COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

CULTURAL COMPETENCY UNIT

CULTURAL COMPETENCE PLAN UPDATE – CY 2016

Criterion 7

Language Capacity

February 2017

Criterion 7: Language Capacity

LACDMH is striving to meet the language capacity needs of our diverse communities by developing bilingual staff capacity for the following thirteen threshold languages:

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

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

TABLE 1: THRESHOLD LANGUAGES BY SERVICE AREA

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

Data Source: LACDMH, Program Support Bureau, Quality Improvement Division, DATA-GIS Unit

I. Increase bilingual workforce capacity

1) Bilingual Certified Employees
   LACDMH's workforce has approximately 4500 employees. Approximately 1400 receive a bonus for speaking, reading and writing in another language, and Approximately 250 receive a bonus for speaking or reading another language on a frequent and continuing basis. LACDMH pays bilingual bonus for 39 different

languages, inclusive of threshold and non-threshold languages: American Sign Language, 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. (source: Nora Cendejas presentation to the CCC, 10/2016)

Per DMH 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. 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. American Sign Language 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 DMH-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 DMH-HRB.


602_01.pdf

2) Linguistic Competency Trainings

The MHP allocates approximately $2.9 Million each FY for staff training including conferences. A major portion of this is related to cultural competence related trainings. For FY 14-15, $697,289 were dedicated to cultural competence trainings from hired trainers. The allocation for language interpretation trainings is $100,000 per year. Cultural competence related trainings accounted for 46% of the total training dollars expenditure.

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 terms, 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 staffs 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 covers that challenges that may arise during interpreting/translating in general and specifically 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 these challenges which may interfere with establishing rapport, treatment adherence and result in negative outcomes.

3) 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, $35 Million were allocated over a period of three fiscal years (FY) to the Community-Designed Integrated Services Management Model (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 ISM model was implemented for five ethnic groups: African/African American, American Indian/Alaska Native, Asian Pacific Islander, Eastern European/Middle Eastern, and Latino. Fourteen of the ISM providers with cultural and linguistic expertise received ongoing funding to provide the integrated services to these ethnic groups.

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: American Indian/Alaska Native - English, African/ African American - Somali, Asian Pacific Islanders - Tagalog, and Eastern European/Middle Eastern - 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, LACDMH allocates Community Services and Supports (CSS) 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.

For example, the UsCC Unit implemented the following projects in non-English targeted languages for FY 15-16:

A. The API Family Member Mental Health Outreach, Education and Engagement Program was implemented on August 17, 2015. The purpose of this program is to increase awareness of mental illness signs and symptoms for API families so that they know when and how to connect family members to mental health services. The ethnic communities targeted include the following: Chinese community (Cantonese and Mandarin speaking); Vietnamese community; Korean community; South Asian (Asian Indian/Hindi speaking) community; Cambodian community; and the Samoan community. The program entailed: 1) The collection and distribution of linguistically and culturally appropriate mental health education and resource materials, 2) The development of an API Family Mental Health Resource List of mental health services and supports for API families in LA County, 3) The implementation of Outreach, Education and Engagement (OEE) events countywide targeting API families from specific Service Areas and API ethnic communities. The OEE events were held in collaboration with consumer and family member support groups that serve the API community. Through this Program, API families received important information on mental illness, treatment and resources. Participation in this program will increase the knowledge of signs and symptoms of mental illness and encourage early access of services by API families, resulting in an increase in penetration rates in the targeted API communities.
B. The Eastern European and Middle Eastern UsCC subcommittee funded three different capacity building projects. For the Armenian community, televised mental health talk shows were funded to increase mental health awareness, access, reduce stigma, and increase penetration rates. A total of forty-four (44) shows were approved in the Armenian language to inform the Armenian community about common mental health issues and how to access services in the County of Los Angeles. The shows began to air on June 7th, 2015 and continued into 2016. TV show topics included:
    - Loss/grief- cultural perspective, mourning behaviors
    - The role of faith and spiritually and mental health awareness
    - Ways in which a certain mental health diagnosis/dual diagnosis effect the family system or loved ones
    - Family education on how to cope with and support family members diagnosed with mental illness

- Effects of violence on TV: Definition of violence; effects on culture; cultural perspective on violence
- Health Neighborhood: The values of integrated care
- Bipolar Disorder: Effects on the family members; family education about the disorder
- Suicide: Effects on the family members; cultural perspective
- Education on Treatment Approaches
- Effects of divorce on family members; cultural perspective of divorce
- Discrimination: Psychological effects
- Marginalization/social isolation

C. The Latino UsCC subcommittee funded the printing of mental health promotional materials that will be disseminated to increase awareness and promote mental health services targeting all age groups who are monolingual Spanish speakers. These promotional materials included mental health information and resources to unserved Latino communities within the County of Los Angeles. In addition, the Latino UsCC subcommittee funded a media outreach campaign. The media outreach campaign consisted of two LACDMH approved media advertisements (commercials) that aired from December 10, 2015 through January 3, 2016 in the local Spanish-speaking television and radio stations. The Ads aired on KMEX on television and KLVE-FM on the radio. The KMEX report shows that the original estimated numbered of Spanish-speaking adults over the age of 18 in the Los Angeles market to be reached was 14.4% and the final number reached was 17.9%. The KLVE-FM report shows 36.4% of Spanish-speaking adults over the age of 18 in the Los Angeles market were reached. This project was successfully completed by January 3, 2016.

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 MHSA Three Year Program and Expenditure Plan (FY 14-15 through FY 16-17). Examples include:

- MHSA Housing Program (A-04) $17.5 million + $200,000 & MHSA Housing Trust Fund (A-04) $7.5 million
- Assisted Outpatient Treatment (AOT) Evaluation (A-01) $300,000
- Katie A. – FCCS expansion for Intensive Care Coordination (ICC) and Intensive In-Home
- Behavioral Services (IHBS) (C-05) $3.3 million & Katie A. – Intensive Care Coordination Services for FSP (C-01) $1.6 million
- Health Neighborhood and Faith Outreach and Coordination (POE-1) $900,000
- Expansion of FCCS Capacity (C-05, T-05, A-06, OA-3) $3.6 Million & FCCS Service Expansion in Skid Row (A-06) $1.5 million
- Increased capacity to outreach, engage and serve UREP communities (A-06 Adult FCCS and POE-01) $1.3 million
- Service Redirection from PEI to FCCS (C-05, T-05, A-06, OA-3) $28.4 million

- Men's Jail Integration Program (A-05) $2.5 million
- Law Enforcement Team (New Work Plan Proposed - LE-01) $5.7 million

4) Language Translation and Interpretation Services
LACDMH currently allocates $250,000 per FY for language translation requests and $89,950 for language interpretation services for meetings and conferences. Further, telephonic interpretation services are provided via the ACCESS Center and Directly Operated (DO) programs at an approximate cost of $200,000 annually. For FY 15-16, the cost of the hearing impaired interpreter services offered to consumers from both DO and contract clinics was $116,000.

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

1) 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. Callers request information related to mental health services and other social needs, and the ACCESS Center supplies them with referrals to culture-specific providers and services that are appropriate to their needs 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/hearing impaired consumers and providers requesting American Sign Language (ASL) interpretation services for their consumers.

TABLE 2: SUMMARY OF APPOINTMENTS FOR HEARING IMPAIRED SERVICES BY FISCAL YEAR FY 2010-2011 TO FY 2014-2015

Fiscal Year (FY)	Number of Assigned Appointments
FY 10-11	817
FY 11-12	963
FY 12-13	1025
FY 13-14	937
FY 14-15	1137
TOTAL	**4,533**

Data Source: LACDMH ACCESS Center, CY 2015.

Table 2 presents the summary of appointments for hearing impaired services at the ACCESS Center for the last five years. There was an increase in total hearing impaired services' appointments from FY 10-11 to FY 11-12 and from FY 11-12 to FY 12-13. In FY 14-15, the number of assigned appointments increased by 200 appointments over the FY 13-14 period

TABLE 3: NON-ENGLISH LANGUAGE CALLS RECEIVED BY THE ACCESS CENTER
FIVE YEAR TREND - CY 2011 – 2015

Language	2011	2012	2013	2014	2015
AMHARIC	2	2	0	1	0
*ARABIC	7	4	21	24	6
*ARMENIAN	35	61	48	225	80
BENGALI	1	2	1	0	0
BOSNIAN	0	0	0	1	0
BULGARIAN	0	0	0	0	0
BURMESE	0	0	0	0	0
*CANTONESE	19	7	46	60	46
CEBUANO	0	0	0	1	0
*FARSI	46	59	70	81	58
FRENCH	2	1	1	2	2
GERMAN	0	0	0	0	1
GREEK	0	0	0	0	1
HEBREW	0	0	1	2	1
HINDI	1	5	0	1	0
HUNGARIAN	0	0	0	0	3
ITALIAN	0	0	0	0	0
JAPANESE	6	5	3	2	2
KHMER	16	35	10	5	3
*KOREAN	54	83	109	132	108
KURDISH-BEHDINI	0	0	0	1	0
LAOTIAN	0	0	0	2	0
*MANDARIN	52	40	57	30	62
MONGOLIAN	0	0	1	0	0
NEPALI	0	0	1	2	0
OROMO	0	0	0	0	0
PASHTO	0	0	0	3	0
POLISH	0	0	0	0	0
PORTUGUESE	0	0	0	1	0
PUNJABI	0	0	0	0	1
SERBIAN	0	0	5	0	0
ROMANIAN	0	1	0	0	0
*RUSSIAN	21	26	15	11	12
SAMOAN	0	0	5	0	0
SERBIAN	0	0	0	0	0
*SPANISH (AVAZA Language Services)	4,282	4,552	2,509	1,402	**1,089**
SPANISH ACCESS CTR	4,393	4,043	11,240[1]	6,135	6,159
SPANISH SUB TOTAL	8,675	8,595	13,749	7,537	**7,248**
*TAGALOG	35	14	16	18	7
THAI	2	1	1	2	1
TURKISH	0	1	0	0	0
URDU	1	3	2	1	0
*VIETNAMESE	15	23	24	24	**17**
TOTAL	**8,990**	**8,968**	**14,184[1]**	**8,169**	**7,659**

*LACDMH Threshold Language excluding Other Chinese and English. [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. Data Source: LACDMH ACCESS Center, CY 2015.

Table 3 summarizes the total number of non-English language calls received by the ACCESS Center for CY 2011 through CY 2015. The trend over the last five years indicates that the majority of non-English callers have requested language interpretation services in the threshold languages, and mostly in Spanish. Calls received in other languages included Korean, Mandarin, Cantonese, Armenian, Farsi, Vietnamese, and Arabic.

In CY 2015, the ACCESS Center received 5,629 calls in Spanish or 80.0% of all non-English calls. Spanish is the most common language after English for calls received by the ACCESS Center in CY 2015. The second most common language for non-English calls received by the ACCESS Center in CY 2015 was Korean at 102 calls or 1.4% of all non-English calls. There was a decline in Armenian calls in 2015 to 70 calls from 225 calls in CY 2014.

When ACCESS Center staff are unable to assist callers due to a language barrier, they are to immediately contact the Language Line for assistance with language interpretation services. The ACCESS Center also provides equitable language assistance services to deaf/hearing impaired consumers and providers requesting American Sign Language (ASL) interpretation services for their consumers.

2) Service Request Tracking System (SRTS)

This electronic tracking system records initial appointment information for newly-active clients. The SRTS is in the process of being employed system-wide. The preferred language and cultural needs of newly-active clients 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.”

3) The Service Area Provider Directories

These directories are a primary resource developed by LACDMH to search for service providers in geographic areas nearest to clients 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 the County of Los Angeles. The Provider Directory is disseminated as a hard copy annually to Service Area 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 Service Areas 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.

4) Tele-mental Health Services

Tele-mental 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 clients at remote or underserved facilities. Currently, within the Tele-mental Health and Consultation Program there are 2 psychiatrists who are bilingual (Spanish) and 19 end points (directly operated clinics which have telemental health capacity (HD camera or video teleconferencing machine). The goal of the Program is to have 37 physicians who are receiving the bilingual bonus (covering languages Spanish, Tagalog, Russian, Korean, Armenian, Arabic, Farsi, Taiwanese, Mandarin) placed at 15 directly operated clinics with tele-mental health capacity. For FY 15-16, a total of 1157 clients were served by the Tele-mental Health Services Program.

5) Language Interpretation Services

Language interpretation services are offered and provided to LEP consumers free of charge. Currently being revised, DMH Policy No. 200.03 also specifies the procedures to be followed by directly operated programs when language interpretation and translation services are needed. The language assistance services addressed in the revisions include: face-to-face, telephonic, and interpretation services for the hearing impaired as well as translation services.

P&P 200.03 Language translation and interpr

Additionally, the clinical documentation guidelines, as outlined in the "LACDMH Short-Doyle/Medi-Cal Organizational Provider's Manual for Specialty Mental Health Services", indicate how linguistic needs of clients are to be documented. General documentation rules state: "Special client needs as well as associated interventions directed toward meeting those needs must be documented…Clients whose primary language is not English, should not be expected to provide interpretive services through friends or family members. (Please refer to DMH 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 Client 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 clients (p.21).

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6) Change of Provider Forms

To monitor that beneficiaries are receiving needed linguistic services, LACDMH tracks the incidence of language as a reason for change of provider requests generated by clients. Every fiscal year, LACDMH records and tracks system-wide requests for changes of providers, as well as reasons for the requested changes and the rates of approved requests.

TABLE 4: REQUEST FOR CHANGE OF PROVIDER BY REASONS AND PERCENT APPROVED FY 2012 – 2013 TO FY 2014-15

	FY 2012 - 2013		FY 2013 - 2014		FY 2014 - 2015	
Reason[1]	**Number of Requests**	**Percent Approved**	**Number of Requests**	**Percent Approved**	**Number of Requests**	**Percent Approved**
Time/Schedule	43	81.4%	88	76.1%	317	92.7%
Language	75	93.3%	89	85.4%	199	82.9%
Age	28	85.7%	57	77.2%	62	75.8%
Gender	109	89.9%	114	89.5%	184	84.8%
Treating Family Member	15	93.3%	21	85.7%	23	74.0%
Treatment Concerns	221	91.9%	251	82.5%	356	77.2%
Medication Concerns	121	86.0%	191	80.1%	270	74.8%
Lack of Assistance	157	89.2%	238	80.7%	385	80.5%
Want Previous Provider	62	90.3%	101	89.1%	66	72.7%
Want 2nd Option	45	75.6%	77	80.5%	98	77.6%
Uncomfortable	255	89.0%	371	80.3%	507	80.1%
Insensitive/unsympathetic	155	87.1%	225	76.0%	323	78.6%
Not Professional	112	84.8%	111	82.0%	237	82.7%
Does Not Understand Me	168	87.5%	254	76.4%	408	77.2%
Not a Good Match	320	91.3%	452	83.6%	642	82.2%
Other	193	89.1%	278	82.4%	378	84.7%
No Reason Given	108	88.0%	183	82.5%	155	82.6%
Total	**2,187**	**87.8%**	**3,101**	**81.8%**	**4,610**	**81.1%**

Data Source: Patients' Rights Office. [1]Multiple reasons may be given by a consumer.

Table 4 shows the number of Requests for Change of Provider (COP) by reasons and percent approved for FY 12-13, FY 13-14, and FY 14-15. Data for the requests for Change of Provider are based on information from forms that agencies are required to submit on a monthly basis, to the Patients' Rights Office (PRO). The data shows a 110.1% increase in the number of COP requests from 2,187 in FY 12-13 to 4,610 in FY 14-15.

6) 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 survey addresses whether Staff was sensitive to the consumers' cultural background. Table 4 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 BACKGROUND" BY AGE GROUP

Age Group	FY 12-13 (CY 12) August	FY 13-14 (CY 13) August	FY 13-14 (CY 14) April	FY 14-15 (CY 14) November	FY 14-15 (CY 15) May
YSS-F					
Number	4,028	3,471	2,843	1,977	2,622
Percent	94.8%	95.2%	93.7%	94.3%	94.9%
YSS					
Number	2,025	2,638	1,241	899	1,226
Percent	82.7%	85.7%	83.8%	84.5%	81.5%
Adult					
Number	3,973	2,891	3,158	2,743	3,346
Percent	85.2%	86.3%	84.1%	86.7%	85.1%
Older Adult					
Number	426	354	261	427	427
Percent	90.3%	97.9%	89.2%	91.8%	87.6%
Total					
Number	10,452	9,354	7,503	6,046	7,621
Percent	88.3%	91.3%	87.7%	89.3%	87.3%

Note: YSS-F = survey for families of children 0-12 years old; YSS = survey for youth 12-17 years old. Number is the number of responses with a value of 3 or 4 (Agree or Strongly Agree) on a Likert scale from 1 to 5. The denominator was all survey responses on the 5 point Likert scale.

Table 5 shows the percentage of consumers and families that agree or strongly agree that staff were sensitive to their cultural background for five (5) distinct survey periods, from CY 2012 to CY 2015. For YSS-F, the percentage increased by 0.1 percentage points (PP) from 94.8% to 94.9%. For YSS, the percentage decreased by 1.2 PP from 82.7% to 81.5%. For Adults, the percentage decreased by 0.1 PP from 85.2% to 85.1%. For Older Adults, the percentage decreased by 2.7 PP from 90.3% to 87.6%.

Overall, for all age groups combined the percentage decreased by 1 PP from 88.3% to 87.3%.

7) Translation of documents, forms and client informing materials

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 5 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.

DMH 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 (Attachment 1) should be sent to a supervisor at the level of Program Manager or above. The RITS must be signed by the Program Manager.

CC P&P 602 01
Bilingual Bonus RITS.d

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
We are Here to Help" ACCESS Center flyer	X	X		X	X	X	X	X		X	X	X	X
Authorization for Request or Use/Disclosure of Protected Health Information (PHI)						X					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
Caregiver's Authorization Affidavit	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
FCCS brochure						X					X		
FSP brochures	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
LACDMH Advance Health Care Directive Acknowledgement form	X	X		X	X	X	X	X		X	X	X	X
LACDMH Notice of Privacy Practices	X	X		X	X	X	X	X		X	X	X	X
Notice of Action A (State Form)						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
FSP Client Satisfaction Survey (ASOC)	X	X		X	X	X	X	X		X	X	X	X
Wellness Centers Brochure						X							
Tele-mental Health Services Brochure						X					X		
Client Congress Flyer	X	X		X	X	X	X	X		X	X	X	X
EOB ACCESS Brochure	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
Service Area Provider Directories	X	X	X	X	X	X	X	X	X	X	X	X	X

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