



# ADMINISTRATIVE/FISCAL/CLINICAL/PHF POLICY AND PROCEDURES

COUNTY OF SANTA BARBARA  
ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

<b>Section - QUALITY ASSURANCE</b>		<b>Effective:</b> 4/1/1998
<b>Policy -</b>	<b>#6 NON-ENGLISH SPEAKING BENEFICIARIES</b>	<b>Revised:</b> 6/9/2010
<b>Director's Approval</b>	<u><i>Ann DeBate</i></u>	<b>Date</b> <u>9/3/10</u>
<b>Deputy Director's Approval</b>	<u><i>[Signature]</i></u>	<b>Date</b> <u>9/3/10</u>
<b>Form Ref.</b>	-	<b>Reviewed:</b> <u>6</u>

## POLICY:

It is the policy of the Santa Barbara County Mental Health Plan (SBC MHP) to ensure access to care and culturally competent service delivery for non-English-speaking beneficiaries. MHP staff will offer a clinician or interpreter who speaks the beneficiary's preferred language whenever there is an indication that English is not the client's (or client's representative) language of choice.

Interpreter services can be provided by a client's family member or support person ONLY when this is the preference and choice of the beneficiary, after other alternatives have been offered. Family members and support persons WILL NOT be expected to provide interpretive assistance. Minor children will never be used as interpreters. Interpreter services are provided at no cost to the beneficiary.

Legal Citations:  
CCR, Title 9, Chapter 11, Section 1810.410(a)  
CFR, Title 42, Section 438.10

## PROCEDURE:

1. Whenever there is an indication that English is not the preferred/primary language of an individual requesting and or receiving specialty mental health services, a provider who speaks the individual's language OR an interpreter will be offered.
2. If interpreter services are offered and a client subsequently requests that a family member or support person serve as the interpreter for their service, AND the family member or support person is an adult who is willing and available to do so, the client's request is granted and documented in the appropriate clinical record.

3. Family members and/or support persons WILL NOT be expected to provide interpretive services for a client. Minor children WILL NEVER be used as interpreters. Interpretive services WILL BE provided at no cost to the beneficiary.
4. When services are provided by a clinician or case worker who speaks the client's language, OR when an interpreter is used, this will be documented in the clinical record, including the Call Logging/Call Screening, Assessment, and Client Plan.
5. When referrals to individuals or organizations contracted with the MHP for non-English-speaking beneficiaries, every effort will be made to connect them with a clinician/provider who speaks the primary language of the beneficiary. If no clinicians/providers are available, steps will be taken to link the client with the appropriate services and an interpreter.
6. All efforts and progressive steps to link the beneficiary to linguistically appropriate services (including those beneficiaries whose preferred language is not a threshold language) are documented in the clinical record.
7. Posters indicating free language assistance are posted in all clinics and are delivered to all contracted providers for display. These posters also indicate how to access these services.

**Assistance:**

**Reference:**

**Replaces:**