



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU – QUALITY IMPROVEMENT DIVISION  
CULTURAL COMPETENCY UNIT**

**CULTURAL COMPETENCE PLAN UPDATE – CY 2017**

**Criterion 7**

**Language Capacity**

**September 2017**

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

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

### 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 is 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 \$2.9 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 funding allocation for cultural competence trainings was \$878,672. 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 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 dollars was allocated over a period of three FY 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 \$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 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 Contracted clinics was \$149,254.

## 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. Callers request information related to mental health services and other social needs, and the ACCESS Center provides 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 11-12 TO FY 15-16**

<b>Fiscal Year (FY)</b>	<b>Number of Assigned Appointments</b>
FY 11-12	963
FY 12-13	1,025
FY 13-14	937
FY 14-15	1,137
FY 15-16	1,058
<b>TOTAL</b>	<b>4,533</b>

Data Source: LACDMH ACCESS Center, FY 15-16.

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 service appointments from FY 11-12 to FY 12-13 and from FY 13-14 to FY 14-15. In FY 15-16, the number of assigned appointments decreased by 79 appointments from the FY 14-15 period.

**TABLE 3: NON-ENGLISH LANGUAGE CALLS RECEIVED BY THE ACCESS CENTER FIVE YEAR TREND - CY 2012 – 2016**

Language	2012	2013	2014	2015	2016
AMHARIC	2	0	1	0	0
*ARABIC	4	21	24	6	16
*ARMENIAN	61	48	225	80	130
BAHASA	0	0	0	0	1
BENGALI	2	1	0	0	1
BOSNIAN	0	0	1	0	1
BULGARIAN	0	0	0	0	0
BURMESE	0	0	0	0	0
*CANTONESE	7	46	60	46	40
CAMBODIAN	0	0	0	0	7
CEBUANO	0	0	1	0	0
*FARSI	59	70	81	58	56
FRENCH	1	1	2	2	2
GERMAN	0	0	0	1	0
GREEK	0	0	0	1	0
HEBREW	0	1	2	1	0
HINDI	5	0	1	0	0
HUNGARIAN	0	0	0	3	0
ITALIAN	0	0	0	0	0
JAPANESE	5	3	2	2	4
KHMER	35	10	5	3	1
*KOREAN	83	109	132	108	116
KURDISH-BEHDINI	0	0	1	0	0
LAOTIAN	0	0	2	0	0
*MANDARIN	40	57	30	62	86
MONGOLIAN	0	1	0	0	0
NEPALI	0	1	2	0	0
OROMO	0	0	0	0	0
PASHTO	0	0	3	0	1
POLISH	0	0	0	0	1
PORTUGUESE	0	0	1	0	1
PUNJABI	0	0	0	1	0
SERBIAN	0	5	0	0	2
ROMANIAN	1	0	0	0	1
*RUSSIAN	26	15	11	12	16
SAMOAN	0	5	0	0	0
SERBIAN	0	0	0	0	2
Slovak	0	0	0	0	1
*SPANISH (1AVAZA Language Services)	4,552	2,509	1,402	1,089	1,474
SPANISH ACCESS CTR	4,043	11,240 <sup>2</sup>	6,135	6,159	6,040
<b>SPANISH SUB TOTAL</b>	<b>8,595</b>	<b>13,749</b>	<b>7,537</b>	<b>7,248</b>	<b>7,514</b>
*TAGALOG	14	16	18	7	10
THAI	1	1	2	1	0
TURKISH	1	0	0	0	0

Language	2012	2013	2014	2015	2016
URDU	3	2	1	0	0
*VIETNAMESE	23	24	24	17	28
<b>TOTAL</b>	<b>8,968</b>	<b>14,184<sup>1</sup></b>	<b>8,169</b>	<b>7,659</b>	<b>8,035</b>

\*LACDMH Threshold Language excluding Other Chinese and English. <sup>1</sup>Telephone Interpreter Line Calls. <sup>2</sup>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 2012 – 2016.

Table 3 summarizes the total number of non-English language calls received by the ACCESS Center for CY 2012 through CY 2016. The trend over the past five years indicates that the majority of non-English language callers have requested Spanish language interpretation services, followed by Armenian and Korean language services.

In CY 2016, ACCESS Center staff provided interpreter services for 6,040 calls in Spanish; a telephone interpreter line was used for 1,474 Spanish calls. Among the total of all non-English language calls, a total of 93.5% were Spanish language calls, followed by Armenian (130 calls) at 1.6% of all non-English calls and Korean (116 calls) at 1.4% of all non-English calls.

There was an increase in non-English Language calls from CY 2015 to CY 2016. For the top three non-English language calls to the ACCESS Center, there was an increase in Spanish language calls from 7,248 to 7,514; Armenian language calls from 80 to 130; and Korean language calls from 108 to 116. Languages in which at least 10 or more callers requested interpretation services in CY 2016 included: Arabic, Armenian, Cantonese, Farsi, Korean, Mandarin, Russian, Tagalog, and Vietnamese.

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. Please refer to Section I above, CR 1, and CR 3 for additional details.

### **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. Currently, within the Telemental Health and Consultation Program there are two psychiatrists who are bilingual (Spanish) and 19 end points (DO clinics which have telemental health capacity, such as 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 DO clinics with tele-mental health capacity. For FY 15-16, a total of 1,157 consumers were served by the Telemental Health Services Program.

### **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 3: 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 hearing impaired 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 4: 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 5: 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 13-14 TO FY 15-16**

Reason <sup>1</sup>	FY 13-14		FY 14-15		FY 15-16	
	Number of Requests	Percent Approved	Number of Requests	Percent Approved	Number of Requests	Percent Approved
Age	57	77.2%	62	75.8%	58	91.4%
Does Not Understand Me	254	76.4%	408	77.2%	382	92.4%
Gender	114	89.5%	184	84.8%	188	95.7%
Insensitive/unsympathetic	225	76.0%	323	78.6%	347	90.5%
Lack of Assistance	238	80.7%	385	80.5%	331	91.5%
Language	89	85.4%	199	82.9%	116	93.1%
Medication Concerns	191	80.1%	270	74.8%	230	90.9%
No Reason Given	183	82.5%	155	82.6%	107	93.3%
Not a Good Match	452	83.6%	642	82.2%	658	92.9%
Not Professional	111	82.0%	237	82.7%	246	91.9%
Other	278	82.4%	378	84.7%	349	94.8%
Time/Schedule	88	76.1%	317	92.7%	160	93.8%
Treating Family Member	21	85.7%	23	74.0%	33	93.9%
Treatment Concerns	251	82.5%	356	77.2%	361	91.7%
Uncomfortable	371	80.3%	507	80.1%	529	92.4%
Want 2nd Option	77	80.5%	98	77.6%	116	89.7%
Want Previous Provider	101	89.1%	66	72.7%	94	95.7%
<b>Total</b>	<b>3,101</b>	<b>81.8%</b>	<b>4,610</b>	<b>81.1%</b>	<b>4,305</b>	<b>92.7%</b>

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

Table 4 compares the number of requests for Change of Provider (COP) by reasons and percent approved for FY 13-14, FY 14-15, and FY 15-16. Data for the requests for COP are based on information from COP logs that agencies are required to submit on a monthly basis, to the PRO. The data for FY 15-16 shows that the most frequent reason for a COP request was "Not a Good Match" (N=658) and the least frequent reason for a COP request was "Age" (N=58).

### **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 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 13-14 (CY 2014) April	FY 14-15 (CY 2014) November	FY 14-15 (CY 2015) May	FY 14-15 (CY 2015) November	FY 15-16 (CY 2016) May
<b>YSS-F</b>					
Number	2,843	1,977	2,622	1,977	2,622
Percent	93.7%	94.3%	94.9%	95.2%	94.9%
<b>YSS</b>					
Number	1,241	899	1,226	894	1,223
Percent	83.8%	84.5%	81.5%	84.2%	81.5%
<b>Adult</b>					
Number	3,158	2,743	3,346	2,743	3,346
Percent	84.1%	86.7%	85.1%	85.3%	86.0%
<b>Older Adult</b>					
Number	261	427	427	235	427
Percent	89.2%	91.8%	87.6%	89.0%	91.2%
<b>Total</b>					
Number	7,503	6,046	7,621	5849	7,618
Percent	87.7%	89.3%	87.3%	88.4%	88.4%

Note: YSS-F = Survey for Families of Children 0-17 years old; YSS = Survey for Youth 13-17 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 compares the percentage of consumers and families in May 2016 who strongly agreed or agreed that staff were sensitive to their cultural background with four previous survey periods in FY 13-14 and FY 14-15. Among YSS-F, there was an increase of 1.2 Percentage Points (PP), from 93.7% in April 2014 to 94.9% in May 2016. Among YSS, there was a 2.3 PP decline from 83.8% in April 2014 to 81.5% in May 2016. Among Adults, there was a .9 PP increase from 84.1% in April 2014 to 85.0% in May 2016. Among Older Adults there was a two PP increase from 89.2% in April 2014 to 91.2% in May 2016.

**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 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 to complete a Request for Interpretation/Translation Services (RITS) form which is 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 6: 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
LACDMH Child Welfare Division Brochure						X							

Forms and Brochures	THRESHOLD LANGUAGES												
	Arabic	Armenian	Cantonese*	Cambodian	Other Chinese	English	Farsi	Korean	Mandarin*	Russian	Spanish	Tagalog	Vietnamese
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 <sup>th</sup> 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: LACDMH Policy 200.03 – Language Translation and Interpretation Services



200\_03.pdf

Attachment 4: LACDMH Policy 200.02 – Hearing Impaired Mental Health Access



200\_02.pdf

Attachment 5: Organizational Provider's Manual for Specialty Mental Health Services



OrgManual  
2017\_04.pdf

Attachment 6: Request for Interpretation and Translation Services Form



CC P&P 602 01  
Bilingual Bonus RITS.c