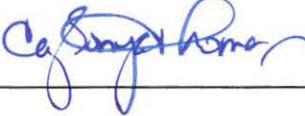


**San Bernardino County  
Department of Behavioral Health**

**Behavioral Health Services for Clients/Family Members Who  
are Deaf or Hard of Hearing Procedure**

**Effective Date** 11/16/2009  
**Revision Date** 01/07/2016

 **CaSonya Thomas, Director**

**Purpose** To ensure staff has appropriate procedures to provide services to Department of Behavioral Health (DBH) clients and family members who are deaf or hard of hearing (HOH).

**Communication by Telephone** Follow these guidelines when communicating with deaf or HOH DBH clients or family members:

<b>Use the California Relay Service via one of these options:</b>
<ul style="list-style-type: none"><li>• Dial 711</li><li>• English: (800) 855-7100</li><li>• Spanish: (800) 855-3000</li></ul>

**Communication with Walk-in Clients** Follow the instructions in [Providing Interpretation Services Procedure](#) (CUL 1012) when communicating with deaf or HOH walk-in clients or family members. Communicate with the individual in writing until an interpreter is available, as follows:

<b>Step</b>	<b>Action</b>
1	Minimize the number of words used.
2	Ask the "5-W" questions (who, what, when, where and why).
3	Ask closed-ended (yes/no response) questions whenever appropriate.
4	Use a second grade level vocabulary whenever possible; do not use multiple syllable words.

*Continued on next page*

# San Bernardino County Department of Behavioral Health

## Behavioral Health Services for Clients/Family Members Who are Deaf or Hard of Hearing Procedure, Continued

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**After Hours Communication** Secure an American Sign Language (ASL) Interpreter after normal business hours as follows:

Step	Action
1	Select a contract vendor to schedule interpretation services (refer to the Contract Vendor List for vendor contact information).
2	Provide the following information: <ul style="list-style-type: none"><li>• Location</li><li>• Estimated time needed</li><li>• Cost center</li><li>• Brief description of purpose, (i.e.; meeting, appointment).</li></ul>
3	Document your efforts and progressive steps to link the consumer to appropriate services.

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**Questions** Direct questions about this procedure to the DBH Office of Cultural Competence and Ethnic Services (OCCES) via DBH-Cultural Competency email: [cultural\\_competency@dbh.sbcounty.gov](mailto:cultural_competency@dbh.sbcounty.gov).

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**References** California Code of Regulations, Title 9, Chapter 11, Section 1810.110  
California Department of Health Care Services Current Fiscal year Annual Review Protocol for Consolidated Specialty Mental Health Services and Other Funded Services  
California Welfare and Institutions Code, Sections 14684(h), 4341(h), 5802(a)(4)  
Civil Rights Act, 1964: United State Code Section 200-d  
Executive Order 13166, 2000  
Dymally Alatorre Bilinguals Services Act, 1973

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**Related Policy or Procedure** Standard Practice Manual CUL 1002: [Behavioral Health Services for Clients/Family Members Who are Deaf or Hard of Hearing Policy](#)  
Standard Practice Manual CUL 1004: [Satisfying Client Language Needs Policy](#)  
Standard Practice Manual CUL 1011: [Providing Translation Services Procedure](#)  
Standard Practice Manual CUL1012: [Providing Interpretation Services Procedure](#)

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