

Jefferson Center for Mental Health Language Policy – Effective July 2013

It is the goal of Jefferson Center to provide our clients culturally and linguistically appropriate services in their primary language. It is not an acceptable practice for family members of clients to be used to translate or interpret in any of our clinical settings. Professional translation and interpretation services are accessed when needed.

Translation of materials (written)

A request of non-clinical documents translated into another language (such as flyers, program brochures, etc.) need to be sent to the Cultural Competency staff, Peter Urdiales and Esmeralda Santillano. Similarly, a request for translation of clinical documents should be sent to the Centro Dones for review before it is sent to a translation service for translation.

Please note that if Jefferson Center is unable to translate materials into particular languages due to a lack of available interpretation, request of such materials will be reviewed on a case by case basis by the Marketing and Centro Dones.

Interpretation services for consumers of Jefferson Center (verbal)

Jefferson Center clinical staff can refer clients to cultural and linguistic appropriate mental health organizations in surrounding areas, which clinical staff believes can benefit the client, but cannot require potential and/or current client to do so.

Jefferson Center clinical staff will attempt to accommodate clients' primary or preferred language by identifying a potential Center clinician who speaks client's primary language and can treat the client. If such clinician is not available, clinical staff can request an interpreter be present in clinical sessions. The decision of interpreter services for an indigent client will be done on a case by case basis by the Program Director of the clinician's department.

Jefferson Center for Mental Health Language Procedures

Procedures for Program Directors:

In order for the Center to continue to provide high-quality services as cost-efficiently as possible for those clients whose primary language is non-English, the following is procedure:

1. Maximize internal resources by utilizing clinicians who receive the increased pay rate for bilingual abilities (who have passed Jefferson Center's Language Proficiency Exam) to see monolingual clients as much as possible by:
 - a. Collaborating with program managers to review clinician caseloads and identify clients who can be transferred to a bilingual clinician, whenever possible, in place of using an interpreter or language line services to reduce center costs and increase consumer centered care.
 - b. Informing all clinicians who complete intakes to transfer clients who are Limited Proficient English (LEP) to bilingual clinicians. If an appointment is not available with a bilingual clinician, the intake clinician will refer the client back to the program manager. The program manager, if clinically appropriate, will reassign English speaking clients to an English speaking only clinician's caseload to accommodate the LEP client with a bilingual clinician.
2. Utilizing external resources:
 - a. Refer all clients who are monolingual Asian-language speaking to the Asian-Pacific Development Center (APDC) so that these clients can receive culturally and linguistically appropriate services. (This would be a cost-effective use of FBHP's IPN).

3. Program Managers will seek supervision to identify a course of action to deter misuse of resources, which will be identified and managed on a case by case basis. For example, the option of charging all or a portion of the cost of an external interpreter to a client when they do not present for an appointment when this has been scheduled.

a. For clients with Medicaid, if missed appointments with an interpreter scheduled become a persistent issue, a referral to FBHP for an external provider should be considered.

4. For current clients, Finance will notify the program manager about the client receiving interpreter services. The program manager will then check into availability on a bilingual clinician's caseload as stated in item #1.

Procedures for Jefferson Center staff:

Over the Phone:

1. Jefferson Center staff will utilize the language line to identify the native language of the caller (if the native language cannot be identified).
2. Client is "warm transferred" to the appropriate Jefferson Center department.
3. If a client is in crisis the staff member will attempt to connect the client with a clinician who can offer emergency assistance via Access/Emergency department who will then utilize the language line.
4. People who are Deaf or Hard of Hearing will be provided with Jefferson Centers TTY phone number, and the TTY line will be utilized to communicate with this population over the phone.
5. To place an outgoing phone call to a client who is deaf or hard of hearing, dialing 9 and then 711 on your office phone to connect to Relay Colorado, a service line that assists in communication to and from individuals with hearing or speech difficulties.

In Person:

1. No family member will be used to interpret during any appointments or groups.
2. Jefferson Center staff will use the Language Identification Card when approached by a LEP client or community member in order to communicate with said person through use of the language line.
3. Jefferson Center will attempt to contact the bilingual staff member at their location (see self-identified staff list and bilingual differential list) to assist the LEP client and or community person. If bilingual staff is not available, the initial staff member will use the language line to communicate with this person.
4. Jefferson Center support staff will locate and schedule qualified interpreters (see Jefferson Center approved translator list) to attend any scheduled appointments.
5. Jefferson Center staff will utilize the following support aids, when available, to communicate effectively with a person who is Deaf or Hard of Hearing:
 - o Use of qualified oral or sign language interpreters (when available)
 - o Use of gestures
 - o Use of visual aids
 - o Exchange of written notes
 - o Use of computers(The type of aid that will be required for effective communication will depend on the individual's usual method of communication, and the nature and duration of the communication.)

Training available to staff:

1. Dissemination of language policy, Language Line procedure, Interpreter one sheet and list of self-identified and bilingual differential clinicians.
2. Spanish classes on basic phrases, customer service, and mental health terminology.
3. Team trainings on use of Language Line and on interpreter use and best practices.