DATE: April 27, 2005

BHRS POLICY: 05-01

SUBJECT: Translation of Written Materials

AUTHORITY: State DMH Contract; W&I Code Section 14680; Health Department

Policies HS A25 & A26; DHCS All Plan Letter 17-011, and Research and

Analytic Studies Division (RASD).

AMENDED: July 13, 2011; Technical Edit January 9, 2020; Amended

January 20, 2021

#### **DEFINITIONS**

### Written Materials

For the purposes of this policy, <u>written materials</u> (available on paper and/or electronically) requiring translation include, but are not limited to:

- All forms requiring client signature such as consents, authorizations, acknowledgements, insurance agreements, clinical contracts, treatment plans, etc.
  - Client authorization letters and other letters involving Notices of Action (NOA's) and Notices of Adverse Benefit Determination (NOABD's).
- Mental Health Plan (MHP), Drug Medi-Cal Organized Delivery System (DMC-ODS), informing materials, including client grievance and appeal brochures; Advance Directive Information; Notice of Privacy Practices.
- Materials distributed in admission "packets" (Welcoming Packet, Beneficiary Handbook, etc.) to clients.
- Letters concerning financial obligations, changes in financial policy, etc
- Client educational material, including medication education/information sheets.

# Threshold Language

The primary language of 3,000 Medi-Cal beneficiaries or 5% of the beneficiary population, whichever is lower. In San Mateo County, English, Spanish, Chinese, Tagalog are the threshold languages.

**PURPOSE** 

BHRS is committed to honoring diversity and to ensuring culturally and linguistically competent services. The California Department of Mental Health requires that beneficiaries whose primary language is a threshold language have services available to them in their primary language.

Further, the County of San Mateo is committed to reducing healthcare disparities for Limited English Proficiency (LEP) clients. The Health System has established a website accessible only to Health System staff entitled Language Assistance Services Intranet. This internal site contains language access policies, resources and suggestions for employees. Policies cited as sources are referenced in this BHRS policy, and the application form for interpretive services can be found on the health department website. (Intranet-Health System-Language Assistance Services).

This policy is intended to establish the range of materials that must be translated into County threshold languages through a standardized process to ensure that the translations will be faithful to the intent of the document, accurate, and written in a manner that will be understandable and meaningful to the reader. This policy also is intended to reduce duplication of efforts and costs involved in translating materials that are already available in target or other languages.

## **POLICY**

This policy applies to all services and staff within BHRS, whether providing Mental Health Services, Alcohol and Other Drug Services, or Co-Occurring Services.

All written materials, as defined herein, will be translated into Spanish, Chinese and Tagalog. Every effort will be made to distribute materials in English, Spanish, Chinese and Tagalog simultaneously. These materials will be readily available to the clinician and administrative staff, either on-line in the eClinical Care system, in hard copy or capable of being downloaded from the information system. Amendments shall be made simultaneously in all threshold languages.

Where a need is demonstrated that translation of written materials into other languages (for example, Tongan) is critical for client care, every effort will be made to accommodate this. With the approval of the Office of Diversity & Equity, a smaller set of documents may be translated into non-threshold languages.

In order to identify a translated form as one originating within BHRS, the words "San Mateo County Behavioral Health and Recovery Services" or BHRS logo shall appear in English as part of the title of the form.

Behavioral Health sites will have signage indicating the availability of translated materials and how to obtain them.

NOTE: Occasionally, the material is brief and uncomplicated, and may be easily translated by a staff member proficient in the language required. When appropriate, bilingual staff will be used for such translations. For complex and more lengthy translations, the Health System's translation vendor will be used. When performing translations, the following procedure must be followed.

### **PROCEDURE**

- a. A list of translated documents and their electronic locations shall be available on the Quality Management website, to avoid duplicate requests for translation of similar or identical material. This list shall be reviewed prior to requesting translation of written materials.
- b. All new or amended clinical forms (assessments, summaries, progress notes, etc.) must be approved by Quality Management prior to a request for translation.
- c. Medication education sheets must be approved by the BHRS Medical Director or his/her designee prior to a request for translation.
- d. For other material (ex., educational material, brochures), the English version shall be approved at the appropriate managerial or committee level, depending on the nature and intent of the document.
- e. The Office of Diversity & Equity (ODE) or designee must be notified, either by Quality Improvement/Medical Director or by the requesting manager/individual, before proceeding further.
- f. If it has been established that the translation request does not duplicate existing material, and any necessary approvals (see b, c, d and e above) have been secured, requests for translation must be submitted via email to the Office of Diversity & Equity (ODE) or designee.
- g. BHRS will use the Health System's primary translation vendor for all translation requests. The Health System's primary translation vendor is contractually required to: 1) provide translation of documents and other text communications in all priority languages for San Mateo County, 2) provide an estimate for translation costs, 3) allow for 3rd party QA of translation projects, 4) translate all documents at a 6th grade reading level, 5) assure that documents have been reverse translated into English by a second staff member, and 6) use certified and qualified translators who are experienced in providing services to low-income, culturally diverse communities.
- h. The ODE or designee will give the returned document to at least two certified BHRS staff members for secondary review. Translated material will be returned, in a timely manner, to the person who requested the translation. BHRS staff will discuss any questions or problems with ODE or designee and forward feedback to translator.
- i. The contract translators will examine the edited document and suggest, in writing, any changes they feel appropriate. The contract translators will briefly explain to ODE or designee any changes suggested that go beyond grammar, spelling and simple typographic errors.

- j. Prior to distributing any translated material to clients, a focus group or committee of consumers/family members and/or qualified bilingual BHRS staff shall review the translated material to assure that it is clear and understandable.
- k. Corrections may be made to the translated material to comply with the findings of the peer/family/staff member group.
- I. Any continuing disagreements will be referred back to ODE or designee, who may ask for additional readers if this seems appropriate. The ODE or designee is ultimately responsible for reconciling differences or seeking consultation about how to develop an approved final copy of the material.
- m. The ODE or designee is responsible for assuring the timely production and distribution of the final document.
- a. The ODE or designee is then responsible for sending the final translated document to the requestor for posting on the Quality Management website for all BHRS staff to use if appropriate.
- b. In the case of forms with legal implications (example; authorization to treat; release of information) this final step requires extreme caution. Second opinions may be necessary before distribution of the forms.

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