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| <b>WCHO PIHP Policy for the<br/>COMMUNITY MENTAL<br/>HEALTH PARTNERSHIP OF<br/>SOUTHEASTERN MICHIGAN</b> | <i>Policy and Procedure</i><br><br><i>Culturally and Linguistically Appropriate Services</i> |
| <b>Department: Customer Service</b><br><b>Author: Sally Amos O’Neal</b>                                  | <b>Local Policy Number (if used)</b>   |
| <b>Approval Date</b><br><b>1/17/12</b>   | <b>Implementation Date</b><br><b>1/17/12</b>   |

**I. PURPOSE**

To ensure that consumers and families with culturally diverse backgrounds and/or linguistically different needs have access to needed translation services so that planning and service delivery can be conducted in a way that facilitates the consumer’s desired outcomes.

**II. REVISION HISTORY**

| DATE    | REV. NO. | MODIFICATION |
|---------|----------|--------------|
| 12/6/11 |          |              |

**III. PERSONS AFFECTED**

All WCHO and CSSN staff within the Community Mental Health Partnership of Southeast Michigan (CMHPSM) including students, volunteers, and those providers under contract with affiliation members.

**IV. POLICY**

The Community Mental Health Partnership of Southeastern Michigan, its affiliates and all contractual network service providers shall effectively and efficiently address the treatment and psychosocial needs of consumers and families with diverse values, beliefs, and sexual orientations, in addition to backgrounds that vary by race, ethnicity, religion, abilities, and language. This includes ensuring that consumers with Limited English Proficiency (LEP) are given, free of charge, accurate and timely assistance to obtain effective and meaningful access to services. All individuals seeking services will be given adequate information to be able to understand their rights and the services and benefits available. This policy also establishes guidelines for the provision of interpreters for consumers with hearing impairment, and assures that speech, language, and hearing services are available free of charge.

**V. DEFINITIONS**

Cultural Competency - An ongoing process by which individuals and systems respond respectfully and effectively to all people in a manner that recognizes, affirms and values the worth of individuals, families, and communities and protects and preserves the dignity of each. It is an ability to honor and respect others’ beliefs, interpersonal styles, and behaviors that leads to an ability to respond well to the challenges and opportunities of social and cultural diversity.

Deaf Person - a person whose hearing is totally impaired or whose hearing, with or without amplifications, is so seriously impaired that the primary means of receiving spoken language is through visual or other sensory input including, but not limited to, lip reading, sign language, finger spelling or reading, gestures or tactile signs.

Foreign Language Interpreters/Translators- Individuals who have a bachelors degree from an accredited institution, preferably in languages or linguistics and possess at least one year of specialized experience in interpreting, translating or other work requiring the use of English and the foreign language from (to) which the interpretation/translation is being provided.

I-Speak Cards – Laminated cards that have examples of various languages illustrated for consumers to point to so staff are able to secure appropriate translation/interpretation services.

Limited English Proficiency (LEP) – a limited ability to speak, read, write, or understand the English language at a level that permits him or her to interact effectively with health and social service agencies and providers.

Qualified Interpreter in Mental Health - a qualified foreign language interpreter/translator who is also familiar with behavioral health terminology and practices.

Sign Language Interpreters – an individual who has a bachelor’s degree from an accredited institution, preferably in Humanities or related fields and certified by the Registry of Interpreters for the Deaf (RID) assessed by the National Association for the Deaf (NAD) or qualified as per the state quality assurance (QA) Levels Descriptions as a QA Level III and possesses at least one year of experience working with deaf and hearing impaired individuals.

Tactile Interpreter - an individual who uses sign language applied to the deaf/blind person’s hand to convey information.

Translator – an individual or device that translates, in writing or speech, from one language into another. (Encarta® World English Dictionary [North American Edition] © & (P)2006)

## **VI. RESPONSIBILITIES**

### Language Assistance

A designated CMH staff will:

- Ensure language posters and “I Speak” cards are posted and accessible.
- Ensure a panel of providers for translator, speech, and interpreter services.

### Customer Services

A designated CMH Staff will:

- Ensure cultural and language needs are assessed initially and annually.
- Ensure PCP’s/treatment plans include cultural issues or identify any language assistance needs.

- During screening and assessment identify any Speech, Language, and Hearing service needs, cultural needs and language assistance needs. Authorize Specialty Services within the Initial Authorization of Care.
- Make recommendation for obtaining speech, hearing or language, cultural needs and language assistance services for a client. The recommendation may be based on a physician referral, assessment, or other sources of information indicating client need.
- Discuss services with the client; obtain necessary signed releases from the client and guardian.
- Identify and contact potential interpretive service provider.
- Assure the objectives of the referral are clear and appropriate and that relevant background information is exchanged with the service provider.
- Obtain all follow-up reports and information as a result of the referral, shares information with other team members, and make the information available in the clinical record.
- Evaluate the effectiveness of the referral and client satisfaction with the services.

## **VII. STANDARDS**

### **. CSSNs and contract service providers shall:**

- Promote awareness of cultural differences and concerns, develop knowledge of cultural issues, develop skills to work well with differences, and embed cultural experiences within all levels of the organization.
- Make every effort to implement strategies to recruit, retain, and promote, at all levels of the organization, a diverse staff and leadership team that are representative of the demographic characteristics of the service area.
- Ensure training of all employees during orientation and as required by the Regional Training Grid regarding core Cultural Competency and LEP policies and procedures.

Components of the training shall include:

- Overall awareness of cultural competency/LEP and issues involved, including ethnic/ racial backgrounds, gender culture, socioeconomic/education status, sexual orientation, physical capacity, age/generation, personality type, spiritual/religious beliefs, regional perspectives, multi-cultural influences, and LEP.
- Completion of the cultural competency and LEP training will be required as part of the initial and on-going credentialing process. Documentation of the training will be maintained that includes the employees' names and dates of training.
- Ensure that any person receiving services within the CMHPSM who believes that he or she has been excluded from the participation in, denied the benefits of, or subjected to discrimination under any program or activity within the CMHPSM, understands that they

may file a Recipient Rights Complaint with the CMHPSM designated Recipient Rights Officer or Customer Services.

- Ensure that conflict resolution, grievance, and appeals processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by consumers

**CSSNs shall:**

- Incorporate a management strategy that addresses culturally and linguistically appropriate services and incorporates community and consumer involvement in the design, execution, and service delivery.
- Offer and provide language assistance services, at no cost for persons with Limited English Proficiency, at all points of contact, and in a timely manner during all hours of operation.
- Work in the consumer's preferred language and provide both verbal offers and written notices informing consumers of their right to receive language assistance services.
- Ensure the competence of language assistance provided to consumers with LEP by interpreters and bilingual staff.
- Ensure that family and friends are not used to provide interpretation services, except by request of the consumer. The request and appropriate releases of information shall be documented in the clinical record.
- Ensure that children are not used for interpretation services.
- Maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to plan accurately and implement services and materials that correspond to the cultural and linguistic characteristics of the service area.
- Conduct annual organizational self-assessments of culturally and linguistically appropriate services to identify further opportunities to integrate cultural and linguistic competence-related measures into internal audits, performance improvement programs, satisfaction assessments and outcomes-based evaluations.
- Create and maintain a list of languages spoken by CSSN and provider staff.
- Ensure that service for all consumers shall be relevant to their culture and life experiences.
- Ensure that person Centered Plans /Treatment Plans have evidence of cultural/LEP issues and values.
- Ensure that culturally and linguistically competent literature is made available on prevalent psychiatric disorders, medical treatment options, and pharmacological interventions. For material that is unavailable, oral interpretation service is provided free of charge.

- Ensure that sign language and/or oral interpreters for persons with hearing impairment shall be provided to persons who are authorized for services.
- Ensure that speech, language and hearing services are available to clients as identified in their Treatment Plans.
  - Develop participatory, collaborative partnerships and outreach activities with communities to facilitate community and consumer involvement to improve cultural and linguistic related activities. Make available to the public, information about progress and successful innovations of cultural and linguistic appropriate activities.
  - Ensure that the physical environment(s) reflect visual images that reflect cultural groups / diversity.
    - Make available easily understood materials and post signage in the languages of commonly encountered cultural groups and/or cultural groups represented in the service area.
    - Ensure that the physical environment uses visual images that reflect cultural groups / diversity. Artwork, photographs, colors, and decorations will be utilized that reflect cultural diversity.
    - Ensure that notices of available interpreter services are posted in all public areas.
  - Monitor to ensure that individual consumer's race, ethnicity, spoken and written languages are collected in health records, integrated into management information systems, and periodically updated so accurate data may be obtained.

**Contract Service Providers shall:**

- Have a procedure in place for identifying and requesting the need for sign language and/or interpretive services.
- Have a procedure to request written materials or other supports that meets the cultural, linguistic and ethnic needs for deliver of services as outlined in the consumer's person centered plan or individual plan of service.

**VIII. EXHIBITS**

**IX. REFERENCES**

| Reference:                                    | Check if applies: | Standard Numbers:            |
|---|-------------------|------------------------------|
| 42 CFR Parts 400 et al. (Balanced Budget Act) | x                 | 45 CFR 438.10(c)             |
| 45 CFR Parts 160 & 164 (HIPAA)                |                   |                              |
| 42 CFR Part 2 (Substance Abuse)               |                   |                              |
| Michigan Mental Health Code Act 258 of 1974   | x                 | 330.1748,330.1749, 330.1750, |

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|--|---|--|
|  |   | 330.1946                               |
| The Joint Commission - Behavioral Health Standards               |   |  |
| Michigan Department of Community Health (MDCH) Medicaid Contract |   |  |
| MDCH Substance Abuse Contract                                    |   |  |
| Michigan Medicaid Provider Manual                                |   |  |
| PIHP Policy Review Schedule                                      |   |  |
| Policy Tracking Form   |   |  |
| Section 601 of Title VI of the Civil Rights Act of 1964          | x | A42 USC Section 20000d et. Seq.        |
| US Department of Transportation (DOT)                            | x | Title VI regulations at 49CFR, Part 21 |

**X. PROCEDURES**

**WHO**

**DOES WHAT**

**Language Assistance**

Designated CMH Staff

1. Ensure language posters and “I Speak” cards are posted and accessible.
2. Ensure a panel of providers for translator, speech, and interpreter services.

**Customer Services**

Designated CMH Staff

3. Ensure cultural and language needs are assessed initially and annually.
4. Ensure PCP's/treatment plans include cultural issues or identify any language assistance needs.
5. During screening and assessment identify any Speech, Language, and Hearing service needs, cultural needs and language assistance needs. Authorize Specialty Services within the Initial Authorization of Care.
6. Make recommendation for obtaining

speech, hearing or language, cultural needs and language assistance services for a client. The recommendation may be based on a physician referral, assessment, or other sources of information indicating client need.

7. Discuss services with the client, obtain necessary signed releases from the client or guardian.
8. Identify and contact potential interpretive service provider.
9. Assure the objectives of the referral are clear and appropriate and that relevant background information is exchanged with the service provider.
10. Obtain all follow-up reports and information as a result of the referral, share information with other team members, and make the information available in the clinical record.
11. Evaluate the effectiveness of the referral and client satisfaction with the services.