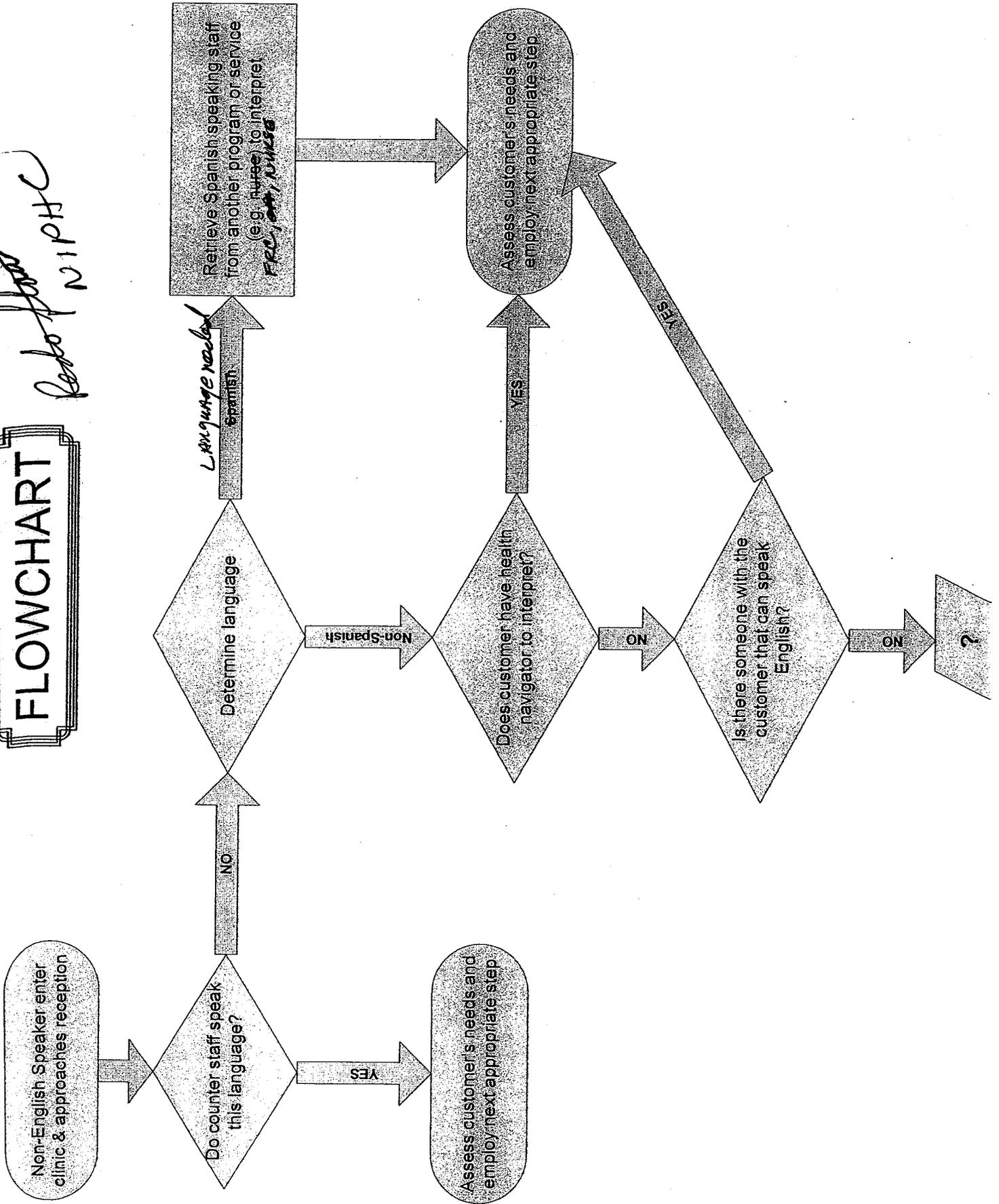
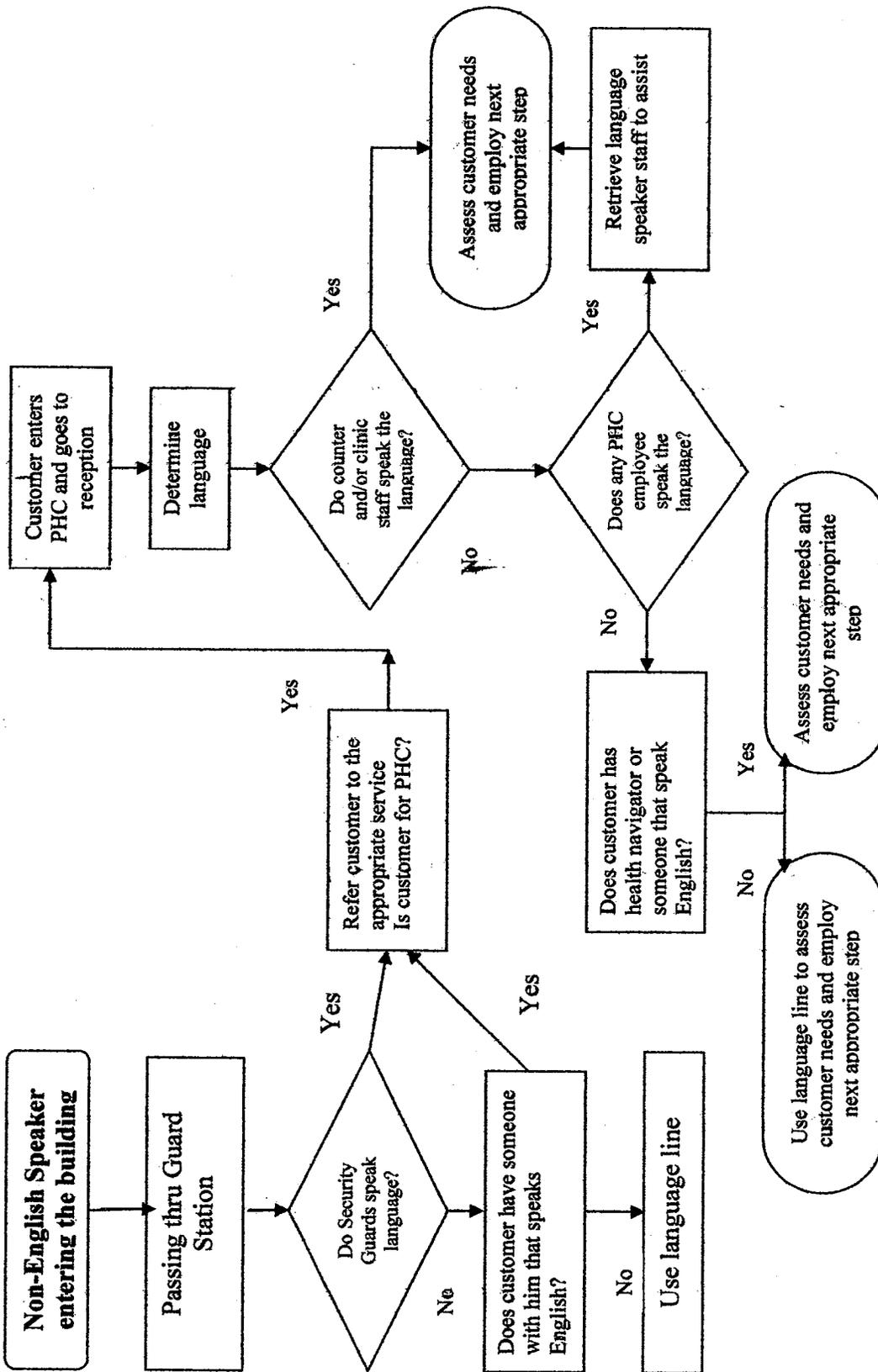


# FLOWCHART

*Redo of flowchart NIPHC*

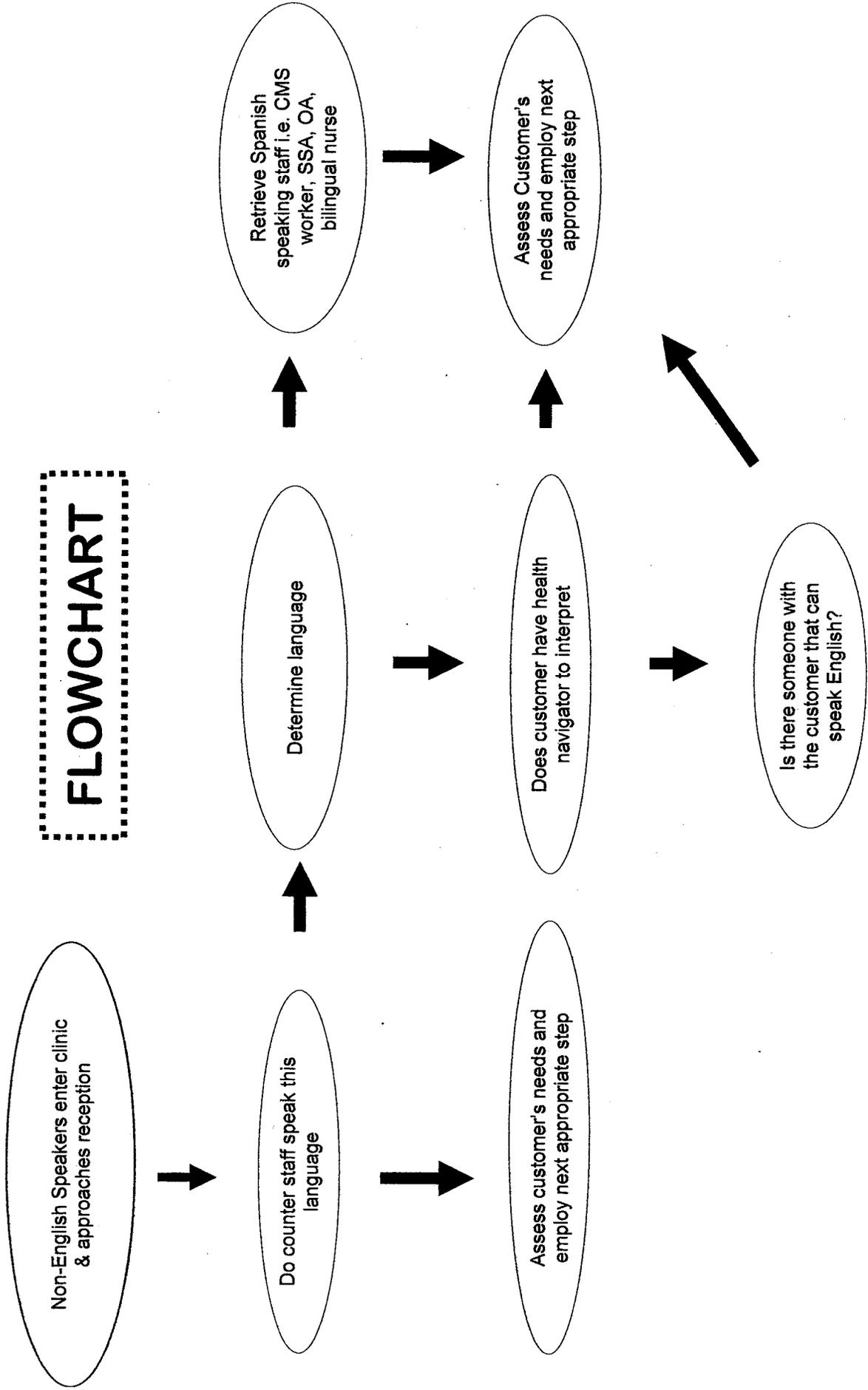


# ENGLISH TRANSLATION FLOW CHART SOUTH REGION PHC



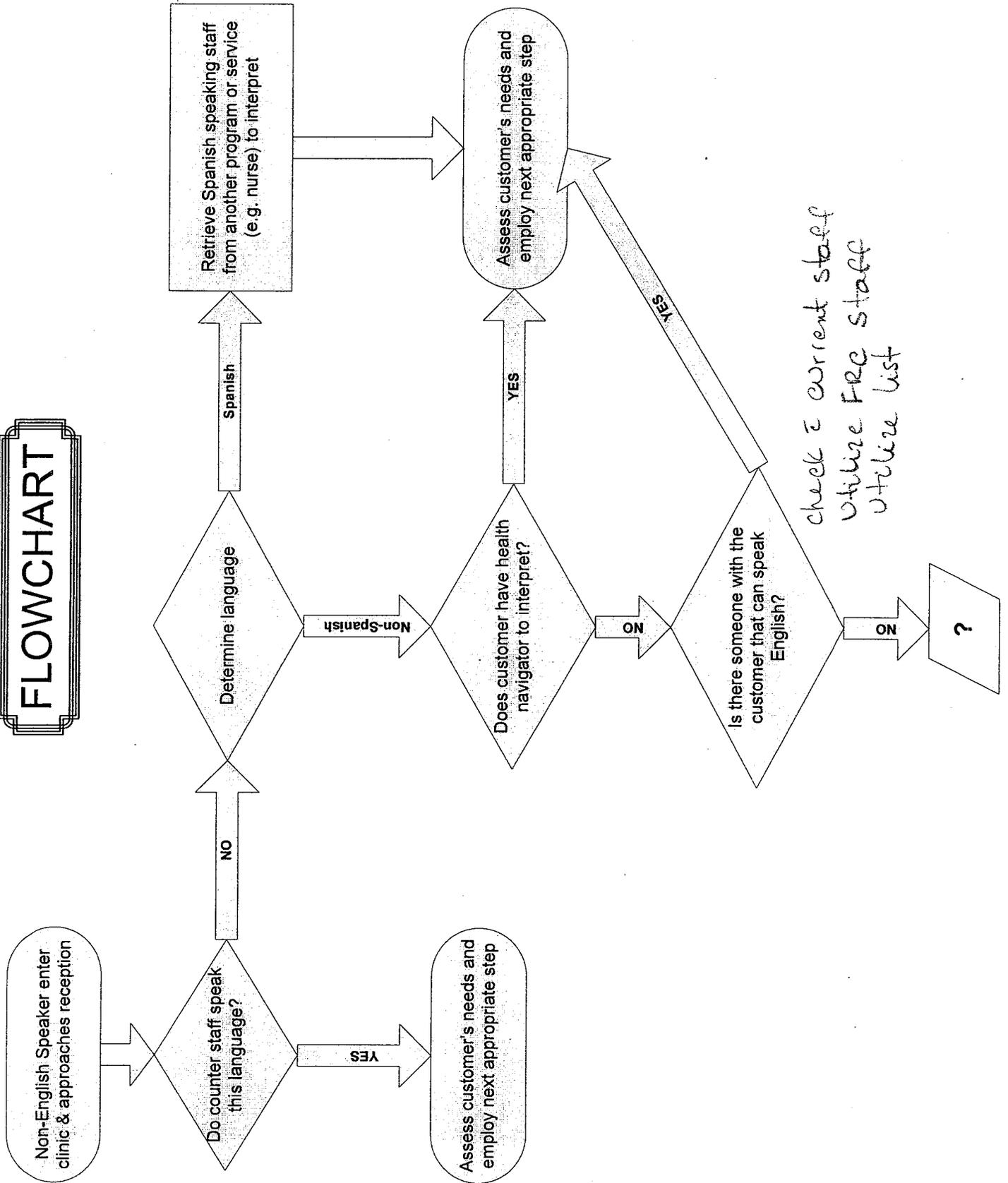
# North Coastal PHC

## FLOWCHART

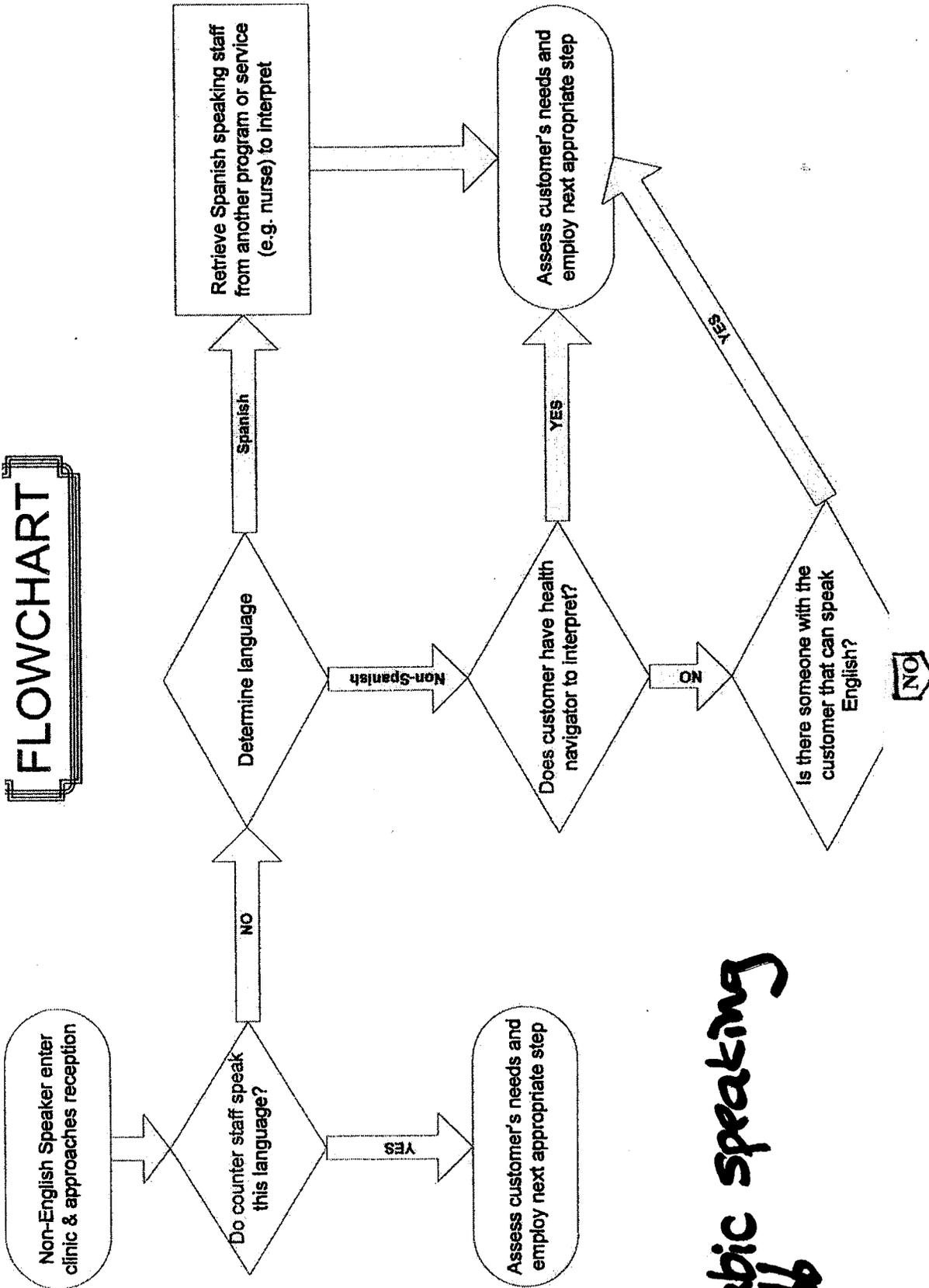


No. Central

# FLOWCHART



# FLOWCHART



*No arabic speaking staff*

*08-06% 10/12*

We will use the following options:

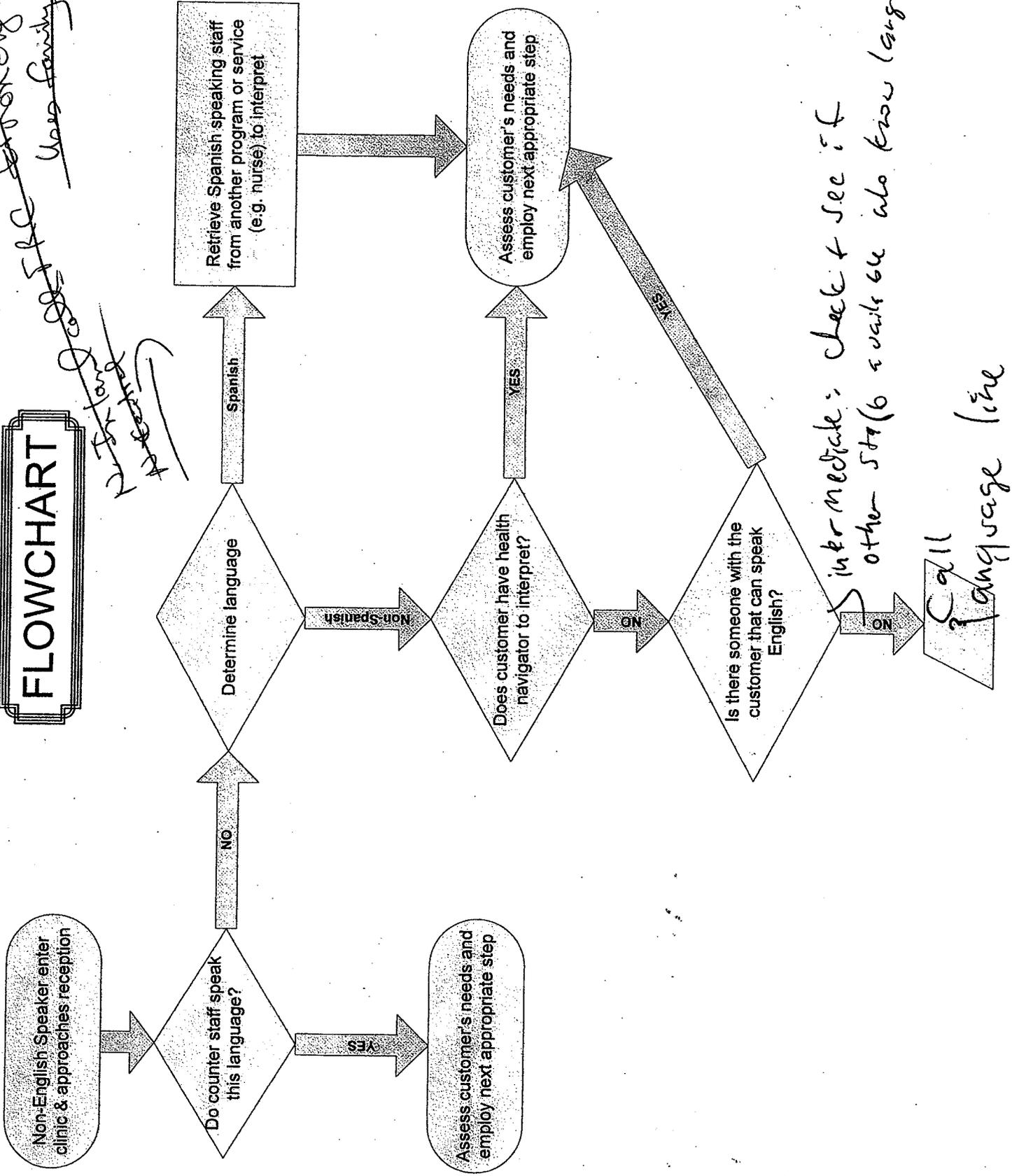
1. Use Arabic speaking staff from our adjoining clinic (we co-locate with Neighborhood Health Care)
2. We will use interpreters/family/friends/relatives that come with the client that speak English
3. We have an Arabic/English questionnaire that we give the clients to review and answer. We then we review the responses and if we are comfortable with the information we will administer the vaccine.

CRPHC

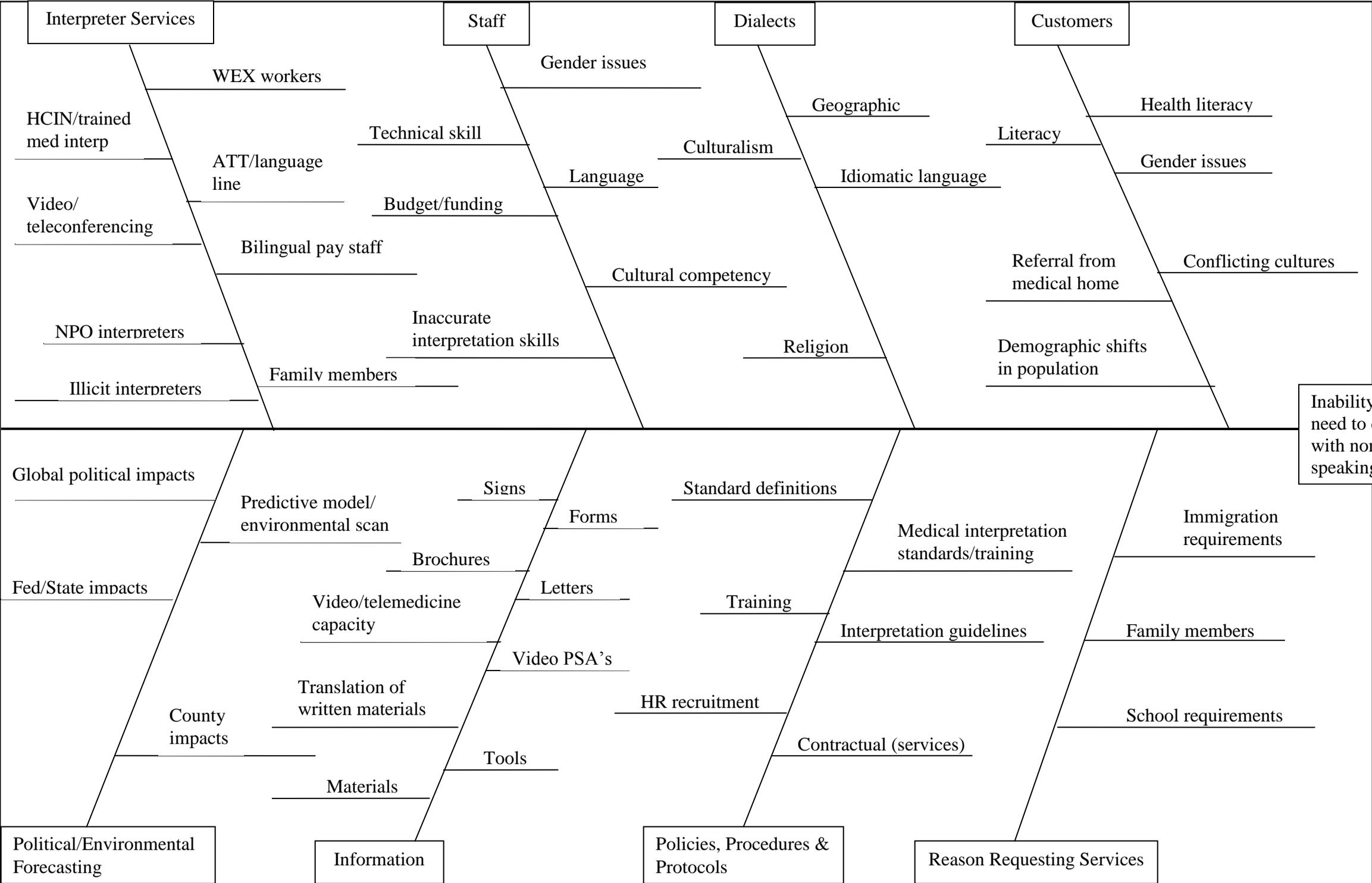
Person English speaks  
User family

# FLOWCHART

Handwritten notes:   
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Intermediate: check & see if other staff available who know language  
Call language line



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**REFERENCE:** Title VI of the Civil Rights Act of 1964

**SUPERSEDES:** N/A

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**I. PURPOSE**

To ensure that all clients receive equal language access and can participate in all health and human services programs.

**II. BACKGROUND**

**A Overview**

Language barriers often result in delays in the provision of health care and services, or the provision of care based on inaccurate or incomplete information. According to Title VI of the Civil Rights Act of 1964 (See Appendix #1) as applied to health and social services programs, "no person (s) in the United States shall, on the ground of race, color, national origin, political affiliation, religion, marital status, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

As per the Office of Civil Rights, all physicians and providers who work for U.S. Department of Health and Human Services (DHHS) funded agencies are required to provide language access services to patients who do not speak English adequately. In December 2000, the Office of Minority Health (OMH) established the "National Standards for Cultural and Linguistically Appropriate Services (CLAS) in Health Care." (See Appendix #2). The three main CLAS themes are culturally competent care, language access services, and organizational support.

The language barrier faced by limited-English proficient clients in need of health care severely limits their ability to gain access to services and to

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participate in programs. Services denied, delayed or provided under such circumstances could have serious consequences for limited-English proficient clients as well as for providers of health care. To ensure compliance with these laws, policies and procedures related to civil rights were developed and are described in this policy.

This document includes instructions on Policy and Procedures Guideline for Provision of Interpreter Services, outlines the policy framework for compliance, and identifies resources available to assist with implementation.

In order to ensure equal access to and quality of health care for diverse population "all health facilities and primary care clinics (potential including medical offices providing primary care services) must include a principal spoken language on the patient's medical record" Health & Safety Code - 123147.

**B. Relevant State Codes and Regulations:**

1. Title VI of the Civil Rights Act of 1964 - See above.

**C. Definitions**

Cultural Competence:

A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

Culturally Competent Care:

The offering and deliverance of health and human services in a manner that is sensitive to the language, culture and traditions of non-native immigrants, migrants and ethnic minorities with the goal of minimizing or eliminating long standing

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disparities in the health status of people with diverse racial, ethnic or cultural backgrounds.

Language Access Services:

The key to providing meaningful access to care for limited English proficient (LEP) persons by ensuring effective communication between the provider/organization and the LEP person.

Limited English Proficient (LEP) Persons:

Individuals who do not speak English as their native language and have a limited ability to read, speak, or understand English.

Non-English Speaking

Individuals whose primary language is other than English and whose language must be used to effectively communicate health and medical information. Sign language is included in this definition.

**III. SCOPE**

This policy is intended for all HHSA employees involved in the delivery of direct customer services in clinics, public health centers, family resources centers, and field visits in the event that they encounter non-English speaking or LEP customers.

**IV. POLICY**

It is the policy of the Health and Human Services Agency (HHSA) to ensure that all persons receive equal access and participation in all available assistance and service programs regardless of their ability to speak English, and that these services are provided free of charge and without undue delay. HHSA's policy reflects the commitment to prohibit discrimination based on race, color, national origin, religion,

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political affiliation, marital status, sex, age, disability, ethnic group identification, sexual orientation or domestic partnership.

HHSA must inform all applicants and recipients of their civil rights. This policy also extends to any HHSA contractor, subcontractor or vendor providing services to HHSA applicants and/or recipients.

Pursuant to Health & Safety Code 123147, the Agency shall ensure equal access to and quality of healthcare for diverse population at all health facilities and the patient's medical record must include a principal spoken language.

**Impairment Services**

HHSA must provide auxiliary aids and services as a way to provide equal opportunity to participate in and enjoy the benefits of services and programs to person(s) with impairments, such as:

- Hearing (are deaf);
- Speech;
- Vision; or
- Manual Skills

Components of interpretation services may include, but are not limited to the following:

- Publicize client rights and availability of services,
- Identify and assess language needs,
- Provide in-person, web- or telephone-based interpreting,
- Assure proper documentation of language needs,
- Provide translation of materials,
- Hire bilingual staff from the community,
- Utilize bilingual community volunteers,
- Provide training for staff, and
- Conduct client satisfaction surveys in multiple languages.

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**V. ROLES AND RESPONSIBILITIES**

HHSA staff who deliver services to the public have specific roles and responsibilities for providing services to Limited-English Proficient (LEP) customers

1. Role - use the policy the procedure for the provision of interpreter services to ensure deliver of culturally and linguistically services.
2. Responsibilities:
  - a. Identify language needs of HHSA Clients
  - b. Locate interpreter resources or services, as needed
  - c. Document language needs
  - d. Inform clients of their civil rights.

State regulations mandate that each county have a Civil Rights Coordinator. The Civil Rights Coordinator's duties are to:

- Prepare the Agency's annual Civil Rights Plan
- Coordinate and respond to compliance reviews
- Work with Agency Civil Rights Liaisons to resolve complaints
- Ensure complaints are responded to in timeframes required by regulations
- Investigate complaints as needed
- Liaison with the California Department of Social Services Civil Rights Bureau and federal compliance agencies

Civil Rights Liaisons:

- Ensure non-discrimination in the delivery of services to clients and the public where the liaison is housed.
- Investigate all client complaints of discriminatory treatment.
- Respond to CRC on all CR complaints assigned and the resolutions or non-resolution on each case the liaison is responsible for.
- Conduct a full investigation when an early resolution is not possible.

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**VI. PROCEDURES**

**Provision of Interpretive Services**

The language needs of non-English speaking and LEP customers must be met by provision of free interpretive services at all substantive and/or significant contacts. Whenever possible, these services are to be met by staff that speaks the customer's primary language. If there are no bilingual staff available, HHSA staff, including those at Public Health Clinics, Public Health Centers and other organizations contracted to deliver public health services, must provide interpreter services by using one of the following methods:

1. Locating a volunteer interpreter in the **list of Bilingual HHSA staff**, which is maintained by the HHSA Department of Human Resources and provided to the on-site Civil Rights Liaison (CRL) by the HHSA Civil Rights Coordinator (CRC).
2. If unable to locate a volunteer from the list of Bilingual HHSA staff, provide an interpreter through utilization of the **approved HHSA Interpreter Vendor** list through the on-site CRL or if necessary by contacting the CRC. Designated staff or a supervisor can make the call to request an HHSA interpretation vendor, depending on manager preference. The person calling can make arrangements to have the interpretation vendor bill their site/office/program directly. Billing does not have to be sent to the CRC for approval or payment.
  - o **Note:** Prior notice of 24-48 hours or more before an appointment is desirable, when contacting Interpretation Vendors to obtain paid interpretation services from a local agency.
3. Use of **The Language Line® Over-the-Phone Interpretation** Service to obtain interpreter services. Sites must create an individual account before their staff can use the Language Line®. Sites may call the following number to establish an account: 1-800-752-6096.

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- **Note:** Use of over-the-phone interpretation type services are highly recommended to effectively reduce the amount of time needed to secure interpretation services and avoid undue delay in providing services and care to the customer.

**Bilingual Interpretive Services**

All bilingual interpretive services must be provided entirely in the non-English speaking or LEP customer's preferred language. The use or insertion of English words or phrases is not acceptable, unless there is no corresponding word or phrase in the customer's preferred language.

Whenever interpretive or translation services (telephone, web-based or in-person) are used, the initial use of the service must be documented in the health record to include:

- The name of the service provider, and
- A description of the service or method used, and
- The language in which the services were provided.

If the same service provider is used for subsequent contacts, only the name of that service provider must be documented each time the service is used. If a different service provider or method is used at a subsequent contact, health record comments must include the detailed information as outlined above.

**Client-Provided Interpreters & Minors Acting as Interpreters**

Customers may provide their own interpreter, however the use of someone trained in medical interpretation is preferred. If the customer insists on using his or her own interpreter, a second interpreter using one of the methods stated above should also be present to ensure adequate interpretation. Consent form 20-49 HHSA "Civil Rights-Interpreters" must be obtained from the customer when individuals other than HHSA employees or HHSA approved interpretation vendors are used as interpreters. Interpreters in this capacity are chosen and provided by the customer to provide interpretation.

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In addition to the customer, the chosen interpreter must sign and date the form acknowledging his/her confidentiality. This must be documented in the customer's health record.

Only under extenuating circumstances should a minor (under age 18) be allowed to act as an interpreter. The nature of the extenuating circumstances must be documented in the customer's health record. The use of a minor as an interpreter is subject to the same documentation requirements as outlines below for adult client-provided interpreters.

**Reminder:** The 20-49 is not required for any interpreters provided by HHSA, which would include HHSA bilingual staff as well as HHSA approved interpretation vendors.

**Documentation Regarding Customer Provided Interpreters**

If the customer chooses to provide his/her own interpreter, staff is required to inform the customer during the intake process and any subsequent health related visits and document it in the health record that the customer was informed of:

- The right to free interpretive services without undue delay,
- Potential problems of using the client's own interpreter, including the possibility of ineffective communication, conflict of interest, and inaccurate interpretation,
- The need to disclose private and confidential information to the interpreter,
- The availability of County-provided interpretive services when the customer's interpreter is not available, and
- The right of the customer to switch from a customer-provided interpreter to a County-provided interpreter at any time.

**Sign Language Interpretation**

To provide American Sign Language (ASL) interpretation for customers with impaired hearing, staff may directly contact either:

- Deaf Community Services of San Diego, Inc. (DCS) at **(619) 398-2488** or

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- Network Interpreting Services (NIS) at (800) 284-1043,

to set up a sign language interpreter for the customer. The CRL also may assist the customer(s) in obtaining necessary ASL services.

**Auxiliary Aids**

Examples of the types of auxiliary aids that HHSA must make available to person(s) who are impaired include:

- Taped text;
- Teletypewriter Services (TTY);
- Large print materials;
- Forms completion;
- Sign language interpreter; or
- Referrals for services to community organizations that can provide prompt and effective services without undue delays.

Impairment service needs also may be accommodated by other means such as reading a form to an applicant/recipient and narrating the action in case comments that was taken to accommodate.

**VII. HHSA Language Needs Determination**

The customer's self-selected preferred language for both oral and written communication must be documented on form 20-46 HHSA, "Language Needs Determination and placed in the customer's health record.

These forms must be reviewed by designated clinic or public health center staff at the initial contact to determine the customer's self-selected preferred language. The form 20-46 HHSA, also must be reviewed with the customer and signed by both the customer and the staff member at each clinic or public health center visit or any time a customer requests a change in either his/her oral or written language preference.

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Language information documented at initial clinic visit must be verified and updated during any subsequent visit. The customer's health record should indicate that the customer's language information was re-verified and updated as appropriate.

**Note:** Staff may not reduce the size of the 20-46 HHSA form (normally a legal size document, 11 x 14) as this may affect the font size and therefore, legibility of the languages listed.

**Acceptance or Refusal of Forms or Other Written Materials**

HHSA clinic and public health center staff must document in the customer's health record his/her acceptance or refusal of forms or other written material offered in the individual's primary language at any public health visit or contact. In the event that a non-English speaking or LEP customer refuses written translations in the customer's primary language, the HHSA staff should determine and document the reason to ensure that the client is aware of the County's ability to provide oral interpretation of written materials for those who are not able to read or need accommodations due to impairments.

**VIII. COMPLAINTS**

HHSA is responsible for investigating discrimination complaints made by a customer or by their authorized representative. Complaints by applicants/recipients may be filed with the on-site Civil Rights Liaison (CRL) or with the Civil Rights Coordinator (CRC).

Please refer to the Complaints Policy (HHSA-XX-XX) and the Complaints of Discriminatory Treatment in the Program Guide.

**IX. ATTACHMENTS**

- A. Appendix #1: Form 20-46 HHSA
- B. Appendix #2: Form 2049

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**X. SUNSET DATE**

This document is scheduled to be reviewed by December 31, 2013.

**XI. APPROVALS**

\_\_\_\_\_  
Wilma J. Wooten, MD, MPH  
Public Health Officer

\_\_\_\_\_  
**Date**