to ASL interpreters available to provide service on a given date.

Data Source: LACDMH ACCESS Center, FY 11-12 to FY 16-17.

Table 2 presents the summary of appointments for deaf and hard of hearing consumers at the ACCESS Center for the last six years. There was an increase in total deaf and hard of hearing consumers’ appointments from FY 11-12 to FY 12-13 and from FY 15-16 to FY 16-17. In FY 16-17, the number of assigned appointments increased by 184 appointments from the FY 15-16 period.

**TABLE 3: NON-ENGLISH LANGUAGE CALLS RECEIVED
BY THE ACCESS CENTER FIVE YEAR TREND
CY 2013–2017**

*Language	2013	2014	2015	2016	2017
AMHARIC	0	1	0	0	1
*ARABIC	21	24	6	16	8
*ARMENIAN	48	225	80	130	128
BAHASA	0	0	0	1	0
BENGALI	1	0	0	1	0
BOSNIAN	0	1	0	0	0
BULGARIAN	0	0	0	0	0
BURMESE	0	0	0	0	0
CAMBODIAN	0	0	0	7	10
*CANTONESE	46	60	46	40	46
CEBUANO	0	1	0	0	0
*FARSI	70	81	58	56	178
FRENCH	1	2	2	2	1
GERMAN	0	0	1	0	0
GREEK	0	0	1	0	0
HEBREW	1	2	1	0	0
HINDI	0	1	0	0	0
HUNGARIAN	0	0	3	0	0
ITALIAN	0	0	0	0	0
JAPANESE	3	2	2	4	2
KHMER	10	5	3	1	0
*KOREAN	109	132	108	116	140
KURDISH-BEHDINI	0	1	0	0	0
LAOTIAN	0	2	0	0	0
*MANDARIN	57	30	62	86	82
MONGOLIAN	1	0	0	0	0
NEPALI	1	2	0	0	0
PASHTO	0	0	0	0	0
PERSIAN	0	0	0	1	5
POLISH	0	0	0	1	0
PORTUGUESE	0	1	0	1	1
PUNJABI	0	0	1	0	2
ROMANIAN	0	0	0	1	0
*RUSSIAN	15	11	12	16	37
SAMOAN	5	0	0	0	0
SERBIAN	0	0	0	2	0
SLOVAK	0	0	0	1	0

*Language	2013	2014	2015	2016	2017
*SPANISH (LISMA)	2,509	1,402	1,089	1,474	2,303
SPANISH ACCESS CTR	11,240	6,135	6,159	6,040	6,150
SPANISH SUBTOTAL	13,749	7,537	7,248	7,514	8,453
*TAGALOG	16	18	7	10	9
THAI	1	2	1	0	7
TURKISH	0	0	0	0	0
URDU	2	1	0	0	0
*VIETNAMESE	24	24	17	28	195
TOTAL	14,181	8,166	7,659	8,035	9,305

Note: *LACDMH Threshold Languages excludes 'Other Chinese' and 'English' in CY 2016 and CY 2017. ¹ The total for non-English calls and Spanish ACCESS Center Calls for CY 2013 is inaccurate and over reported due to errors in the Web Center System in effect at that time. ²Telephone Interpreter Line Calls. Data Source: LACDMH ACCESS Center, CY 2013 - CY 2017.

Table 3 summarizes the total number of non-English language calls received by ACCESS Center for CY 2013 through CY 2017. The trend over the past five years indicates that the majority of non-English callers have requested Spanish language interpretation services, followed by Vietnamese and Farsi language services.

In CY 2017, ACCESS Center staff provided interpreter services for 6,150 calls in Spanish. Telephone interpretation services were utilized for an additional 2,303 Spanish calls. Among all non-English calls, 90.8% were Spanish language calls, followed by Vietnamese (195 calls) at 2.1% of all non-English calls and Farsi (178 calls) at 2.0% of all non-English calls.

Additionally, during FY 16-17, the ACCESS Center collaborated with the UsCC Unit in tracking the number of incoming calls from the community in response to the massive multicultural mental health awareness media campaign. Several components of the media campaign, such as radio shows and public service announcements were recorded utilizing LACDMH staff who represented the targeted communities. The ACCESS Center reported an overall increase in the number of calls received from the underserved communities targeted by the media campaign. Another particular finding was that several callers requested to speak to the LACDMH staff featured in the products of the media campaign. This particular outcome indicates that the community is keen in recognizing and identifying with genuine representatives of their mental health needs.

From CY 2016 to CY 2017, there was an increase in the number of non-English calls and the top three non-English language calls changed. Spanish language calls remained the highest with an increase of 7,514 calls in CY 2016 to 8,453 calls in CY 2017. Armenian and Korean language calls were in the top-three for CY 2016. The total Armenian calls were consistent for CYs 2016 and 2017. The ongoing TV talk shows and media outreach contributed to this consistent call volume in CY 2017. Korean calls increased from 116 calls in CY 2016 to 140 calls in CY 2017. The Farsi calls tripled in CY 2017 compared to

the CY 2016 call volume (178 versus 56) and Vietnamese calls showed a very significant increase in CY 2017 compared to CY 2016 (195 versus 28).

The languages in which at least 10 or more callers requested interpretation services in CY 2017 included Cambodian, Cantonese, Mandarin, and Russian.

Service Request Tracking System (SRTS)

This electronic tracking system records the initial appointment information for newly-active consumers. The SRTS is in the process of being utilized system-wide. The preferred language and cultural needs of newly-active consumers are entered into allocated fields of the SRTS. The SRTS has the ability to track a request from the point of origin to final disposition, when the request is transferred between providers for a mental health assessment. The SRTS encompasses all of the required data elements of the Service Request Log, as stipulated by the California Code of Regulations Title 9, 1810.405 (f), which states: "The requests shall be recorded whether they are made via telephone, in writing, or in person. The log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request."

The SA Provider Directories

These directories are a primary resource developed by LACDMH to search for service providers in geographic areas nearest to consumers and providers. The Provider Directory has information on languages in which services are offered, age groups served, provider contact information, hours of operation and Specialty Mental Health Services provided at each service location to enable consumers and the public to find appropriate mental health services in Los Angeles County. The Provider Directory is disseminated as a hard copy annually to SA providers for use by consumers, and their family members, provider staff, and other stakeholders. It can also be accessed via internet at <http://psbqi.dmh.lacounty.gov>. Trainings were conducted throughout the SAs to inform stakeholders and providers of updates to information contained in the Provider Directory, as needed.

In CY 2016, the SA Provider Directories were translated into all threshold languages besides English including: Arabic, Armenian, Cantonese, Farsi, Khmer, Korean, Mandarin, Other Chinese, Russian, Spanish, Tagalog, and Vietnamese. The Provider Directories also provide translated information on the availability of Specialty Mental Health Services in the County in more than 90 languages via the Google Translator. This information can be accessed at <http://maps.lacounty.gov/dmhSL/>.

Telemental Health Services

Telemental Health Services have been implemented at underserved rural locations of the county as a system of networked facilities allowing numerous psychiatrists to provide services to consumers at remote or underserved facilities. Telemental Health Network allows for Limited English Proficiency (LEP) consumers to receive services from a psychiatrist who speaks their language, regardless of their geographic location. Currently, the language capacity of the Telemental Health program includes English, Spanish, Farsi, and Ethiopian/Amharic. The goal of the program is to expand by providing telemental health services to consumers countywide. Currently, 37 mental health psychiatrists who receive the bilingual bonus (covering languages Spanish, Tagalog,

Russian, Korean, Armenian, Arabic, Farsi, Taiwanese, Mandarin) are placed at 15 DO clinics with video teleconferencing capacity. Ideally, these psychiatrists could provide services to our consumers in their preferred language utilizing the existing equipment in their clinics.

Language Interpretation Services

Language interpretation services are offered and provided to LEP consumers free of charge. LACDMH Policy No. 200.03, Language Translation and Interpretation Services, specifies the procedures to be followed by DO programs when language interpretation and translation services are needed (**See Attachment 4: LACDMH Policy on Language Translation and Interpretation Services**). Additionally, the procedure for language interpretation services for meetings and conferences is outlined in this policy. The language assistance services addressed in this policy include: Face-to-face, telephonic, and interpretation services for the deaf and hard of hearing as well as translation services. LACDMH also has Policy No. 200.02, Hearing Impaired Mental Health Access, which includes procedures to request emergency and non-emergency sign language interpreter appointments (**See Attachment 5: LACDMH Policy on Hearing Impaired Mental Health Access**).

Furthermore, the clinical documentation guidelines, as outlined in the “LACDMH Organizational Provider’s Manual for Specialty Mental Health Services”, indicate how linguistic needs of consumers are to be documented (**See Attachment 6: Organizational Provider’s Manual for Specialty Mental Health Services**). General documentation rules state: “Special client needs as well as associated interventions directed toward meeting those needs must be documented...Consumers whose primary language is not English, should not be expected to provide interpretive services through friends or family members [Please refer to LACDMH Policy No. 200.03, “Language Translation and Interpretation Services” for further details]. Oral interpretation and sign language services must be available free of charge... Documentation regarding cultural considerations must show that services took into account the client’s culture...” (p.10). The Manual also states that clinical assessments should indicate “the role of culture and ethnicity in the client’s life” (p.14), as well as record ethnicity and preferred language. Treatment Plans must record the “Linguistic and Interpretive needs” of consumers (p.21).

Change of Provider (COP) Forms

To monitor that beneficiaries are receiving mental health services in their preferred languages, LACDMH tracks the incidence of language as a reason for change of provider requests generated by consumers. The Patients’ Rights Office (PRO) works closely with service providers from the eight SAs and collects requests received for changes of providers. This information is recorded, analyzed, and tracked to monitor the number of system-wide requests for COPs, reasons for the requested changes, and the rates of approved requests.

Examples of culture-related reasons for consumers to request a change of provider include:

- Age
- Gender
- Language

- Does not understand me
- Insensitive/unsympathetic

**TABLE 4: REQUEST FOR CHANGE OF PROVIDER BY REASONS AND PERCENT APPROVED
FY 14–15 TO FY 16–17**

Reason ¹	FY 14-15		FY 15-16		FY 16-17	
	Number of Requests	Percent Approved	Number of Requests	Percent Approved	Number of Requests	Percent Approved
Age	62	75.8%	58	91.4%	76	87.4%
Does Not Understand Me	408	77.2%	382	92.4%	424	91.2%
Gender	184	84.8%	188	95.7%	172	91.5%
Insensitive/unsympathetic	323	78.6%	347	90.5%	330	92.2%
Lack of Assistance	385	80.5%	331	91.5%	332	91.2%
Language	199	82.9%	116	93.1%	128	96.2%
Medication Concerns	270	74.8%	230	90.9%	222	91.0%
No Reason Given	155	82.6%	107	93.3%	102	86.4%
Not a Good Match	642	82.2%	658	92.9%	555	91.7%
Not Professional	237	82.7%	246	91.9%	240	91.6%
Other	378	84.7%	349	94.8%	373	92.6%
Time/Schedule	317	92.7%	160	93.8%	148	90.8%
Treating Family Member	23	74.0%	33	93.9%	25	92.6%
Treatment Concerns	356	77.2%	361	91.7%	330	92.7%
Uncomfortable	507	80.1%	529	92.4%	553	92.0%
Want 2nd Option	98	77.6%	116	89.7%	98	89.9%
Want Previous Provider	66	72.7%	94	95.7%	84	92.3%
Total	4,610	81.1%	4,305	92.7%	4,192	91.7%

Note: Data Source: Patients' Rights Office (PRO), October 2016. ¹Multiple reasons may be given by a consumer.

Table 4 compares the number of Requests for COP by reasons and percent approved for FY 14-15, FY 15-16, and FY 16-17. Data on the requests for Change of Provider are based on information from COP logs that agencies are required to submit to the Patients' Rights Office (PRO), on a monthly basis. The data for FY 16-17 shows the most frequent reason for a COP request was "Not a Good Match (N=555)" and the least frequent reason for a COP request was "Treating a Family Member (N=25)."

Beneficiary Satisfaction Surveys

The effectiveness of linguistic and cultural services as perceived by consumers is assessed annually by the State-wide administered Beneficiary Satisfaction Surveys. One item on the Mental Health Statistical Improvement Program (MHSIP) survey addresses whether Staff was sensitive to the consumers' cultural background. Table 5 below summarizes three-year trending data of this specific item for youth, adults, older adults, and their families.

**TABLE 5: PERCENT OF CONSUMERS / FAMILIES WHO STRONGLY AGREE OR AGREE WITH "STAFF WERE SENSITIVE TO MY CULTURAL/ETHNIC BACKGROUND" BY AGE GROUP
CY 2015 TO CY 2017**

Age Group	CY 2015		CY 2016		CY 2017
	May	November	May	November	May
YSS-F					
Number	2,622	1,977	2,622	2,684	2,209
Percent	94.9%	95.2%	94.9%	94.7%	95.4%
YSS					
Number	1,223	894	1,223	1,263	1,107
Percent	81.5%	84.2%	81.5%	84.7%	86.0%
Adult					
Number	3,346	2,743	3,346	3,620	3,299
Percent	85.1%	85.3%	86.0%	84.1%	84.5%
Older Adult					
Number	427	235	427	514	432
Percent	87.6%	89.0%	91.2%	92.0%	86.4%
Total					
Number	7,618	5,849	7,618	8,081	7,047
Percent	87.3%	88.4%	88.4%	88.9%	88.2%

Note: The Number is the number of responses with a value of 3 or 4 (Agree or Strongly Agree) on a Likert scale from one to five. The denominator is the sum of all survey responses on the 5 point Likert scale. Data Source: CPS forms completed by consumers/families served in LACDMH outpatient programs between CY 2015 and May 2017.

Table 5 reports the percentage of consumers and families in families in CY 2015, CY 2016, and May 2017 that strongly agreed or agreed with the statement, “staff were sensitive to my cultural/ethnic background.” Among YSS-F, there was a 0.5 Percentage Point (PP) increase from 94.9% in May 2016 to 95.4% in May 2017. Among YSS, there was a 4.5 PP increase from 81.5% in May 2016 to 86.0% in May 2017. Among Adults, there was a slight decline from 86.0% in May 2016 to 84.5% in May 2017. Among Older Adults, there was a 4.8 PP decline from 91.2% in May 2016 to 86.4% in May 2017.

Translation of documents

In an effort to provide culturally and linguistically appropriate documents, various departmental forms and brochures have been translated into the threshold languages as listed in the table 6 below.

LACDMH’s mechanism for ensuring accuracy of translated materials is field testing. Field Testing takes place via document reviews by bilingual certified staff, consumers, family members, or consumer caretakers who volunteer to read and comment on the linguistic and cultural meaningfulness of the translated documents. Edits gathered from the reviewers are then provided to the contracted vendor for the finalization of the translated documents.

LACDMH Policy No. 602.01, Bilingual Bonus, specifies that bilingual certified employees will be contacted when the Department needs language translation and interpretation services. It also directs Programs needing language translation and interpretation services complete a Request for Interpretation/Translation Services (RITS) form should be sent to a supervisor at the level of Program Manager or above. The RITS form must be signed by the Program Manager and submitted to the Ethnic Services Manager for the tracking of forms, brochures and other materials translated at the program level (**See Attachment 7: Request for Interpretation and Translation Services Form**).

TABLE 6: SAMPLE LACDMH FORMS AND BROCHURES TRANSLATED INTO THE THRESHOLD LANGUAGES

Forms and Brochures	THRESHOLD LANGUAGES												
	Arabic	Armenian	Cantonese*	Cambodian	Other Chinese	English	Farsi	Korean	Mandarin*	Russian	Spanish	Tagalog	Vietnamese
ACCESS Brochure	X	X		X	X	X	X	X		X	X	X	X
ACCESS Center flyer “We are Here to Help”	X	X		X	X	X	X	X		X	X	X	X
Authorization for Request or Use/Disclosure of Protected Health Information (PHI)						X					X		
Be a Foster Parent brochure						X							
Beneficiary Problems Resolution Process	X	X		X	X	X	X	X		X	X	X	X
Beneficiary Satisfaction surveys (State)				X	X	X				X	X	X	X
CalWORKs brochure						X							
Caregiver’s Authorization Affidavit	X	X		X	X	X	X	X		X	X	X	X
Child and Family Team Meetings Brochure						X					X		
Client Congress Flyer	X	X		X	X	X	X	X		X	X	X	X
Consent for Services	X	X		X	X	X	X	X		X	X	X	X
Consent for Staff/Volunteer/Intern Observation						X							
Consent for Telemental Health Services	X	X		X	X	X	X	X		X	X	X	X
Consent of Minor						X							
Consent to Photograph/Audio Record	X	X		X	X	X	X	X		X	X	X	X
Faith-Based Advocacy Council						X							
FCCS Brochure	X	X			X	X	X	X		X	X	X	X
FSP brochures	X	X		X	X	X	X	X		X	X	X	X
Adult FSP Client Satisfaction Survey	X	X		X	X	X	X	X		X	X	X	X
Grievance & Appeal Forms	X	X		X	X	X	X	X		X	X	X	X
Guide to Medi-Cal Mental Health Services	X	X		X	X	X	X	X		X	X	X	X
Hope, Wellness and Recovery	X	X		X	X	X	X	X		X	X	X	X
LACDMH Advance Health Care Directive Acknowledgement Form	X	X		X	X	X	X	X		X	X	X	X

Forms and Brochures	THRESHOLD LANGUAGES												
	Arabic	Armenian	Cantonese*	Cambodian	Other Chinese	English	Farsi	Korean	Mandarin*	Russian	Spanish	Tagalog	Vietnamese
LACDMH Child Welfare Division Brochure						X							
LACDMH Notice of Privacy Practices	X	X		X	X	X	X	X		X	X	X	X
Multidisciplinary Assessment Teams Brochure						X					X		
Mental Health Academy Brochure						X							
Mental Health/Interfaith Clergy Roundtable Flyer						X							
Notice of Action A (State Form)						X					X		
Older Adult FSP Annual Client Satisfaction					X	X	X				X		
Outpatient Medication Review	X	X		X	X	X	X	X		X	X	X	X
Request for Change of Provider	X	X		X	X	X	X	X		X	X	X	X
Roybal Comprehensive Health Center Brochure					X								
SA Provider Directories	X	X	X	X	X	X	X	X	X	X	X	X	X
Spirituality Conference – 15 th Anniversary Brochure						X							
Supportive Counseling Services						X					X		
Transitional Age Youth FSP Brochure	X	X			X	X	X	X			X	X	X
Tele-mental Health Services Brochure						X					X		
Treatment Foster Care Brochure						X							
Underserved Cultural Communities Flyer						X							
Veterans and Loved Ones Recovery Program Flyer						X							
Wellness Centers Brochure						X							

* Cantonese and Mandarin language translations are covered under Other Chinese; Data Source: CCU

Criterion 7 Appendix

Attachment 1: LACDMH Policy 602.01 – Bilingual Bonus



602_01.pdf

Attachment 2: List of LACDMH Bilingual Certified Staff



Employee List with
Language and Skills 6-

Attachment 3: WET Division Cultural Competence Training Expenditures.



Copy of FY 16-17
Trainings by Title.8-



DMH Annual
Conference Report -

Attachment 4: LACDMH Policy 200.03 – Language Translation and Interpretation Services



200_03.pdf

Attachment 5: LACDMH Policy 200.02 – Hearing Impaired Mental Health Access



200_02.pdf

Attachment 6: Organizational Provider's Manual for Specialty Mental Health Services



OrgManual
2017_04.pdf

Attachment 7: Request for Interpretation and Translation Services Form



CC P&P 602 01
Bilingual Bonus RITS.c

Last Revised 8/20/18