



Department of Health Services

Office of Language Access and Inclusion

Part A: Public-Facing Section

Department of Health Services Language Access Plan

July 2024-June 2025

CONTACT INFORMATION: If you have feedback or questions about language access services, you can call the Office of Language Access and Inclusion at (213) 288-7710 or send an email to olaifedback@dhs.lacounty.gov. This inbox is monitored by the Language Access team. For personalized support, inquiries are triaged to the appropriate staff. Of note, many resources linked in the document are for staff use only.

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1. Overview and Context

A. Department Mission

The Department of Health Services (DHS) is an integrated health system dedicated to advancing the health of our patients and the community by providing extraordinary care. The department operates three acute care hospitals, a renowned rehabilitation center, 25 health centers, four mobile clinics, and several community programs in addition to providing healthcare to justice involved individuals in the juvenile justice system and LA County jails.

Across its healthcare facilities, DHS serves a growing cultural and linguistically diverse patient population. In 2022, DHS sites cared for over 1.4M Non-English Language Preference (NELP) patient visits, where over 54% of patient visits at DHS prefer to receive their health care in a non-English language (most commonly Spanish, Korean, Tagalog, Mandarin, Armenian, Cantonese, Vietnamese, Russian and Arabic). As such, language access is critical to our DHS mission in the provision of healthcare services. Because clear communication directly relates to patient safety, quality of care and health outcomes, the DHS views language access as a critical component of our operations. Under the leadership of Dr. Erika Flores Uribe, the Office of Language Access and Inclusion (OLAI) provides strategic direction, develops healthcare strategies, best practices and resource development to support the provision of qualified Language Access Services across DHS sites and programs.

B. Department Priority Languages

DHS offers and provides Language Assistance Services (LAS), including Spoken/Signed Interpretation, Written Translation and Effective Communication Services for patients with Limited English Proficiency/Non-English Language Preference (LEP/NELP) and patients with communication disabilities. Qualified Interpretation Services (for both Spoken and Sign Language Interpretation) are offered and provided to any patient and/or their legal representative(s) who express(es) a Non-English Preference Language or demonstrates a need for Qualified Interpretation Services. Provision of Qualified Interpretation Services is not limited to threshold, or concentration, standard languages.

Threshold languages are defined as non-English languages identified by a regulatory or federal program requirement based on enrollment or census data, as applicable to the line of business.

For example, current Medi-Cal regulations require their managed care programs and providers (MCP) to provide translated written member information, using a Qualified Translator to the following language groups within their service areas, as determined by the Department of Health Care Services (DHCS):

- A population group of eligible beneficiaries residing in the MCP's service area who indicate their primary language as a language other than English, and that meet a numeric threshold of 3,000 or five percent (5%) of the eligible beneficiary population, whichever is lower (Threshold Standard Language); and
- A population group of eligible beneficiaries residing in the MCP's service area who indicate their primary language as a language other than English and who meet the concentration standards of 1,000 in a single ZIP code or 1,500 in two contiguous ZIP codes (Concentration Standard Language).

As of March 2024, the California Department of Health Care Services (DHCS) has identified the following threshold languages for Medi-Cal recipients in Los Angeles County:

- Arabic
- Armenian
- Chinese¹
- English
- Farsi
- Khmer (Cambodian)
- Korean
- Russian
- Spanish

- Tagalog
- Vietnamese

For DHS, the above Threshold Languages are applied to written translations of vital documents. To address potential changes to both numeric threshold and concentration standard languages within all Medi-Cal managed care counties, DHCS updates threshold language data approximately once every three fiscal years. For languages not on the list above, DHS, upon request, provides translated documents, or identifies an alternative way to share the communication (such as Sight Translation, Spoken or Signed). Of note, Chinese is a combination of Cantonese, Mandarin, and other Chinese languages. When a patient requests to receive Qualified Translation services in Chinese, they are provided written information in Traditional and/or Simplified Chinese as aligned with preferred characters as known.¹

2. Department's Language Access Policy

C. General Policy Statement

DHS provides accurate, quality, and timely Language Assistance Services (LAS) that are free of cost to patients with Limited English Proficiency/Non-English Language Preference (LEP/NELP) patients, and patients who have disabilities affecting communication, and/or their legal representative(s). DHS is required to provide Meaningful Access to health programs, services, and activities through the provision of Language Assistance Services (LAS) to our patients with LEP/NELP, and patients who have disabilities affecting communication, and/or their legal representative(s).

DHS has established written policies and procedures for the provision of language assistance services. These policies, protocols, and procedures are in alignment with applicable federal laws, state mandates, and accreditation agency requirements as listed below. (See DHS Policies on Language Access; Policy 2869 Language Access – Interpretation Services, Policy 3349 Translation of Written Materials, and Policy 3351 Effective Communication for Persons with Disabilities).

This Language Access Plan was developed in alignment with the Los Angeles County Office of Immigrant Affairs (OIA) and the Strategic Goals provided in the [Report Back on Strengthening Language Access in County Services \(October 17, 2022\)](#), as well as under the authority of the following federal and state compliance regulations:

- Title VI of the Civil Rights Act of 1964
- Title 42 of the Code of Federal Regulations (CFR), Section 438.10(d); Section 1557 of the Affordable Care Act
- Title 45 CFR, Part 92, Non-Discrimination in Health Programs and Activities Regulations
- California Government Code 11135
- Title 28, California Code of Regulations, Section 1300.67.04 item (C)
- Title 22, CCR Section 53876
- Kopp Act (Health & Safety Code Section 1259)
- Dymally Alatorre Bilingual Services Act (1978)

D. Scope of Policy

This policy covers DHS patients, their legal representatives, and any individual who receives services from DHS. This policy applies to all DHS workforce members (e.g. employees, contractors and so on), facilities and healthcare programs, which are responsible for ensuring accurate, timely and quality of language assistance services in order to facilitate effective communication with patients/clients.

DHS workforce members, facilities and healthcare programs shall inform members of the public that language assistance services, as well as auxiliary aids and services, are available at no cost to persons who identify as LEP/NELP and persons with disabilities to ensure meaningfully accessible programs, services, and activities.

3. Key Terms & Definitions

For the purpose of this language access plan, the following definitions apply:

- **Certified Bilingual Staff:** A bilingual staff member who is qualified to provide language assistance as part of their current, assigned job and responsibilities and is:
 - proficient in speaking and understanding both spoken English and at least one other language, including any necessary specialized vocabulary, terminology, and phraseology; and
 - able to effectively, accurately and impartially communicate directly with individuals with LEP/NELP in their primary language.

DHS uses the term Certified Bilingual to define its qualified bilingual staff, in accordance with DHS Policy 731 Bilingual Bonus, whereby, staff member has passed an authorized language proficiency assessment conducted through DHS Human Resources (DHR) deeming them qualified to speak directly with patients about their health care in the respective non-English preferred language as part of their assigned job.

- **Interpretation:** The process of understanding and analyzing a spoken/oral or signed message and re-expressing that message faithfully, accurately, and objectively in another language, taking the cultural and social context into account. The purpose of interpreting is to enable communication between two or more individuals who do not speak each other's languages. ²
- **Language Access Complaint:** Language Access Complaint: Common scenarios include but are not limited to the availability of language services not communicated to the public when language services were not provided when requested, and when the quality of language services did not meet the needs of the NELP speaker.
- **Language Assistance Services (LAS)/Language Access Services (LAS):** Services to ensure Meaningful Access to health programs, services, and activities of patients with Limited English Proficiency/Non-English Language Preference (LEP/NELP). LAS may include, but are not limited to:

- Oral language assistance, including Qualified Interpretation Services in non-English languages provided face-to-face or remotely by a Qualified Interpreter for an individual with Limited English Proficiency, and the use of Qualified Bilingual/Multilingual Staff to communicate directly with individuals with Limited English Proficiency,
 - Written translation, performed by a Qualified Translator, of written content in paper or electronic form into or from languages other than English,
 - Written notice of availability of language assistance services. (See “Notice of Availability” definition below)³
- **Limited English Proficient (LEP):** A term used for an individual who does not speak English as their primary language and who has limited ability to read, write, speak, or understand English. For DHS, this term is interchangeable with **Non-English Language Preference (NELP)**.³
 - **Meaningful Access:** Denotes access that is not significantly restricted, delayed, or inferior as compared to programs or services provided to English proficient individuals. Achieved through language assistance, resulting in accurate, timely, and effective communication between provider and client, at no cost to the client.⁴
 - **Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (Notice of Availability):** A standardized statement, provided by the U.S. Department of Health and Human Services (USHSS), about the availability of language assistance services and auxiliary aids and services made available in required non-English languages. (**Formerly referred to as Taglines**).⁵
 - **Point of Contact:** An instance where a patient and/or legal representative accesses administrative or clinical services, either in person or remotely, from DHS.
 - **Preferred Language:** Language in which the patient prefers to receive communication, i.e., verbally and/or in writing, regarding his/her healthcare.
 - **Qualified Interpretation Service Vendor:** An individual or company that provides interpreter services with whom DHS contracts to provide qualified spoken and/or Sign

Language services. Vendor Qualified Interpreters must demonstrate proficiency in the source and target language, including medical terminology. Vendor Qualified Interpreters must also have training in interpreter ethics, standards of practice, and be bound by agreements to protect personal health information.

- **Qualified Interpreter:** An individual who mediates spoken or signed communication between people speaking different languages without adding, omitting, or distorting meaning or editorializing.² In order to be considered a qualified interpreter, the interpreter:
 - Has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language (qualified interpreters for relay interpretation must demonstrate proficiency in two non-English spoken languages);
 - Is able to interpret effectively, accurately, and impartially to and from such language(s) and English (or between two non-English languages for relay interpretation), using any necessary specialized vocabulary or terms without changes, omissions, or additions and while preserving the tone, sentiment, and emotional level of the original oral statement; and
 - Adheres to generally accepted interpreter ethics principles, including client confidentiality.³
- **Qualified Interpretation Services:** Interpretation Services provided face-to-face or remotely (including Telephonic/Audio and Video Interpretation Services) by a Qualified Interpreter.
- **Qualified Translation Vendor:** A vendor agency with proven experience in providing translation services to healthcare organizations. These vendors will only utilize Qualified Translators. The vendor must have written guidelines describing their quality control measures.⁶
 - For DHS, a Qualified Translation vendor, at a minimum, has staff that are certified members of the American Translators Association or of an equivalent association/agency.

- **Qualified Translator:** An individual who:
 - Has demonstrated proficiency in writing and understanding both written English and at least one other written non-English language;
 - Is able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary or terms without changes, omissions, or additions and while preserving the tone, sentiment, and emotional level of the original written statement; and
 - Adheres to generally accepted translator ethics principles, including client confidentiality.³

For DHS, a Qualified Translator includes an employee who is certified by an authorized Los Angeles County Bilingual Examiner and possesses a Language Proficiency Certificate, or equivalent agency, to read, write, and/or speak a language other than English; AND has had training and/or certification for translation and medical terminology where applicable.

- **Sign Language:** A language which uses manual communication and body language to convey meaning, including but not limited to American Sign Language.⁷
- **Telephonic/Audio Interpretation Service:** Interpretation services provided by Qualified Interpreters via a Telephonic/Audio service venue.
- **Threshold Language:** A non-English language identified by a regulatory or federal program requirement based on enrollment or census data, as applicable to the line of business.
 - As of March 2024, the California Department of Health Care Services (DHCS) has identified the following threshold languages for Medi-Cal recipients in Los Angeles County: Arabic, Armenian, Cambodian, Chinese, English, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese.¹
 - Languages that meet the numeric threshold of 3,000 or five percent (5%) of the eligible beneficiary population, whichever is lower, are identified as Threshold Languages.
- **Translation:** The replacement of a written text from one language (source language) into an equivalent written text in another language (target language).

- **Video Remote Interpretation (VRI)/Video Medical Interpretation (VMI) Service:**
An interpreting service that uses video conference technology over dedicated lines or wireless technology offering high-speed, wide-bandwidth video connection that delivers high-quality video images.⁸
- **Vital Patient Informing Materials:** Communication materials that are vital or critical to obtaining services and/or benefits and may include, but not limited to:
 - Consent forms, complaint forms, notices related to grievances, actions, and appeals,
 - Intake forms with the potential for important consequences,
 - Notices advising persons of free language assistance, and
 - Formal informational materials such as select outreach, education materials, etc.

4. Procedures

The Office of Language Access and Inclusion (OLAI) provides strategic direction and leadership on language access across all DHS sites and programs, in order to meet the language needs of those we serve. Under the leadership of Dr. Erika Flores Uribe, the Office of Language Access and Inclusion (OLAI) provides strategic direction, develops healthcare strategies, best practices and resource development to support the provision of quality services and system-wide Language Access programs. Moreover, DHS has language access policies and procedures that provide needed guidance to staff (including contracted staff) to meet the communication needs of those we serve. These policies align with regulatory bodies and requirements for language access. These efforts include but are not limited to provision of qualified language assistance services including Spoken/Signed Interpretation, written Translation, and Effective Communication Services for patients. Every reasonable attempt should be made to meet the patient's request for the preferred mode of Qualified Interpretation Services for the visit.

Providing Qualified Language Assistance Services

There are several ways for DHS sites and programs to provide Qualified Language Assistance in major points of contact (e.g. clinic, urgent/emergency visit, inpatient admission, patient messaging, appointment scheduling, intakes and so on), whether communication is taking place in-person, remote or through written content. This includes the following:

- Face-to-Face Interpretation Services
- Video Medical Interpretation (VMI)/Video Remote Interpretation (VRI) Services, including American Sign Language Interpretation Services (ASL) (24 hours/7 days a week)
- Telephonic/Audio Interpretation Services (24 hours/7 days a week)
- Virtual Health Care: ORCHID-integrated Video Visits
- Language Line Services (LLS) Insight App for smart devices including personal smartphones

- LanguageLine InSight (Interpreter) App on VDI via VMWare Horizon Client
- Interpretation Services for Health Plan Members
- Certified Bilingual Staff
- Translation Services (vital patient information written in other languages)
- California Relay Service (CRS)
- Aids and Alternative Formats (auxiliary aids and different formats, such as large print, audio, and accessible electronic formats)

Specific guidance for obtaining these services is available at each healthcare facility and/or program. These materials can be found locally in:

- Facility Policies and Procedures
- Orientation/Reorientation Manuals
- Language Center Guidance Documents

General information and guidance regarding Language Assistance Services is available on the DHS intranet. In addition, direct assistance is provided by the Office of Language Access and Inclusion, in accessing services for unique needs that arise.

Providing Qualified Interpreter Services

The Office of Language Access and Inclusion has authored policies and procedures to uphold language access compliance standards and requirements, including:

- DHS Policy 2869 Language Access - Interpretation Services
- DHS Policy 3349 Translation of Written Materials
- DHS Policy 3351 Effective Communication for Persons with Disabilities
- Guidance for:
 - DHS Policy 2869 Language Access - Interpretation Services

- DHS Policy 3349 Translation of Written Materials
- DHS Policy 3351 Effective Communication for Persons with Disabilities

The policies are available through DHS platforms such as NAVEX PolicyTech.

Providing Quality Translated Materials

The Office of Language Access and Inclusion published the following resources onto NAVEX PolicyTech/SharePoint, to guide staff in providing provide Qualified Translated materials:

- DHS Policy 3349 Translation of Written Materials; and
- Guidance for DHS Policy 3349 Translation of Written Materials
- Notice of Availability (formerly known as Taglines)
- Nondiscrimination Notice
- Guidance on Monitoring Mechanism and Accountability of Translation Services
- Guidance for Central Processing of Translation Requests

The LAS Policy and Procedure Guidance document, referenced previously in Section 2, provides specific protocols and relevant resources connected to provision of translated materials. This includes, but is not limited to, the definition of vital documents, threshold languages for translation of written communication and requirements for Qualified Translation services in the healthcare setting. Of note, if a vital document translation cannot be made available in the patient's preferred language in a timely manner, an interpreter resource (phone, video, or in-person) will provide sight translation of the written document.

Centralized Translation Requests

The Office of Language Access and Inclusion manages a centralized translation request process for system-wide communications. This system leverages a digital request form, accessible across DHS programs and facilities. These requests are primarily sent out to an internal Qualified Translator or third-party Qualified Translation Vendor to complete within a specified timeframe such as 2 hours, 24 hours or 3-5 business days for example.

Plain Language Communication

DHS has developed guidelines around plain language. In order to submit a request, staff are required to send their document and work with the DHS Patient Education/Health Education team to ensure it meets the low health literacy/readability standards (e.g. generally, 6th grade level or lower) prior to submission for translation.

E. Identifying Preferred Languages

A patient's Preferred Language will be captured/verified in the patient's medical record, including the Electronic Health Record (EHR), upon intake of a new patient, and as the patient is registered/checked-in for each visit. It is the responsibility of staff who interact with the patients and their legal representative(s) at key Points of Contact to ensure that the Non-English Preferred Language and their respective interpretation needs are accurately captured in the EHR.

Standards For Assessing Language Need

Department of Health Services staff should, at the point of first contact with a patient or their legal representative with NELP, make reasonable efforts to conduct or arrange for an initial assessment of the need for language assistance, and should make reasonable efforts to obtain such services if they are needed to effectively communicate with the individual.

DHS staff determine whether a person needs language assistance in several ways including but not limited to:

- By asking patients at registration or when checking in for a visit for their preferred language to receive their healthcare services and if they would like language assistance services during each visit,
- By patient self-identification as Non-English Language Preferred (NELP) or as having a communications-related disability; or by patient request for Language Assistance Services,
- By using Point-To Your Language Cards (for language identification) which are placed at public-facing service desks or windows informing people of the opportunity to obtain language and communications assistance at no cost,

- By review and confirmation of language or disability information documented in the Electronic Health Record (EHR).

Staff Training and Resources for Staff Language Identification

DHS provides mandatory Employee Orientation for all new staff, on a monthly basis, whereby a general overview of the Patient Language Access Rights and Responsibilities of DHS in provision of meaningful language access are explained. See list of topics covered:

- Language Access Services: What You Need to Know
- Language Services Requirements and Policies
- Accessing Qualified Language Services
- What are Qualified Language Services
- Important Information About Friends and Family Serving as Interpreters Identifying and Capturing Preferred Language
- Documenting Language Services
- Language Access Laws and References
- How To Get an Interpreter by Site

DHS also provides mandatory Employee Re-orientation for all current staff, on an annual basis. Additionally, targeted (role specific) training and communication is shared through specific avenues such as the Electronic Health Record (EHR) multidisciplinary teams and platform. For example, Patient Access staff are trained on how to ask about preferred language and interpreter needs including via the Patient Registration and Demographic Guide. Once preferred language and interpreter needs are captured in the EHR, these fields are displayed in a standard section for all staff to see which facilitates timely access to needed language services.

Additional Resources

DHS Office of Language Access and Inclusion (OLAI) develops and distributes resources to support its staff to identify the Preferred Languages for their Non-English Language Preferred

(NELP) patients and their legal representatives. Examples of the resources available for all staff include, but is not limited to:

- Guidance, handbooks, directories and manuals
- Language Access Teams and Interpreter Services Site Directories
- Language Access Policy and Procedure Guidance
- Tools to use with NELP patients, including:
 - [Point-To Your Language Card](#)
 - [Right to an Interpreter Poster](#)
 - [World Map - Point-To Card](#)
- Language Access Services (LAS) Related Federal Laws & Regulations
- [Language Access Services Section in DHS Orientation/Reorientation Handbooks](#)
- [Guidance on Languages of Lesser Diffusion for Indigenous Populations](#)
- [Modality Types to Use](#)

While physical copies of these tools are printed and distributed across healthcare sites, they are also located on the [OLAI SharePoint site](#). OLAI updates these materials as needed.

F. Vital Documents

Vital documents or vital patient informing materials are communications materials that are vital or critical to obtaining services and/or benefits. This includes but is not limited to:

- Electronic Health Record documents (e.g. Informed consent, General Consent, patient education, intake forms with the potential for important consequences etc.,)
- Provider Instructions
- Patient Communications (Patient portal, E- Mails or Text Messages, Patient Handbook, patient experience surveys)

- General Public Facing Communications (e.g. website, signage including notices advising of no cost Language Assistance Services, outreach, and education materials, etc.)
- Complaint forms, notices related to grievances, action appeals, and bills.

See below for a list of examples of DHS Vital Forms that have been translated into all Threshold Languages:

- Emergency Department / General Consent Forms
- General Consent (Outpatient and In-patient) Forms
- Notice of Privacy Practices (NOPP)
- Health Information Exchange (HIE) Opt-out
- Affidavit of Residency or Identity
- Caregiver Authorization Affidavit
- Caregiver Authorization Affidavit
- Thousands of documents are translated by DHS or our vendors at a minimum in English and Spanish, such as: Patient Guides for the Electronic Health Record/Patient Portal, and iMed Consent Forms (over 5,000 documents). Furthermore, on a yearly basis, DHS OLAI Central team, manages hundreds of translations in threshold languages.

G. Policy on Untrained Interpreters

A patient may not be asked to bring their own interpreter. The use of untrained Interpreters, including family members or friends, may result in a breach of confidentiality and/or reluctance from the patient to reveal personal information that is critical to the services being provided and can lead to medical errors. The use of adult family members and/or friends as interpreters is highly discouraged.

An untrained interpreter, may be used to interpret only under the following specific circumstances:

1. Medical emergencies where any delay could result in harm to a patient, and only until a Qualified Interpreter is available.

2. If after clearly informing the patient that no cost Interpretation Services are available, the patient specifically requests that they prefer their family/friend to facilitate communication. The family/friend would also need to agree to provide such assistance, AND reliance on that adult for such assistance would need to be deemed appropriate under the circumstances by DHS staff.

Minor children (under the age 18 years) should not be used as interpreters, except in extraordinary situations, such as medical emergencies where any delay could result in harm to a patient or the public, and only until a Qualified Interpreter is available. The above circumstances should be documented in the Electronic Health Record (EHR).

5. Notifying the Public

DHS has several communication tools that inform patients and their legal representative(s), their families, and the general public of the availability of Language Assistance Services. Patients should be informed of their rights to do the following:

- Receive Qualified Interpretation Services at no cost (including Sign Language Interpretation), and
- File complaints pertaining to Interpretation services.

DHS promotes Language Access Services through facility signage, Notices of Availability required postings, and other patient materials as examples.

On-Site Signage

All DHS healthcare sites have multilingual signage that declare a patient's right to interpreter services. These multilingual signs are posted in patient-facing areas, including but not limited to, facility lobbies, entryways, and other waiting areas throughout the facility. These includes:

- Posters declaring the legal right to Language Assistance Services. The following text is translated in over 20 languages, including all of the Los Angeles County Threshold Languages: "You have the right to an interpreter at no cost to you. Ask at the front desk."

- Point To Your Language cards, a bidirectional tool used to support DHS staff in identifying the patient's language. On this tool, the following statement is written in over 20 languages, including all of the Los Angeles County Threshold Languages: "Point to your language. An interpreter will be called. There is no cost to you. It is your right."

Additionally, DHS' Nondiscrimination Notice additionally clarifies the following:

- Free language services in a timely manner to people whose primary language is not English, such as:
 - Qualified Interpreters, and
 - Information written in other languages.
- Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters, and
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).

DHS Website – Language Access Page

The Department of Health Services website has a dedicated [DHS Language Access Services web page](#). This webpage describes language rights and services available including tools referenced above (Notice of Availability, Nondiscrimination statement, Point To Your Language cards, Right To An Interpreter poster, etc.). The DHS website has multilingual functionality through a combination of manual (e.g., Spanish) and online automated translation (e.g., other languages). As such, this information is available in over 40 languages.

Direct Patient Communication

A patient's Preferred Language is asked for and/or verified at every visit. If it is a non-English language, Qualified Language Assistance Services are offered at no cost.

In addition, language concordant outreach is done based on the patient's identified preferred language as available. For example, DHS patients receive emails highlighting the availability of

language access services, as well as language concordant text messages and postcard appointment reminders.

6. Monitoring Language Assistance Effectiveness

6H. Evaluation of Language Assistance

DHS continues to prioritize monitoring Language Assistance Service effectiveness. Specifically, data collection and analysis allow DHS to determine current capacity to provide Qualified LAS, anticipate need, and identify remaining gaps. This supports funding prioritization and ongoing evaluation of programmatic efforts and sustainability.

Defining Qualified Language Assistance Services

As a healthcare provider, DHS is responsible to take reasonable steps in the provision of qualified language assistance services including Spoken/Signed Interpretation, Written Translation and Effective Communication Services for patients. Language Assistance Services (LAS) may include, but are not limited to:

1. Signed or Spoken Language Assistance through Qualified Interpretation Services and/or Certified Bilingual Staff, and
2. Written Translation, performed by a Qualified Translator, of written content in paper or electronic form into target languages.

All service providers (employees, contractors, volunteers and so on) providing LAS in the healthcare setting are required to meet specific qualifications, as determined by Section 1557 of the ACA.³ Below, are each identified qualification per service line.

Qualified Interpreter

As determined by Section 1557 of the ACA, a Qualified Interpreter is an individual who mediates spoken or signed communication between people speaking different languages without adding, omitting, or distorting meaning or editorializing.² In order to be considered a qualified interpreter, the interpreter:

- Has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language (qualified interpreters for relay interpretation must demonstrate proficiency in two non-English spoken languages);
- Is able to interpret effectively, accurately, and impartially to and from such language(s) and English (or between two non-English languages for relay interpretation), using any necessary specialized vocabulary or terms without changes, omissions, or additions and while preserving the tone, sentiment, and emotional level of the original oral statement; and
- Adheres to generally accepted interpreter ethics principles, including client confidentiality.³

As such, interpretation services are only considered to be Qualified Interpretation Services when they are provided by a Qualified Interpreter. Qualified Interpretation Services can be offered and provided through various modalities available throughout DHS, including face-to-face interpreters, Telephonic/Audio Interpretation Services, and VRI/VMI services as described below. The type of Qualified Interpretation Service chosen depends on the nature of the visit, patient's needs/preference, as well as the readily available services in the language needed.

Healthcare Interpreter Staff

DHS hires dedicated Healthcare Interpreter (HCI) staff to meet these identified qualifications. All HCI staff are assessed based on their previous training, certification and experience within the clinical medical setting. Additionally, DHS Healthcare Interpreter staff are required to complete an annual competency assessment for HCIs conducted by Human Resources (HR). As such, all HCI staff are Qualified Interpreters and provide Qualified Interpretation Services.

DHS HCIs are able to provide Qualified Interpreter Services in-person and remotely. For example, HCIs provide Qualified Interpretation Services for urgent, complex and critical healthcare conversations. These critical conversations include informed consent for surgery, end of life conversations, goals of care, new diagnosis for cancer or other life-threatening conditions etc. These conversations take place in high-risk areas such as Emergency, Intensive Care Unit, Inpatient Units, Urgent Care, etc. As critical conversations may not be adequately handled through remote services, HCIs are a key resource within the healthcare system.

As of 2024, there are 88 budgeted HCIs that support the following languages across DHS sites: Spanish, Mandarin, Cantonese, Korean, Armenian and Russian.

DHS Language Service Providers

DHS contracts directly with various Language Service Providers (LSP) to provide additional on-demand remote Qualified Interpreter services to over 240 languages 24 hours a day/7 days a week, as well as translation services in over 290 languages. They meet the qualifications as described above.

DHS contracts with additional LSPs to support further needs for languages of lesser diffusion and particular in-person needs such as American Sign Language interpretation. This information is available to DHS staff on the OLAI SharePoint. DHS evaluates the Contractor's performance under the BOS-executed Master Agreements using the quality assurance procedures as defined in the Master Agreements Quality Assurance Plans.

In some cases, health plan partners also provide LAS for respective plan members. This is either arranged by the patient directly or as coordinated by the DHS facility.

Of note, DHS leverages the provision of language services for Languages of Lesser Diffusion including for indigenous Mexican and Central American language speakers via the Scheduled Appointment Center (SAC) available through the Health Care Interpreter Network (HCIN) with which we have a Contract Agreement, as follows:

Scheduled appointments for indigenous languages of Mexico and Central America are scheduled through HCIN-member hospitals (Mixteco de San Martín Peras), or through HCIN's contracted partners, i.e., Barbier International (K'iche', Q'eqchi', Ixil, Mam, Chuj, Q'anjob'al, Kaqchikel, Nahuatl). Some appointments will require a Spanish/English relay interpreter, which Barbier will provide. Many of these languages have multiple variants that may not be mutually intelligible, therefore, providing the patient's home state/municipio/pueblo is important, in order to ensure a good language match.

Certified Bilingual Staff

At DHS, Certified Bilingual Staff are bilingual staff who have passed an authorized language proficiency assessment conducted through Human Resources (HR). This language proficiency assessment deems these bilingual staff as qualified to speak directly with patients about their healthcare in their non-English Preferred Language, and in the scope of their assigned job or responsibilities. If Certified Bilingual Staff has also completed additional healthcare interpretation training and testing, and thus, is qualified to interpret, they may assist with interpretation for clinical conversations. Bilingual re-certification should be conducted on a yearly basis or when an employee changes the role for which they were originally certified, whichever comes first.

As of 2023, approximately 4,000 DHS employees are Certified Bilingual. See the table below for specific numbers.

Language	Receiving Bilingual Bonus
Arabic	9
Armenian	71
Cantonese	48
Cambodian	4
Farsi	17
Hindi	3
Korean	79
Mandarin	88
Russian	12
Spanish	3,582
Tagalog	58
Thai	1
Vietnamese	28
TOTAL	4,000

Qualified Translator

According to Section 1557 of the ACA, a Qualified Translator is an individual who is able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary, terminology, and phraseology. This individual has demonstrated proficiency in writing and understanding at least written English and the written language in need of translation, and adheres to generally accepted translator ethics principles, including client confidentiality.³

DHS works with internal Qualified Translators and also contracts with Language Service Providers to provide Qualified Translation services. A Qualified Translation Vendor is a vendor agency with proven experience in providing translation services to healthcare organizations. These vendors will only utilize Qualified Translators (per contractual stipulations). The vendor must have written guidelines describing their quality control measures.⁶ A Qualified Translation Vendor additionally has staff that, at a minimum, are certified members of the American Translators Association or of an equivalent association/agency.

Quality Assurance for document translation includes a two-step validation process to ensure document accuracy for both internal and LSP translation services. In this process, two Qualified Translators must review and validate each translated document. Internal document translation requests are tracked and monitored through an automated tracking system to ensure timeliness and accuracy of services. This ensures that turnaround timeframes are efficient and maintains a record of who completed the translation.

Furthermore, DHS staff are responsible to document the following in the EHR:

- A patient's Preferred Language should be captured/verified in the patient's Electronic Health Record (EHR) at each visit. It is the responsibility of staff who interact with the patient to ensure that their non-English language preferences and interpretation needs are accurately noted in the EHR.
- The method used to provide Language Assistance Services, including if services were refused, must be documented in the EHR when a healthcare member speaks to a patient about their clinical care.

DHS ensures the quality of language assistance provided through our contracted vendors, via the following:

- Each vendor is required to provide a Quality Assurance Plan, whereby the qualifications of their interpreters are up the highest quality industry standards. Additionally, each vendor is vetted by DHS IT in terms of meeting the industry standards for the platform they use, i.e., audio and video, in connecting their interpreters to our providers, clinicians, patients and all end-users.
- Each of DHS Hospitals and Ambulatory Care Centers that utilize our vendors, are required to complete an Annual Contract Monitoring Assessment Tool. This process provides a wide range of check-points regarding the following three (3) main categories: Service Review, Info. Security & Privacy Requirements Review and Invoice Processing Review.

Troubleshooting Challenges in Service Provision

DHS has an internal platform where staff can submit real-time issues, they may be experiencing related to accessing Qualified Language Assistance Services. Once submitted, these issues, whether they are connected to technology, customer service, availability of services or even quality of services, can be troubleshooted in real-time. DHS OLAI connects with vendors to discuss issues, response and resolution and improvements. Furthermore, online forms, through our main service vendors, to further support in the event that our end-users are experiencing any service-related issues and or complaints for processing, investigation, coaching, etc. This feedback is critical to ensure that challenges can be addressed quickly and meaningfully.

Language Access Data Collection and Reporting

Key Language Access metrics are visualized and tracked on the DHS Executive Dashboard on a monthly basis to inform operations, resource allocation and future optimization.

Electronic Health Record Metrics

The following data elements are captured in the Electronic Health Record:

- Preferred Language

- Interpreter Required
- Documentation of how language needs were met

DHS Annual Reporting

DHS produces an annual report that highlights accomplishments within the previous year centering in language access. This annual report includes the following metrics:

- Number of Non-English Language Preference (NELP) patient visits
- List of the top ten languages spoken by NELP patients
- Number of sessions by qualified language service:
 - Face to face interpretation encounters
 - Phone interpretation encounters
 - LLS Insight App (Interpreter) encounters
 - Video Interpretation encounters
 - LLS Virtual Desktop Infrastructure (VDI) encounters
- Number of Healthcare Interpreter staff
- Total number of qualified interpretation service sessions
 - Number of Interpretation Service hours
 - Average satisfaction rating of interpreter service
- Number of system-wide translated documents
- Number of DHS staff receiving Bilingual Bonus

See the “[Office of Language Access and Inclusion \(OLAI\) CY 2024 By the Numbers.](#)”

6I. Complaint Process

Patient Grievances

DHS is committed to providing culturally and linguistically appropriate services to all patients or those seeking services. Patients and their authorized representatives are encouraged to provide feedback to DHS staff regarding the care received in DHS facilities. Patients and their legal representatives have the right to file a complaint or grievance with their health care provider, health plan, and/or the institution in which they receive care without being subject to coercion, discrimination, reprisal, or unreasonable interruption in care. If language needs are not being met, there are several ways that feedback can be submitted for review and resolution including but not limited to:

- Each site is responsible for establishing a local grievance process in compliance and accordance with local and central language access policies and procedures (DHS Policy 2880 Patient Complaint and Grievance Management). Complaints and grievances are generally fielded by local Patient Advocate or Patient Relations Offices.
- A DHS patient who is enrolled with a DHS contracted health plan may file a complaint or grievance with the facility directly. The managed care patient will also be offered the opportunity to file a formal grievance with their health plan and provided with the appropriate contact information
- DHS facilities shall also inform the patient or the patient's authorized representative of their right to complain to the California Department of Public Health and The Joint Commission regardless of whether they choose to utilize the facility's internal complaint and grievance process.

All complaints and grievances shall be received, reviewed, and resolved within a reasonable time frame. Complaints can be resolved at the time the complaint is made with a response back to the patient in one day or less. Most grievances shall be resolved within 7 days. Those grievances that have been identified by the facility as requiring extensive investigation may need additional time to be resolved. If the grievance will not be resolved, or if the investigation is not or will not be completed within 7 days, the facility will inform the patient or the patient's authorized representative in writing, that the facility is still working to resolve the grievance and will follow-up with a written response within a stated number of days. Any grievance about a

situation that endangers the patient, such as neglect or abuse, shall be investigated immediately. The aforementioned DHS patient grievance process is an alignment with the Countywide Language Access Policy.

DHS Nondiscrimination Notice

The DHS' Nondiscrimination Notice is available in various platforms including on the DHS website and Language Access Webpage. It includes detailed information on [how to file a grievance](#) with the DHS Compliance Officer as well as the Office of Civil Rights information.

7. Training

DHS Awareness and Trainings

Currently, all DHS employees are required to review the New Employee Handbook/Re-Orientation Handbook, which includes a section on language access, on an annual basis.

Each healthcare site is additionally responsible for providing local training for its appropriate workforce (e.g., patient facing), such that they are in compliance and accordance with local and central language access plans, policies and procedures.

DHS Office of Language Access and Inclusion also provides training resources and engagement opportunities to staff on Language Assistance Services. Moreover, OLAI identifies opportunities to integrate Language Access education into existing staff training such as Team STEPPS, Patient Access and Registration Guides, Graduate Medical Education Orientation, and Electronic Health Record documentation as examples.

DHS Human Resources (DHR) utilizes an online employee training venue. All DHS employees are automatically enrolled in the venue, whereby all Employee Trainings required by County DHR and DHS are made available as Virtual/Online Training.

DHS Orientation/Re-orientation Training is one of such mandatory/required trainings. Employees automatically receive notification via a direct E- Mail to the employee and their supervisor, alerting them about each required training and the due date.

Once the employee completes the Training, the system generates a Certificate of Completion and places a check mark of Course Completion onto the employee's record including the review of the Orientation and Reorientation Handbook for each site.

DHS-Wide Language Access Campaigns

To engage and educate DHS staff (clinical and non-clinical) more broadly on Language Access policies, plans, and procedures, OLAI has developed several awareness campaigns. These educational campaigns are ongoing throughout the year and cover topics such as:

- Patient rights to qualified Language Assistance Services (LAS)
- Identifying preferred language and documenting how language needs were met
- Accessing LAS and related resources
- Where to go for support
- Responding to language access complaints

These campaigns leverage a wide range of communications, including both in-person (town halls, discipline specific trainings), and digital and paper-based communications (flyers, email blasts, screensavers) throughout the year. For example:

- Every September-October, OLAI leads a campaign in observance of the National Hispanic/Latinx Heritage Month that focuses on language access and the provision of Language Assistance Services.
- DHS launches Language Access Week on an annual basis, with celebrations across DHS sites promoting the cultural and linguistic diversity of our patients and staff, highlighting awareness on Patient Language Rights, Language Assistance Services available, how to access LAS, etc.

Such educational awareness campaigns are critical to engage the DHS workforce to better understand the patient communities they serve, how they can best support patients during and beyond the visit in their scope of work. In addition, these campaigns serve as regular and frequent platforms to share updates to Language Assistance Services (e.g. plans, policies, and procedures).

Education materials and resources are also located on the [OLAI SharePoint site](#). OLAI updates these materials as needed.

8. Community Outreach & Engagement

DHS partners with patients and community members to gain a better understanding of how to best meet patient language needs.

Patient Experience Surveys

The Department of Health Services collects **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** Surveys and Press Ganey Medical Practice Surveys to assess patient experience. In alignment with DHS' top languages, surveys are available in multiple languages including English, Spanish and Chinese.

In particular, there are two questions about language access:

1. Were the services you received provided in the language that you prefer?
2. Was written information (e.g. brochures describing available services, your rights as a consumer, and health materials) available to you in the language you prefer?

This data is reported monthly through the DHS Dashboard and is available for all DHS employees to review. Within this survey, there is an option to provide additional comments.

Patient Advisory Councils

Several Department of Health Services hospitals, clinics and programs have launched Patient Family Advisory Councils (PFAC) to understand the perspectives and needs of their patients. DHS' prioritizes high quality care and patient experience by engaging and partnering with patients and families in their care thru the continued growth of our Patient Family Advisory Councils, Patient Family Partnership Hub while providing a care experience that is welcoming,

inclusive, and compassionate. Community members participate in monthly conversations and share their feedback about a particular topic including opportunities to partner/co-design on Language Access Program Efforts. These conversations are held in English and Spanish at a minimum. Language Services accessibility is prioritized to ensure participation from NELP patients and programmatic efforts continue to elevate opportunities to ensure broader engagement from top DHS languages. More information on the PFACs and patient experience partnership efforts can be found on the DHS website.

Citations

¹ [Threshold and Concentration Languages for All Counties](#), California Department of Health Services All Plan Letter 25-005

² [California Standards for Healthcare Interpreters](#) (CHIA)

³ [45 CFR, Part 92](#), Non-Discrimination in Health Programs and Activities Regulations

[California Health and Safety Code 1367.04\(b\)\(1\)\(A\)\(ii\)](#)

⁴ [Equal Employment Opportunity Commission Language Access Plan](#)

⁵ [National Health Law Program Questions and Answers on 2024 HHS Final Rule](#)

⁶ Centers for Medicare & Medicaid Services (CMS) 1999 Writing and designing print materials for beneficiaries: A guide for state Medicaid agencies. HCFA Publication No. 10145.

NOTE: This publication is out of print. It is replaced by this Toolkit for making written material clear and effective.)

⁷ [47 CFR §64.601](#)

⁸ 28 CFR [§ 35.104](#), [§ 35.160\(d\)](#)