


# San Bernardino County Department of Behavioral Health

## Providing Interpretation Services Procedure

**Effective Date** 9/30/09  
**Revised Date** 04/29/2019

  
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**Purpose** To ensure DBH, its contract agencies, and Fee-for-Service (FFS) providers adhere to California Department of Health Care Services (DHCS) and Federal regulations for satisfying client/family member language and interpretation needs, and provide steps to access an interpreter, 24 hours per day, 7 days per week (24/7). This includes DBH-Bilingual Paid Staff, as well as Bilingual Contracted Vendors and to all behavioural health services, including specialty mental health (SMS) and substance use disorder (SUD).

**Note:** Family members are **not** to be used as interpreters.

**Responsibility** The following table illustrates the roles and responsibilities of DBH staff to ensure client access to culturally appropriate linguistic services:

Roles	Responsibilities
HR	Provide a roster of linguistically proficient DBH-Bilingual Paid Staff to the Office of Cultural Competence and Ethnic Services (OCCES) every six (6) months, at: <a href="mailto:cultural_competency@dbh.sbcounty.gov">cultural_competency@dbh.sbcounty.gov</a>
OCCES	<ul style="list-style-type: none"> <li>• Forward roster of DBH- Bilingual Paid Staff to each region/specialty program.</li> <li>• Provide each region/specialty program with an updated <a href="#">Contract Vendor</a> list annually.</li> <li>• Provide Interpreter Use training.</li> <li>• Skills training to DBH-Bilingual Paid Staff.</li> </ul>
Clinic Supervisors, Supervising Office Specialists and Supervising Office Assistants	Delegate an equitable workload for DBH-Bilingual Paid Staff.
DBH-Bilingual Paid Staff	<ul style="list-style-type: none"> <li>• Provide interpretation services to DBH-Bilingual Staff.</li> <li>• Attend OCCES Coordinated Interpreter Use and Skills training when available.</li> </ul>

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## Providing Interpretation Services Procedure, Continued

Responsibility,  
continued

Roles	Responsibilities
Staff utilizing assistance of Interpreter	<ul style="list-style-type: none"> <li>• Follow an interpretive session and make appropriate referrals for care, as needed.</li> <li>• Provide interpreter feedback, as necessary by utilizing the <a href="#">Interpreter Feedback Form</a>.</li> <li>• Attend OCCES Interpreter Use and Skills training when available.</li> </ul>
Clerical Staff	<ul style="list-style-type: none"> <li>• Complete general information fields on <a href="#">Consumer Comment Cards</a> according to clinic protocol. General information includes:               <ul style="list-style-type: none"> <li>○ Interpreter Name</li> <li>○ Date</li> <li>○ Bilingual Contract Vendor Name</li> <li>○ Clinic</li> <li>○ Employee Name</li> <li>○ Employee Phone</li> </ul> </li> <li>• Ensure a <a href="#">Consumer Comment Card (Spanish)</a> (<a href="#">Vietnamese</a>) (<a href="#">ASL</a>), with general information completed is made available to clients.</li> <li>• Return completed, pre-addressed Consumer Comment Card via Interoffice Mail; envelope is optional.</li> </ul>
Bilingual Contract Vendor	Provide interpretation services upon DBH request, if and when DBH Bilingual Paid Staff is not available.

**Special Events**

The Program Supervisor shall submit a request for interpretation services two (2) weeks prior to the service date for events not regularly scheduled (e.g.; public forums, conferences, meetings, etc.) by completing the [Interpretation Request Form](#), and sending it to DBH Cultural Competency via email at [cultural\\_competency@dbh.sbcounty.gov](mailto:cultural_competency@dbh.sbcounty.gov).

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# San Bernardino County Department of Behavioral Health

## Providing Interpretation Services Procedure, Continued

**Clinical  
Appointments**

When interpretive services are requested for non-English speaking threshold language clients, the Clinic Supervisor or designee shall take the following actions:

Step	Action
1	Confirm need for an interpreter.
2	Contact the supervisor or designee to utilize clinic, program or regional staff for interpreter services in a timely manner.
3	Reference the DBH-Bilingual Paid Staff (interpreter) list. If bilingual staff is not available, proceed to utilize the <a href="#">Contract Vendor</a> list.
4	Dial the appropriate <a href="#">Contract Vendor</a> agency number.
5	If a client presents as a “walk-in” refer to <a href="#">Telephone Calls or Client Walk-Ins</a> section of this procedure.
6	E-mail OCCES as needed at <a href="mailto:cultural_competency@dbh.sbcounty.gov">cultural_competency@dbh.sbcounty.gov</a> .

**Contract  
Vendor List**

The Clinic Supervisor or designee shall contact a Contract Vendor from the list below to schedule interpretation services for non-English speaking threshold language clients. Refer to [Translation/Interpretation Quick Reference Guide](#).

Contractor	Contact Information
Asian American Resource Center	(909) 383-0164 <a href="mailto:aarctranslations@gmail.com">aarctranslations@gmail.com</a>
Global Ready, LLC	(800) 201-1202, Ext. 2
Hanna Interpreting Services, LLC	(855) 777-8007 (855) 586-6616
Carmazzi Global Solutions	(888) 549-8957 (888) 452-6543 for after-hours/weekends (press 0 to be transferred to after-hours attendant, leave message) <a href="mailto:orderinterpreter@carmazzi.com">orderinterpreter@carmazzi.com</a>
Interpreters Unlimited, INC.	(800) 726-9891 <a href="mailto:info@iugroup.com">info@iugroup.com</a>

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## Providing Interpretation Services Procedure, Continued

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### Contract Vendor Clinical Appointments

The Clinic Supervisor or designee shall follow the steps below to provide services to non-English speaking threshold language clients:

Step	Action
1	Ensure the clinic <a href="#">Contract Language Services Log</a> is updated. The log is used to monitor the services provided by the contracted vendors to individual clinics and/or programs.
2	Ensure clerical staff makes <a href="#">Consumer Comment Cards (Spanish) (Vietnamese) (ASL)</a> available to clients who require the assistance of an interpreter.
3	Review and sign the <a href="#">Contract Language Services Log</a> at the end of each month.
4	Ensure all efforts and progressive steps to link client to appropriate services in his/her language of choice is documented in the client's progress notes and <a href="#">Initial Contact Log Form</a> .

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### Non-Threshold Languages

The Clinic Supervisor or designee will determine if the clients' needs are for non-threshold languages and will refer to the [Contract Vendor List](#) to locate and link clients with services that are linguistically appropriate. Use of Contract Vendor services will be approved if the client has a special language need that cannot be provided by DBH Bilingual-Paid Staff. Use of Contract Vendor services **will not** be approved for ongoing treatment, unless approved by the supervisor.

**Note:** Contracted and Fee for Service providers must offer interpretation services per their contract agreement.

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## Providing Interpretation Services Procedure, Continued

**Telephone Calls or Client Walk-Ins**

The following steps illustrate the necessary actions when receiving a call from a client speaking a threshold language other than English or a client walks-in to a clinic:

Step	Action
1	After greeting caller, advise the threshold language speaker he/she will be placed on hold. <b>Important Note:</b> If caller is Spanish Speaking, please use the <i>script</i> on page 2 of <a href="#">Translation/Interpretation Quick Reference Guide</a> .
2	Determine if there is DBH bilingual paid staff readily available and if not, dial the appropriate <a href="#">Contract Vendor</a> agency number.
3	Provide the Contract Vendor with pertinent information.
4	Dial appropriate <a href="#">Access Codes</a> (NWLS only) and brief the interpreter on the purpose of the call and confidentiality requirements.
5	Add the threshold language speaker to the line.
6	When the call is completed informs the interpreter “this is the end of the call.”

**Note:** When placing a call to a threshold language speaker start at [Step 2](#).

**Related Policy or Procedure**

DBH Standard Practice Manual:

- Non-Discrimination Section 1557 of the Affordable Care Act ([COM0953](#))
- Affordable Care Act (ACA) Grievance Procedure ([COM0953-1](#))
- Behavioral Health Services for Clients/Family Members who are Deaf or Hard of Hearing Policy ([CUL1002](#))
- Satisfying Beneficiary Language Needs Policy ([CUL1004](#))
- Providing Translation Services Procedure ([CUL1011](#))

**Reference(s)**

- California Code of Regulations, Title 9, Chapter 11, Section 1810.110
- California Welfare and Institutions Code, Section 14684 (h)
- California Welfare and Institutions Code, Section 4341 (h)
- California Welfare and Institutions Code, Section 5802(a)(4)
- Civil Rights Act, 1964: United States Code Section 200-d
- Dymally Alatorre Bilingual Services Act, 1973