



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 2, POLICY 001

LANGUAGE AND SPECIAL COMMUNICATION NEEDS POLICY

A. PURPOSE:

Yolo County Health & Human Services Agency (HHS) is committed to ensure that all consumers have equitable access to information and services. Individuals who require language assistance or who have other special communication needs will be accommodated in an appropriate and effective manner.

Clients have a right to access these language assistance services at no charge. Clients shall be notified of their rights through staff and HHS informing materials.

B. FORMS REQUIRED/ATTACHMENTS:

1. Language Line Services Instructions (attached)
2. Consumer Agreement to Interpreter Services
3. Dual Handset Phone Instructions (attached)
4. Using the California Relay Service (CRS)

C. DEFINITIONS:

1. Key points of contact means common points of access to specialty mental health services from the MHP, including but not limited to the MHP's beneficiary problem resolution process, county owned or operated or contract hospitals, and any other central access locations established by the MHP.
2. Primary language means that language, including sign language, which must be used by the beneficiary to communicate effectively and which is so identified by the beneficiary.
3. Threshold Language means a language that has been identified as the primary language, as indicated on the MEDS, of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area.

D. POLICY:

California Code of Regulations, 9 CCR § 1810.410, states that each MHP shall have:

1. A statewide, toll-free telephone number as required by Section 1810.405(d).

Oral interpreter services in threshold languages at key points of contact available to assist beneficiaries whose primary language is a threshold language to access the specialty mental health services or related services available through that key point of contact.

2. Policies and procedures to assist beneficiaries who need oral interpreter services in languages other than threshold languages to access the specialty mental health services or related services available through that key point of contact.
3. General program literature used by the MHP to assist beneficiaries in accessing services including, but not limited to, the beneficiary brochure required by Section 1810.360(c), materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205(c)(1), and mental health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole

E. PROCEDURES:

1. Language Assistance

- a. Communication assistance will be available, at no cost, to all consumers through bilingual staff, client selected interpreters, or the Universal Language Line.
- b. HHSa staff may access Language Line services by using any phone or the Language Line dual handset phone (see Attachment PP-501-A).
- c. A list of interpreters and bilingual staff will be made available to staff. HHSa will use the Language Line when bilingual staff or client-selected interpreters are not available. Language Line interpreters will be used as a last resort.
- d. HHSa will not expect family members to provide interpreter services for consumers. Family members may, however, be used as interpreters in the following limited circumstances (minor children shall not be used as interpreters):
 - i. At point of contact to initiate intake and to request an interpreter
 - ii. When it is the consumer choice to use a family member
- e. Upon entry to services, and as made known to or recognized by clinical staff, interpreter arrangements will be made. Working with the client at the first point of entry, clinical staff will complete the "Consumer Agreement to Interpreter Services" form, indicating that the consumer has been offered an HHSa interpreter and has either accepted or has elected to use a non-HHSa interpreter.
- f. If the consumer selects a non-HHSa interpreter, this individual shall sign appropriate release/disclosure form.
- g. The signed Agreement(s) will be placed in the consumer's file.
- h. If the treating clinician determines that the interpreter selected by the client is not suitable, whether for proficiency or other reasons, either an HHSa interpreter or Language Line services will be used.

- i. Instructions for use of the Language Line will also be made available to all staff (see Attachment).

2. Face-to-Face Contact

- a. Whenever possible, HHSa will use staff trained in American Sign Language (ASL) for face-to-face contact.
- b. In urgent situations, staff shall use written communication with the individual rather than coordinating ASL services.
- c. In routine situations when ASL-trained staff is unavailable, arrangements for sign language interpretation services will be made through the NorCal Center on Deafness. Due to the demand for communication services, NorCal recommends that requests for services be made at least five (5) days in advance. Staff may schedule an appointment by calling 916-349-7525. All requests for NorCal services will be provided based on staff and subcontractor availability.

3. Telephone Contact

- a. HHSa staff shall use the California Relay Service (CRS) to communicate with individuals who are deaf, hard of hearing or speech-impaired. Staff will both receive and place calls through CRS. The CRS may be reached by dialing 711. For more information on placing and receiving calls through CRS, see Attachment. The Sprint California Relay Service Voice number is 888-877-5379. Staff are encouraged to place a practice call with CRS prior to using this service with a client for the first time. The California Relay Service enables a person using TTY to communicate by phone with a person who does not use a TTY and works in reverse, allowing a non-TTY user to call a TTY user. Language Line services available to beneficiaries meet Federal Mandates for Telecommunications Relay Services (TRS).
- b. Mental Health Access Number is posted on our website and is available to clients at access points. The TDD number is 800-735-2929.

4. Visual Impairment

- a. HHSa will assure that verbal communication is accessible to individuals who are visually impaired.
- b. Whenever an individual requesting services presents as having a visual impairment, HHSa staff will assure that the individual is informed of all basic HHSa written information commonly distributed to consumers who are requesting services. In addition, staff will be available to help consumers complete required written documentation.

Written informing materials shall be made available to beneficiaries in alternative formats upon request and at no cost.

F. REFERENCES:

1. CFR, title 42, section 438.10(d)(i)(II)
2. CCR, title 9, chapter 11, sections 1810.110(a)-(e)

3. CFR, title 42, section 438.10(d)(2)
4. MHP Contract
5. CFR, title 42, section 438.10(c)(4), 438.6(f)(1), 438.100(d), CFR, title 28, Part 35, 35.160(b)(1), CFR, title 28, Part 36, 36.303(c)
6. DMH Information Notice No. 10-02, Enclosure, Page 22, and DMH Information Notice No. 10-17, Enclosure, Page 17
7. Title VI, Civil Rights Act of 1964 (U.S. Code 42, section 2000d; CFR, title 45, Part 80)
8. CMS/DHCS, section 1915(b) waiver

Approved by:



Karen Larsen, Director
Yolo County Health and Human Services Agency

3/1/18

Date