

Departmental Instruction 209 (RTS) 95

Ensuring Access to Language and Communications Supports



CECILY RODRIGUEZ, MPA
DIRECTOR, OFFICE OF CULTURAL & LINGUISTIC
COMPETENCE

KATHRYN A. BAKER, LPC
COORDINATOR, SERVICES FOR PERSONS WHO ARE DEAF,
HARD OF HEARING, LATE DEAFENED OR DEAFBLIND

Learning Objectives



After attending this webinar, participants will

- Understand the contents and expectations of the DI 209
- Know what areas of your organization that are impacted by DI 209
- Know the resources that are available to them as they begin to plan for compliance with DI209
- Be introduced to templates, checklists, written material that will guide their compliance.

209 - 1 Background

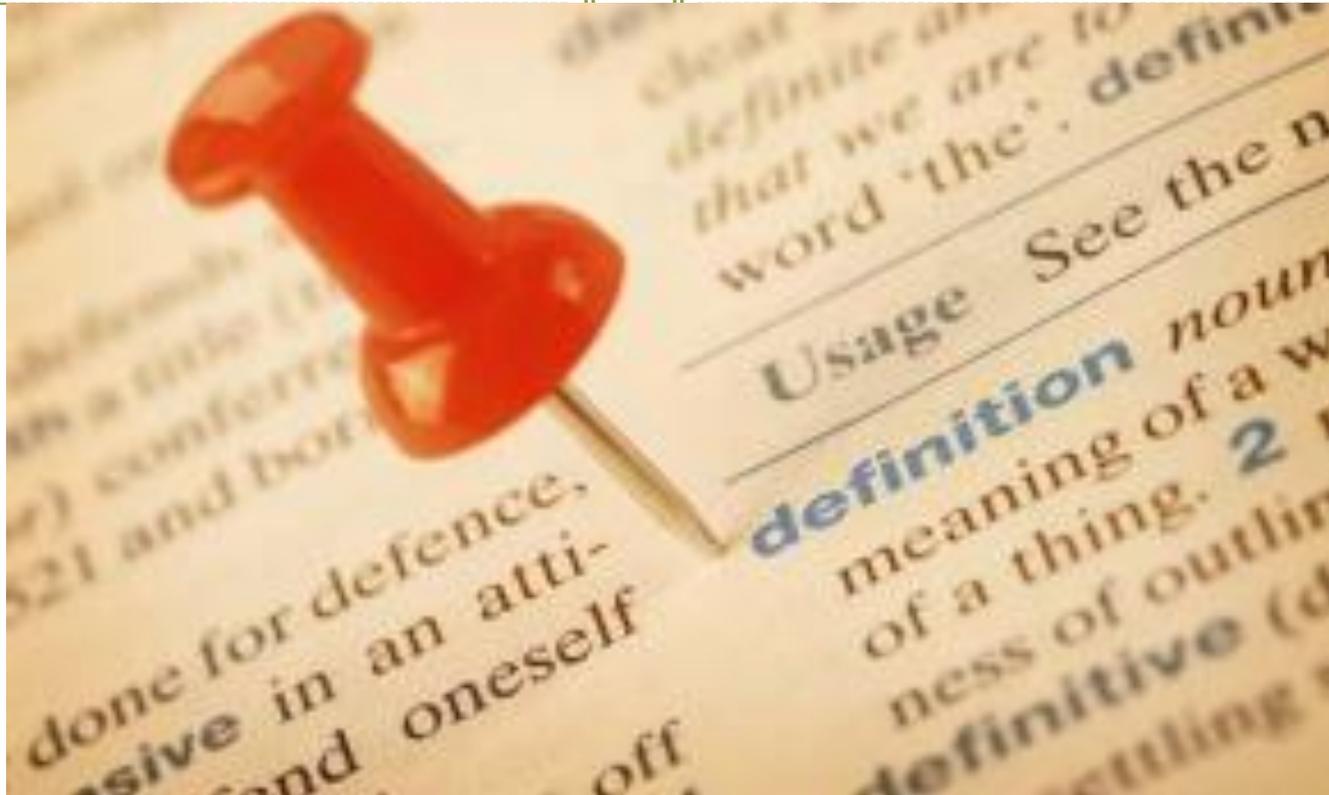
STATE HOSPITALS AND TRAINING CENTERS (THE DEPARTMENT) SHALL ENSURE **MEANINGFUL ACCESS** FOR ALL INDIVIDUALS RECEIVING THEIR SERVICES AND FOR INDIVIDUALS' AUTHORIZED REPRESENTATIVES WHO HELP THEM TO MAKE INFORMED DECISIONS.

THIS POLICY ENSURES COMPLIANCE WITH THE §51.5-40 OF THE CODE OF VIRGINIA, TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, THE AMERICANS WITH DISABILITIES ACT (ADA) OF 1990, THE JOINT COMMISSION (TJC) STANDARDS, AND FEDERAL AND STATE REGULATIONS.

209 - 2 Purpose

- **ESTABLISHES GUIDELINES FOR PROVIDING EFFECTIVE LANGUAGE ACCESS SERVICES FOR INDIVIDUALS RECEIVING SERVICES IN STATE HOSPITALS OR TRAINING CENTERS AND THEIR AUTHORIZED REPRESENTATIVES.**
- **PROVIDES GUIDANCE RELATED TO THREE DISTINCT CATEGORIES OF STAKEHOLDERS USING AND SEEKING SERVICES:**
 - *individuals who have limited English proficiency (LEP)*
 - *persons who are deaf, hard of hearing, late deafened, or deaf-blind;*
 - *individuals who have other types of communication or language needs.*

209 - 3 Definitions



209 – 4 Responsible Authority

Who is responsible?

209 – 4 Responsible Authority



The **Commissioner** is responsible for the establishment of system wide policy that supports language access planning in compliance with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities

The **Human Resources Development and Management Director** is responsible for interpreting and determining compliance with this Instruction.

The **Director of the Office of Cultural and Linguistic Competency** shall:

- Review facility language access plans annually to provide consultation, assure compliance, and support corrective action
- Support the translation of uniform documents used across facilities
- Maintain an ongoing partnership w/ State

- Assess state facility signage
- Provide consultation, training, and technical assistance to CO & facilities on the resolution of issues experienced by individuals who have communication needs and the integration of treatment approaches, community resources, and available technology that enhance access and services.



The State Coordinator for Services for Persons Who Are Deaf, Hard of Hearing, Late Deafened, or DeafBlind shall:

- Review annually, the availability and utilization of assistive technology equipment
- Create ongoing linkages with the OCLC and facilities
- Provide information about resources and training opportunities
- Identify and publicize community resources
- Provide consultation for assessments, evaluations, treatment
- Provide training
- Provide consultations related to communication access.



The **State Facility Director** is responsible for:

- Ensuring the development, promulgation, evaluation, and revision of a facility language access plan
- Informing facility employees of the rights given to individuals with barriers to communication.
- Ensuring that the facility has budgeted sufficient funds to meet the communication needs of individuals receiving services

209 - 4 Responsible Authority



The **State Facility Director is ALSO** responsible for:

- Ensuring that processes are in place to address the complex variables associated with serving persons with hearing loss and providing access to video phone interpreting and VR, as needed
- Ensuring that the appropriate technology is available and staff are trained to utilize it.



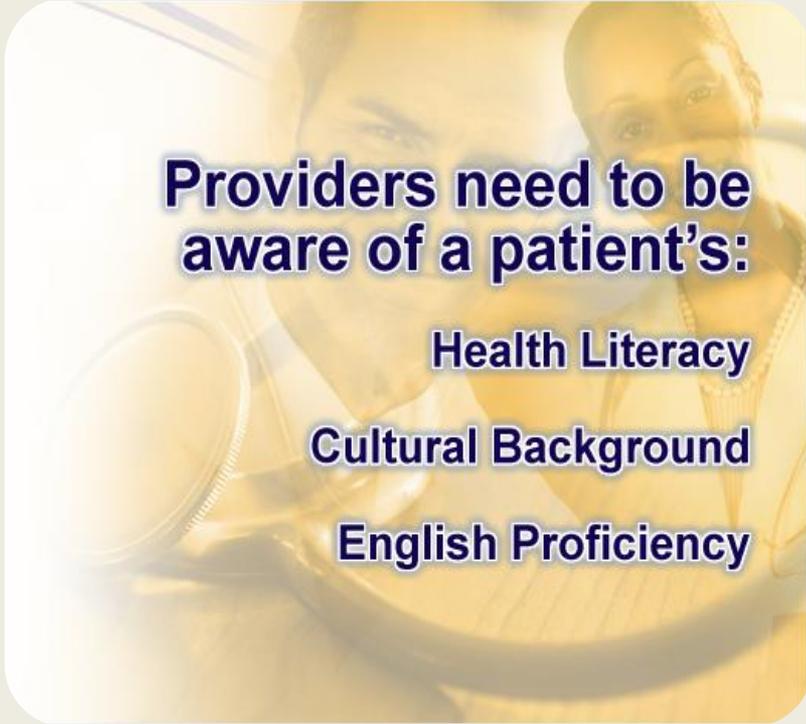


The **State Facility Director is also** is responsible for:

- Enforcing compliance with bilingual staff interpreter requirements.
- Ensuring that staff who are responsible for the treatment and care of individuals implement the procedures described in this Instruction.
- Establishing a collaborative relationship with the State Coordinator and regional coordinators.



The **Facility Training and Development Manager** is responsible for ensuring that all staff trained in the clinical aspects of treating individuals with communication barriers, how communication barriers affect service delivery, language access services, working effectively with qualified interpreters, and other topics related to the populations served by the facility



Providers need to be aware of a patient's:

Health Literacy

Cultural Background

English Proficiency

209 - 5 Specific Guidance



Each state facility shall **DEVELOP & IMPLEMENT A FACILITY WIDE LANGUAGE ACCESS PLAN.**



209-6 Procedures



The Language Access Toolbox

But first...



“I Speak *SOME* Spanish...”

Yeah, who needs me, a qualified interpreter? Go ahead, doctor, practice your Spanish. (I'll try my hand at diagnosing this guy, via Google.)



your  cards
someecards.com

“High School Classes won’t make you an ASL interpreter”



Sign Language Interpreters



Qualified Sign Language Interpreters

This refers to a either a sign language interpreter certified by the National Registry of Interpreters for the Deaf (RID) or a sign language interpreter qualified by the Virginia Department for the Deaf and Hard of Hearing.



Qualified Mental Health Sign Language Interpreters



The NAD recommends the following qualifications for interpreters working in mental health settings:

1. Fluency in American Sign Language;
2. Fluency in English and register choices;
3. Culturally competent;
4. Attending a comprehensive training curriculum for mental health interpreting
5. Mentoring with experienced mental health interpreters (at least 50 hours);
6. Individual or group supervision and peer consultation;
7. High standards of ethical practice; and
8. Knowledge of relevant ethical literature or decision-making models in interpreting.

Foreign Language Interpreters



Qualified Foreign Language Interpreter

This refers to a person who has completed a recognized interpreter training course **AND** has been tested for language proficiency in both English and in at least one additional language. This person transmits oral communication from a source language to a target language for individuals with LEP.

Court certified Interpreters

This means a person who is certified by the Judicial Council of Virginia to perform foreign language interpretation in court proceedings in the Commonwealth.

Foreign Language Translators



Qualified Foreign Language Translators

This refers to a person with training in the practice of translation and full knowledge of vocabulary, sentence structure, of meaning and inference, of intonation, and of slang and colloquialisms for two or more foreign languages.

These persons typically have at least three of the following qualifications:

- a degree in a second language;
- successful completion of a training program in the translation process;
- a number of years' experience undertaking remunerated translation work; and
- membership of a professional translation institute

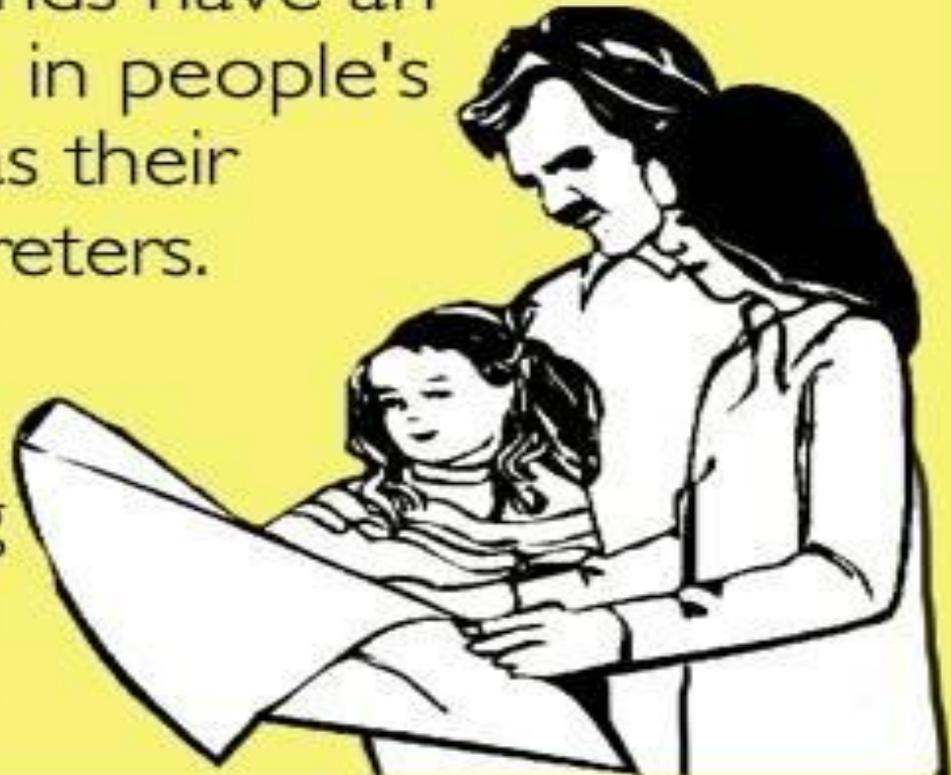
209 - 5 Specific Guidance – Interpretation by Family Members



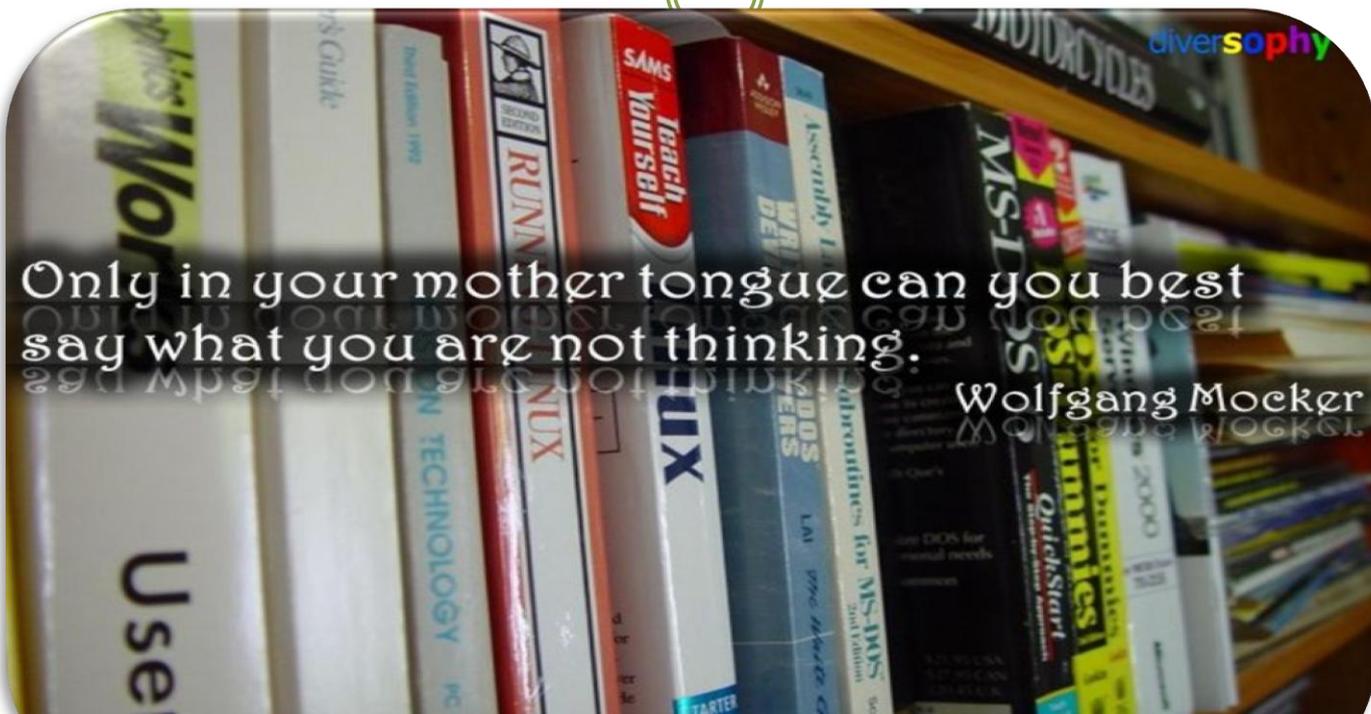
Family and friends have an important role in people's lives, but not as their medical interpreters.

www.ncihc.org

someecards
user card



209 - 6 Procedures



Only in your mother tongue can you best say what you are not thinking.

Wolfgang Moeckel

Public Domain Image. Books writing MS Dos Device Drivers Assembly Language[Photograph]. Retrieved from <http://www.public-domain-image.com/objects-public-domain-images-pictures/books-public-domain-images-pictures/books-writing-ms-dos-device-drivers-assembly-language-1>



Assessment of communication needs

Facility providers shall ask all individuals who are seeking admission to the facility or their authorized representative if the individual has a preferred language or any communication needs.

As part of this initial assessment, the facility shall determine if the individual has a communication or language need that will affect his ability to receive meaningful access to services. This determination shall be noted in the electronic health record and any other location where it may be clinically significant. .



Assessment of communication needs

During the admission process, the facility shall assess the individual's **expressive and receptive** language or communication needs **in both individual and group** settings.

As part of this initial assessment, the facility shall determine if the individual has a communication or language need that will affect his ability to receive meaningful access to services. This determination shall be noted in the electronic health record and any other location where it may be clinically significant.



Assessment of communication needs

When an individual has been identified as having a communication or language need, the facility admissions department or interdisciplinary treatment team leader shall assess the individual's preferred language and needed communication methods **within 24 hours of admission.**

The individual may be the best and preferred source for this information with possible input from family members or specialized providers, or both.



Assessment of communication needs

Within 48 hours of admission, the facility's admissions department or the treatment team leader shall contact a specialized provider or qualified interpreter, or both, to facilitate effective communication or participate on the individual's treatment team.



Assessment of communication needs

For individuals who require forensic evaluations, facilities shall ensure that **communication** providers experienced in working with individuals with hearing loss, LEP, or other communication or language need shall be utilized for evaluation or treatment.

Only certified interpreters who are approved by the Supreme Court of Virginia shall be used for forensic evaluations. In the event that there are not court certified interpreters in the target language, only qualified interpreters shall be used.



Facilities shall enter the **preferred language** (including sign language) in EHR and the medical records of individuals who are identified as having limited English proficiency or a communication barrier

209-6 Procedures



- On-site Staff Interpreters (wage/PRN)
- On-site Contracted Interpreters
- Qualified Bilingual Staff
- Telephonic Interpreters
- Video Interpreters
- Virginia Relay
- Volunteer Interpreters
- Shared Interpreters

209-6 Interpreter Services



- On-site interpreters are a best practice.
- They should be considered the first best option.
- Telephonic interpreters can be used when an on-site interpreter has been found unavailable or when the situation doesn't warrant it.
- BUT – staff must be trained
To access and effectively
utilize the service.



209-6 Procedures-Bilingual Staff (foreign language)



*Bilingual employees shall perform foreign language interpretive services **only** if they documented proficiency in English and the language of services and have completed a qualified bilingual staff training program and have the necessary certification on file.*

Options-

- 40 hour Interpreting in Health and Community Settings (Bridging the Gap)
- 24 hour DBHDS Qualified Bilingual Staff Training



206-6 Procedures - Bilingual Staff (Sign language)



Options??

209-6 Procedures -Documentation of Interpreter use



The use of foreign language or sign language assistance shall be documented in the individual's record. This includes the name of the qualified interpreter and the nature of the communication provided.

Providers using video or telephonic interpreter services shall enter the qualified interpreter's identification number, the language used, and the nature of the interpretation in the individual's record.

209-6 Procedures - Translation of Documents



Facilities must offer and provide translated vital documents at no cost to each individual with limited English proficiency that are translated by a qualified foreign language translator and/or placed into Braille format for persons who are blind or DeafBlind and read Braille. This includes the following:

- Any document intended to provide information or education to the individual;
- Assessment forms signed by the individual;
- Medical record forms;
- Consent forms;
- Discharge instructions; and
- Pertinent facility signage.

209-6 Procedures -Television Captioning



Facilities provide television captioning capability for persons who are deaf, hard of hearing, late deafened or DeafBlind of *any age* who can benefit from this service.

209-7 Staff Training and Resources

10 key intercultural learning opportunities

- Training Programs
- Personal Interactions
- Travel
- Workplace Activities
- Intercultural Journal
- Coaching
- Theatre Film and Arts
- Books
- Site Visits
- Educational Classes

LEARNING

TRAINING

Training Requirements and Resources



Each facility training and development manager shall plan for the provision of training that aligns with the facility's language access plan and incorporates the following requirements:

- All new staff receives a course on cultural and linguistic competence that is two hours minimum
- All staff that interact with individuals who have communication barriers to have a minimum of one hour a year of training or experiential learning related to cultural and linguistic competence.

Kathryn A. Baker, LPC, State Coordinator
Valley CSB
85 Sanger's Lane
Staunton, VA 24401
Voice: 540-213.7527 V
VP: 540.416.0115
kbaker@racsb.state.va.us

Emmett Jones, Ph. D., Regional Coordinator
Deaf & Hard of Hearing Community Counseling
Services
1503 Santa Rosa Drive
Richmond, VA 23229
Voice: 804-762-9671
TTY: 804-346-3043
dreljones@aol.com

Michael Bush, LPC, Regional Coordinator,
Cumberland Mountain
CSB
PO Box 486
Lebanon, VA 24266
Voice: 276-889-
3785
TTY: 800-347-4939
mbush@cmcsb.com



VACANT –Contact
Kathryn
A. Baker, LPC
Blue Ridge
Behavioral
Healthcare
611 McDowell
Avenue N.W.
Roanoke, VA 24016

VACANT - Contact Cynthia Koshatka
14150 ParkEast Circle, Suite 275
Chantilly, VA 20151
Phone:(703) 968-4018
FAX: (703) 968-4020
TTY: 703 968-4050
Cynthia.Koshatka@fairfaxcounty.gov

Paula Markham, Psy. D., Regional Coordinator
Hampton-
Newport News CSB
200 Medical Drive, Suite B
Hampton,
Virginia 23666
Voice: 757-788-0261
TTY: 757-245-3089
pmarkham@hnnscsb.org

More Resources



OCLC Website – language access

<http://www.dbhds.virginia.gov/professionals-and-service-providers/oclc/oclc-focus-areas/language-access-services>

OCLC Website – Services for Individuals who are Deaf

<http://www.dbhds.virginia.gov/professionals-and-service-providers/oclc/deaf-hard-of-hearing>

Language Access Templates



- Language Access Plan Model
- Language Access Plan Template
- Language Access Coordinator Job Description
- Language Access Plan Audit Tool
- Interpreter Evaluation Form