

**COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC SOCIAL SERVICES  
BUREAU OF ADMINISTRATIVE SERVICES  
HUMAN RESOURCES DIVISION**



**CIVIL RIGHTS TRAINING  
FOR  
DEPARTMENT OF MENTAL HEALTH  
DIRECTLY OPERATED CLINICS  
AND  
CONTRACTED  
CaIWORKs/GROW AGENCIES**

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## PREFACE

Equal opportunity and freedom from discrimination are fundamental goals of Federal, State, and local agencies, including the Los Angeles County Departments of Public Social Services and Department of Mental Health. To this end, we remain steadfast in our commitment to adhering to the laws, rules, and regulations that are governed by Title VI of the Civil Rights Act of 1964, which states:

“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

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## OVERVIEW

### A. Introduction & Background

Welcome to the Civil Rights Training for the Department of Mental Health (DMH) and its contractors. This training is designed for those staff who provide services to CalWORKs/GROW non-English speaking/Limited English Proficient (LEP) participants. This training will better prepare staff in complying with Civil Rights Laws and procedures contained in this training handbook.

The law provides that individuals are entitled to receive government benefits and services without discrimination, and regardless of their age, color, disability, language, marital status, national origin, political affiliation, race, religion, or sex. This training will cover Civil Rights Laws as they relate to the provision of CalWORKs/GROW services to non-English speaking/LEP individuals.

The County of Los Angeles covers a geographic area of over 4,000 square miles, and is populated by more than 9.8 million people. The County of Los Angeles is very diverse. Many racial and ethnic groups reside in the County of Los Angeles. It is unlawful to discriminate in the delivery of its services on any basis such as race, gender, or disability. One such ground includes national origin. This has been interpreted to mean discrimination based on language or an inability to understand and speak English. While most individuals read, write, speak, and understand English, there are many individuals for whom English is not their primary language.

Language for CalWORKs/GROW non-English speaking/LEP individuals can be a barrier to accessing important programs or services, understanding and exercising important rights, complying with applicable responsibilities, or understanding other information provided by DPSS or DMH Federally funded programs or activities. The Federal government funds an array of services that must be made accessible to eligible CalWORKs/GROW non-English speaking/LEP persons.

## OVERVIEW (continued)

### A. Introduction & Background (continued)

All CalWORKs/GROW non-English speaking/LEP participants are entitled to receive the bilingual services that will be outlined in this training. Individuals who speak one of the nine threshold languages (Armenian, Cambodian, Chinese, English, Korean, Russian, Tagalog, Vietnamese, and Spanish) are entitled by State law to receive interpreter services and to receive written notices in their own language.

CalWORKs/GROW non-English speaking/LEP participants who do not speak one of the nine threshold languages are entitled to similar oral interpretation services without undue delay when they interact with DMH and its contracted agencies. This includes the right to interpreter services; to have written notices or forms sent in their own language if the California Department of Social Services (CDSS) translated these forms; and to have forms orally translated by an interpreter (or interpreter services) upon request.

**These policies and procedures are mandated by law.** All DMH directly operated clinics and contracted CalWORKs/GROW agencies who come in contact with CalWORKs/GROW non-English speaking/LEP participants must comply with all policies and procedures outlined in this training. Failure to do so may subject DMH to severe financial penalties. You could be subject to disciplinary action. If you work for a contract agency, DMH could find your agency in breach of contract and your agency's contract could be terminated.

### B. Purpose and Use of This Training and Manual

The purpose of this course and manual is to provide trainees with information on how to comply with State and Federal Civil Rights laws, regulations, and policies. Trainees will learn how to access available services in order to communicate effectively with CalWORKs/GROW non-English speaking/LEP individuals. Trainees will also learn how best to provide services to these individuals.

## **OVERVIEW (continued)**

### **B. Purpose and Use of This Training and Manual (continued)**

All individuals are entitled to equal treatment regardless of their age, color, disability, language, marital status, national origin, political affiliation, race, religion, sexual orientation or sex. When questions arise concerning the proper treatment of CalWORKs/GROW participants, DMH directly operated clinics and contracted CalWORKs/GROW agencies, may reference the materials in this Civil Rights Training Handbook to be better equipped when providing CalWORKs/GROW participants with equal treatment and meaningful access to DMH administered programs and services.

### **C. Objectives of This Training**

This course is designed to familiarize trainees with the following procedures, terms, and tools to use while providing services to the CalWORKs/GROW non-English speaking/LEP population. At the completion of this course, trainees will be able to:

- Understand State and Federal laws that prohibit all kinds of discrimination and DMH related Civil Rights obligations.
- Understand the service needs of CalWORKs/GROW non-English speaking/LEP persons who are served by DMH directly operated clinics and contracted CalWORKs/GROW agencies.
- Understand DMH Over-The-Phone Language Services Provider (as contracted by L.A. County) usage policies and procedures.
- Understand how to identify the language spoken by a CalWORKs/GROW non-English speaking/LEP participant.
- Identify and understand how to use all available language services, including but not limited to: bilingual services and resources, such as Bilingual Workers, Certified Bilingual List, the Over-The-Phone Language Services Provider (as contracted by L.A. County), etc., in order to better communicate with and serve CalWORKs/GROW non-English speaking/LEP participants.

## OVERVIEW (continued)

### C. Objectives of This Training (continued)

- Understand what translation/interpretation services to provide CalWORKs/GROW non-English speaking/LEP participants when documents/forms are available only in English.
- Understand the standards of competent interpretation, including ethics of interpreting, and client confidentiality requirements.
- Understand how to provide meaningful access to CalWORKs/GROW non-English speaking/LEP participants in addressing the linguistic barriers preventing full participation in DMH programs and services.
- Understand the Civil Rights Complaint/Compliance procedures, including the proper handling of complaints made by CalWORKs/GROW non-English speaking/LEP participants who believe they experienced discrimination on any basis: race, gender, disability, national origin, etc.
- Gain fundamental knowledge and understanding of specialized terminology.

# LOS ANGELES COUNTY MISSION STATEMENT

## **Our Mission:**

To enrich lives through effective and caring service.

## **Our Vision:**

Our **purpose** is to improve the quality of life in Los Angeles County by providing responsive, efficient, and high quality public services that promote the self-sufficiency, well-being, and prosperity of individuals, families, businesses, and communities.

Our **philosophy** of teamwork and collaboration is anchored in our shared values:

- Responsiveness
- Integrity
- Professionalism
- Commitment
- Accountability
- A can-do attitude
- Compassion
- Respect for diversity

Our **position** as the premier organization for those working in the public interest is established by:

- A capacity to undertake programs that have public value;
- An aspiration to be recognized through our achievements as the model for civic innovation; and
- A pledge to always work to earn the public trust.

## **CIVIL RIGHTS LAWS AND REGULATIONS**

### **A. Rehabilitation Act of 1973—Federal Law**

The Rehabilitation Act of 1973, Section 504, provides that no otherwise qualified individual with a disability in the United States, shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by an executive agency or by the United States Postal Service.

### **B. Americans with Disabilities Act (ADA) of 1990—Federal Law**

The Americans With Disabilities Act (ADA) of 1990 (42 U.S.C.) is a comprehensive Federal statute aimed at eliminating discrimination against disabled persons in employment, public services (including transportation), public accommodations and services, and telecommunications.

Title II of ADA of 1990 provides that public service agencies cannot deny services to people with disabilities from participation in programs or activities that are available to people without disabilities.

An individual with a disability is one who has a physical or mental impairment that substantially limits one or more major life activities and has a record of such impairment, or is regarded as having such an impairment.

DMH directly operated clinics and contracted CalWORKs/GROW agencies are forbidden under ADA and Title VI from discriminating against the disabled in the delivery of all programs and services. As with non-English speaking/LEP participants this means the disabled must have meaningful access to (and an opportunity to meaningfully participate in) all DMH programs and services.

## **CIVIL RIGHTS LAWS AND REGULATIONS (continued)**

### **C. Age Discrimination Act of 1975—Federal Law**

The Age Discrimination Act of 1975 provides that no person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal assistance.

### **D. Title VI - Civil Rights Act of 1964 and Implementing Regulations**

Title VI of the Civil Rights Act of 1964 and its regulations provide that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

#### **1. Lau v. Nichols, 414 U.S. 563 (1974)**

In the case of Lau v. Nichols, the U.S. Supreme Court ruled that one type of national origin discrimination is discrimination based on a person's inability to speak, read, write, or understand English. In Lau v. Nichols, the Court held that excluding a person from full participation in programs (education in Lau v. Nichols) based on their inability to speak or understand English violated the National Origin provision of Title VI of the Civil Rights Act of 1964.

#### **2. Executive Order 13166 of 2000 (August 11, 2000) & Health and Human Services LEP Guidance**

Executive Order 13166 requires all Federal agencies to adopt policies (called "Guidances") to ensure meaningful access for LEP persons to all programs and services. Originally adopted by President Clinton, the Bush Administration affirmed its commitment to Executive Order 13166. The U.S. Department of Health and Human Services (DHHS) adopted its LEP guidance in 2003 (It is found in Volume 68 of the Federal Register p. 47311 et. seq., August 8, 2003). (See Appendix for a summary description of DHHS' guidance).

## **CIVIL RIGHTS LAWS AND REGULATIONS (continued)**

### **D. Title VI - Civil Rights Act of 1964 and Implementing Regulations (continued)**

DMH administration used Title VI and the DHHS Guidance to develop the Department's language access policies and procedures. Failure to abide by Title VI and DMH policies can result in the loss of DMH Federal funds (and may subject staff to disciplinary action).

### **E. Government Code Section 11135 and California Code of Regulations Title 22 Sections 98000-98413**

Government Code Section 11135 and California Code of Regulations Title 22 Section 98000-98413 provide that no person in the State of California shall, on the basis of race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, or disability, be unlawfully denied full and equal access to the benefits of, or be unlawfully subjected to discrimination under any program or activity that is conducted, operated, or administered by the State or by any State agency that is funded directly by the State or receives any financial assistance from the State.

### **F. Dymally-Alatorre Bilingual Services Act of 1973 (Government Code Section 7296 et. seq.)**

The Dymally-Alatorre Bilingual Services Act mandates that State agencies directly involved in the furnishing of information or the rendering of services to the public, must in specifically prescribed situations employ a sufficient number of qualified bilingual persons in public contact positions to ensure the provision of information and services to the public in the language of the non-English speaking people.

The Act further mandates that every State agency that serves a substantial number of non-English speaking people and provide materials in English explaining services, shall also provide the same type of materials, in a non-English language, spoken by a substantial number of the public served by the agency.

## **CIVIL RIGHTS LAWS AND REGULATIONS (continued)**

### **G. California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP), Division 21**

The purpose of Division 21 is to effectuate the provisions of the above laws and other applicable laws to ensure that the administration of public assistance and social services programs are nondiscriminatory.

CDSS Division 21 regulations apply to all County welfare departments and all other contractors and agencies receiving Federal or State financial assistance through CDSS for the administration of public assistance, GAIN, food stamps, child support enforcement, fraud investigation, and social services. The rules deal with bilingual staffing; interpreter services; use of translated forms and notices; informing signs; documentation of primary language; and complaints of discrimination. (See "ACL 03-56" for an explanation of Division 21 regulations available on-line).

#### **1. Types of Discrimination**

##### **a. Discrimination Based on Disability**

Title II of the ADA of 1990 provides that public service agencies cannot deny services to people with disabilities or prevent them from participating in programs or activities that are available to people without disabilities.

##### **b. Discrimination Based on National Origin--LEPs**

Title VI of the Civil Rights Act of 1964 and State Law protect a person's Civil Rights, including their right to be free from national origin discrimination. These laws require that CalWORKs/GROW non-English speaking/LEP participants be provided with meaningful access to DMH services and programs regardless of their ability to read, write, speak, or understand English.

**Note:** Some agencies operate in communities where English has been declared the official language. Nonetheless, any entity that receives funds from the Federal government cannot discriminate against anyone due to national origin or lack of ability to speak or understand English.

## **EFFECTIVE COMMUNICATION—RESOURCES AND TOOLS FOR ORAL INTERPRETATION SERVICES AND WRITTEN TRANSLATION**

Agencies have two main methods of providing language services: Oral interpretation either in person or via telephone, and written translation. Quality and accuracy of the language service (without undue delay or burden) are critical in order to avoid serious consequences to the CalWORKs/GROW non-English speaking/LEP person and to DMH and its contractors.

DMH directly operated clinics and contracted CalWORKs/GROW agencies offer participants several tools to facilitate communication with CalWORKs/GROW non-English speaking/LEP participants as described below. The policies and procedures for their use will be described in the following chapter.

### **A. Posters, Signs & Informational Material in Offices**

It is important to provide notice in appropriate languages in intake areas or initial points of contact so that non-English/LEP participants can learn how to access those language services. For example, signs in offices should state that free language assistance is available. These signs have been translated into the most common languages encountered. The current required material is described below.

#### **1. Informing Signs**

DMH directly operated clinics and contracted CalWORKs/GROW agencies must post a sign that informs CalWORKs/GROW participants that they may:

- a. Request assistance in their primary language (CDSS, MPP 21-107.211 and .212). That requirement can be met by posting a DPSS' **"Can We Help You?"** poster or a similar poster that DMH directly operated clinics and CalWORKs/GROW contracted agencies may have, in a conspicuous area; or using the Language Line Identification (yellow) card.
- b. File complaints of discriminatory treatment. CDSS **"Everyone Is Different But Equal Under The Law"** (PUB-86) poster must be displayed prominently in all areas accessible to the public.

## **EFFECTIVE COMMUNICATION—RESOURCES AND TOOLS FOR ORAL INTERPRETATION SERVICES AND WRITTEN TRANSLATION (continued)**

### **1. Informing Signs (continued)**

- c. In addition to the sign offering translation services, DMH directly operated clinics and contracted CalWORKs/GROW agencies that serve a substantial number of participants who speak a non-English language must translate all **directional and instructional signs** and posted material into that particular language.

### **2. PUB 13--DSS' "Know Your Rights" Brochure**

This informational handout which is published by the State must also be made available to the public in offices. Since January 1990, the Department has used the State pamphlet, "Your Rights Under California Welfare Programs" (PUB 13) as an informational handout. This brochure must also be made available to the public in offices and placed in a conspicuous location. It contains information on the right to free interpreter services and to receive information in the person's primary language. It also contains information on services for the deaf and hard of hearing and other important rights. The pamphlets expand the information contained on the wall posters and signs. Pamphlets are now available in Armenian, Cambodian, Chinese, English, Farsi, Hmong, Korean, Laotian, Russian, Spanish, and Vietnamese, as well as in large print. The Pub 13 will be available in the lobby.

### **3. PA 2457--"Civil Rights Information Notice"**

A single-page instructional sheet, "Civil Rights Information Notice," (PA 2457) is available in eight different languages to explain the Civil Rights complaint resolution procedures. This notice will be available in the lobby to all CalWORKs/GROW participants.

## **EFFECTIVE COMMUNICATION—RESOURCES AND TOOLS FOR ORAL INTERPRETATION SERVICES AND WRITTEN TRANSLATION (continued)**

### **4. PA 481--“Primary Language Designation Form”**

The Primary Language Designation Form (PA 481) allows a CalWORKs/GROW non-English speaking/LEP participant to identify what language they prefer to use for both oral and written communication. The determination of the CalWORKs/GROW participant's primary language shall be made by the participant. Even if the participant speaks English, he/she can designate another language as “primary.” The PA 481 not only identifies the language spoken by an individual, it also provides a means for DPSS to establish current threshold languages. The PA 481 must be completed for every participant and filed in their DPSS Folder at intake and reassessment.

### **5. PA 481-A -- “Interpreter Service Statement / Interpreter Confidentiality Agreement” Form**

The Interpreter Service Statement / Interpreter Confidentiality Agreement form (PA 481-A) is utilized to document when an interpreter is used and how interpreter services were provided. The interpreter is required to abide by the rules of confidentiality and completes the Interpreter Confidentiality Agreement portion of the form.

## **EFFECTIVE COMMUNICATION—RESOURCES AND TOOLS FOR ORAL INTERPRETATION SERVICES AND WRITTEN TRANSLATION (continued)**

### **B. Tools for Effective Oral Communication - Bilingual Workers and Interpreters**

The goal of DMH is to ensure that all non-English speaking/LEP consumers have equal access to services in the language of their choice. According to DMH policy No. 202.21 titled Language Interpreters (See Appendix) “Under no circumstances shall a consumer be denied services because of a language barrier.” The Department shall provide language assistance free of cost to non-English speaking/LEP CalWORKs/GROW participants in the following order of priority:

- Bilingual Staff (including use of certified bilingual staff as competent interpreters). DMH directly operated clinics and contracted CalWORKs/GROW agencies will maintain an internal roster of staff proficient in non-English languages.
- Interpreters drawn from the Department’s Certified Bilingual List for directly operated clinics
- Over-The-Phone Language Services Provider (as contracted by L.A. County) operated by a third party

Interpreters may be most helpful where there is a frequent need for interpreting services in one or more languages. At times, it may be necessary and reasonable to provide on-site interpreters who can help bring understanding and meaningful communication to CalWORKs/GROW non-English speaking/LEP individuals.

#### **1. Bilingual Workers**

- a. DMH directly operated clinics and contracted CalWORKs/GROW agencies are required to have qualified and certified bilingual public contact staff, who speak the languages spoken by a substantial number of participants and who serve those non-English speaking/LEP persons, including those who use American sign language. A substantial number is five percent of the people served in a program at an office (CDSS MPP Division 21-115.1).

## **EFFECTIVE COMMUNICATION—RESOURCES AND TOOLS FOR ORAL INTERPRETATION SERVICES AND WRITTEN TRANSLATION (continued)**

### **1. Bilingual Workers (continued)**

- b.** Hiring bilingual staff offers one of the best and often most practical options for DMH directly operated clinics and contracted CalWORKs/GROW agencies. DMH directly operated clinics and contracted CalWORKs/GROW agencies assign CalWORKs/GROW non-English speaking/LEP participants to bilingual workers as appropriate and when available.
- c.** When bilingual staff cannot meet all of the language service obligations of DMH directly operated clinics and contracted CalWORKs/GROW agencies, they should turn to other options such as using contract interpreters through the Over-The-Phone Language Services Provider (as contracted by L.A. County), which should be documented in the Language Line Services Phone Log and the copy placed in the case file.

**Note:** Certified bilingual employees are required to interpret/translate whenever asked.

### **2. Minors, Friends, Family Members, and Strangers Should Not Be Used as Interpreters**

- a.** DMH directly operated clinics and contracted CalWORKs/GROW agencies must not request that participants bring along their own interpreter when visiting an office.
- b.** The participant shall retain the right to use his/her own interpreter, but shall never be required to do so. If the person insists on using their own interpreter, an "Interpreter Services Statement / Interpreter Confidentiality Agreement" form (PA 481-A) must be completed.

## **EFFECTIVE COMMUNICATION—RESOURCES AND TOOLS FOR ORAL INTERPRETATION SERVICES AND WRITTEN TRANSLATION (continued)**

### **2. Minors, Friends, or Family Members Should Not Be Used as Interpreters (continued)**

- c. The use of minors, friends, or family members is strongly discouraged, and when such a person is used as an interpreter, the worker must document the circumstances requiring temporary use of a minor, friend, or family member in the DPSS Folder using the PA 481-A. Due to the sensitive nature of certain situations and the possibility of errors in communication, minors should never be used, except to indentify the language the person speaks.
- d. A participant's refusal to use free interpreter services and his/her preference to use a family member or minor must be documented in the DPSS Folder using a PA 481-A.

### **C. Tools for Effectively Communicating With the Visually Impaired & Hard of Hearing**

#### **1. Resources for the Deaf & Hard of Hearing**

The American with Disabilities Act (ADA) requires that DMH directly operated clinics and contracted CalWORKs/GROW agencies ensure effective communication with CalWORKs/GROW non-English speaking/LEP participants. DMH directly operated clinics and contracted CalWORKs/GROW agencies have several resources to communicate with the deaf and hard of hearing:

##### **a. Telecommunication Device for the Deaf (TTY/TDD)**

The TTY/TDD is an electronic teletypewriter which enables the deaf or hard of hearing to communicate via the telephone with other agencies or persons who have TTY/TDD machines.

The TTY/TDD machine may be used as a tool to assist participants when contacting the Department's ACCESS Center to inquire about DMH programs and services.

## **EFFECTIVE COMMUNICATION—RESOURCES AND TOOLS FOR ORAL INTERPRETATION SERVICES AND WRITTEN TRANSLATION (continued)**

### **a. Telecommunication Device for the Deaf (TTY/TDD) (continued)**

The TTY/TDD direct number to DMH ACCESS Center is (562) 651-2549. Additionally, Info Line provides a toll free number at (800) 660-4026.

### **b. California Relay Service**

The California Relay Service (CRS) is a California Public Utilities Commission service requiring telephone companies to provide communication services for persons who are deaf, hard of hearing, or persons with a speech impairment. CRS is another option for callers who may or may not have TDD/TTY equipment available.

The following is a list of toll free numbers available.

1(800) 735-2929	Persons with TDD/TTY equipment
1(800) 735-2922	Persons without TDD/TTY equipment
1(800) 877-5379	Persons without TDD/TTY equipment

Or 711

### **c. American Sign Language (ASL) Interpreters**

Effective face-to-face communication with individuals who are deaf or hard of hearing is usually achieved through the use of a qualified sign language interpreter.

When a CalWORKs/GROW participant indicates a need for a sign language interpreter, find out if he/she can communicate in American Sign Language (ASL). Not all deaf or hard of hearing persons are skilled in ASL. For example, some may finger-spell and have a limited ability to write words in English.

## **EFFECTIVE COMMUNICATION—RESOURCES AND TOOLS FOR ORAL INTERPRETATION SERVICES AND WRITTEN TRANSLATION (continued)**

### **c. American Sign Language (ASL) Interpreters (continued)**

If a CalWORKs/GROW participant who is deaf or hard of hearing requires a qualified ASL interpreter, directly operated clinics and contracted agencies requesting interpretation for their clients should contact the ACCESS Center at (800) 854-7771 and ask to speak with the Sign Language Interpreter Coordinator to arrange for interpreter services.

### **2. Visually Impaired**

The State provided Pub 13 pamphlet printed in both large characters and Braille should be available for visually impaired CalWORKs/GROW participants upon request.

## **D. Department of Mental Health (DMH) Civil Rights Guidelines**

### **1. Civil Rights Training Handbook**

This Civil Rights Training Handbook for DMH directly operated clinics and contracted CalWORKs/GROW agencies must be available at all sites with CalWORKs/GROW programs. The handbook contains a detailed description of Civil Rights Policies and Procedures. It contains essential aspects of Civil Rights compliance that public contact staff can use to properly and effectively administer the DMH programs and services offered to CalWORKs/GROW non-English/LEP participants.

## **BILINGUAL AND INTERPRETER SERVICES PROCEDURES**

Civil Rights rules and regulations must be consistently followed to ensure compliance with Federal and State mandates. The provision of bilingual and interpreter services to the CalWORKs/GROW non-English speaking/LEP population by DMH directly operated clinics and contracted CalWORKs/GROW agencies must always be prompt and without undue delay.

In rendering these services, DMH directly operated clinics and contracted CalWORKs/GROW agencies must adhere to the proper and required methods of:

- Identifying every CalWORKs/GROW participant's preferred language using the "Language Designation Form" (PA 481)
- Communicating with CalWORKs/GROW non-English speaking/LEP participants
- Properly maintaining cases with a non-English preferred language designation
- Providing CalWORKs/GROW non-English speaking/LEP participants with all the services and benefits to which they are entitled
- Monitoring to ensure compliance

### **A. Key Points**

All DMH directly operated clinics and contracted CalWORKs/GROW agencies who come in contact with CalWORKs/GROW participants must review and always keep these key points in mind:

- The CalWORKs/GROW participant has the right to designate his/her preferred language.
- Oral communication with persons speaking any language other than English must be facilitated by the use of bilingual workers within each DMH directly operated clinic and contracted CalWORKs/GROW agency, interpreters drawn from the DMH certified bilingual list for directly operated clinics, or paid contract interpreters, including the Over-The-Phone Language Services Provider (as contracted by L.A. County) for both directly operated clinics and contracted agencies.

## BILINGUAL AND INTERPRETER SERVICES PROCEDURES (continued)

### A. Key Points (continued)

- DMH directly operated clinics and contracted CalWORKs/GROW agencies shall respond effectively and without undue delay to any situation that calls for the rendering of certified bilingual or interpreter services to CalWORKs/GROW non-English speaking/LEP individuals whom we all value as our participants.
- DMH directly operated clinics and contracted CalWORKs/GROW agencies may not require that a CalWORKs/GROW non-English speaking/LEP participant bring along their own interpreter when visiting an office.
- Although DMH directly operated clinics and contracted CalWORKs/GROW agencies may not require that CalWORKs/GROW non-English speaking/LEP participants bring along their own interpreter when visiting an office, the CalWORKs/GROW participant always retains the right to use his/her own interpreter if he/she elects to do so. When a participant elects to use his/her own interpreter, staff must document the circumstances requiring temporary use of the participant's interpreter via the "Interpreter Services Statement and Interpreter Confidentiality Agreement" form (PA 481-A). In addition, a separate statement must be documented in the Civil Rights Activity Log each time a PA 481-A is completed. The Civil Rights Activity Log and the PA 481-A must be filed in the DPSS Folder located within the clinical record. The statement should read as follows: **Interpretive Services were provided in accordance with the PA 481-A signed and completed on \_\_\_\_\_.**
- DMH directly operated clinics and contracted CalWORKs/GROW agencies shall use "I Speak" cards and the "Can We Help You?" poster or a similar poster to identify the language spoken by the CalWORKs/GROW non-English speaking/LEP participant.
- DMH directly operated clinics that do not have access to bilingual workers in their own offices shall utilize the Department's ACCESS Center at (800) 854-7771 to request interpretive services through the Department's Certified Bilingual List or through the Over-The-Phone Language Services Provider (as contracted by L.A. County).

## **BILINGUAL AND INTERPRETER SERVICES PROCEDURES (continued)**

### **A. Key Points (continued)**

- DMH contracted agencies that do not have access to bilingual workers in their offices shall utilize the Department's ACCESS Center at (800) 854-7771 to request interpretive services through the Over-The-Phone Language Services Provider (as contracted by L.A. County).
- The provisions of American Sign Language (ASL) interpreters for individuals with hearing and speaking impairments must be arranged through the Department's ACCESS Center at (800) 854-7771.
- DMH directly operated clinics and contracted CalWORKs/GROW agencies shall use the appropriate forms and prepare correspondence in the appropriate preferred language when processing cases with a non-English preferred language designation. When written translation is not available, the forms and documents must be thoroughly translated/interpreted orally and not merely summarized for the CalWORKs/GROW non-English speaking/LEP participants.

### **B. Policy/Procedures**

Oral communication is accomplished through a hierarchy of bilingual workers within each DMH directly operated clinic and contracted CalWORKs/GROW agency; interpreters drawn from the DMH certified bilingual list (in the case of directly operated clinics), or paid contract interpreters, including the Over-The-Phone Language Services Provider (as contracted by L.A. County).

#### **1. Language Identification**

##### Responsibility - Action

Upon recognizing that a person is in need of interpreter services, the following procedures should be followed by DMH directly operated clinics and contracted CalWORKs/GROW agencies:

## BILINGUAL AND INTERPRETER SERVICES PROCEDURES (continued)

### a. Public Contact Staff:

#### Responsibility - Activity

1. Ask the CalWORKs/GROW non-English speaking/LEP person to point to his/her spoken language on the LLS' yellow "I Speak" Card and/or "Can We Help You?" poster. Please note: The card/poster is to be used when the participant does not self-declare his/her spoken language or staff cannot understand the language spoken. Remember that due to the nature of certain situations and the possibility of communication errors, a participant's minor child may only be used to identify the language the adult speaks. The Over-The-Phone Language Services Provider (as contracted by L.A. County) can also be used to identify a person's language if other methods do not work.
2. Provide the appropriate method of interpreter services by following the steps below:
  - a. Using the agencies internal roster, locate a bilingual staff within the DMH directly operated clinic or contracted CalWORKs/GROW agency to provide interpreter assistance. If no bilingual staff is available; then
  - b. Contact the DMH ACCESS Center (800) 854-7771 to request assistance identifying a certified bilingual interpreter via:
    - The DMH Certified Bilingual List, for directly operated clinics
    - The Over-The-Phone Language Services Provider (as contracted by L.A. County) for both directly operated clinics and contracted agencies

## **BILINGUAL AND INTERPRETER SERVICES PROCEDURES (continued)**

### **a. Public Contact Staff (continued):**

- c.** Record case comments in the DPSS Folder indicating how staff communicated with the CalWORKs/GROW non-English speaking/LEP participant.

**Note:** Whenever you have an opportunity to interpret an application and other documents for a CalWORKs/GROW non-English speaking/LEP participant, the document must be translated/interpreted and not merely summarized for the person.

## ISSUES OF INTERPRETER ETHICS & COMPETENCE

### A. Code of Ethics and Role of Interpreter

#### 1. Ethical Principles

A competent interpreter needs to demonstrate an understanding of ethical principles and ethical decision-making. In every profession there is a set of guidelines, often referred to as a Code of Ethics, which governs the behaviors of those in the profession. Although there is not currently a nationally recognized Code of Ethics for Interpreters or for Interpretation, the increasing need for interpretation has sparked the development of numerous Codes of Ethics. These codes vary, but often contain the same basic elements that are essential to good ethical interpretation. The following is a list of ethical principles that DMH directly operated clinics and contracted CalWORKs/GROW agencies have adopted and expects DMH interpreters to follow:

- a. **Confidentiality:** The interpreter must treat all information disclosed during interpretation as confidential.
- b. **Accuracy and Completeness:** The interpreter must convey the entire message faithfully in a linguistically appropriate manner, without adding or omitting any information, and without summarizing the information.
- c. **Impartiality:** The interpreter must remain objective and not give his/her opinion.
- d. **Respect and Professionalism:** The interpreter must maintain professional integrity and treat both the participant and the provider with respect.
- e. **Conveying Cultural Information:** The interpreter should be prepared to intervene by providing information on cultural differences and practices to the provider and participant when such information is needed to avoid cultural misunderstandings and miscommunication.

## **ISSUES OF INTERPRETER ETHICS & COMPETENCE (continued)**

### **1. Ethical Principles (continued)**

- f. Acceptance of Assignments:** The interpreter must decline or withdraw from any assignment in which he/she cannot abide by any element of the Code of Ethics.

### **2. Competency of Interpreters/Translators**

If a bilingual staff is used to provide interpretation/translation services between English, non-English, and/or LEP speaking participants, or to orally interpret written documents from English into another language, they should be competent in the skill of interpreting.

When providing interpretation or translations, DMH directly operated clinics and contracted CalWORKs/GROW agencies must ensure the competence of the interpreter/translator.

Competency requires more than self-identification as bilingual. Some bilingual staff, for instance, may be able to communicate effectively in a different language, but not be competent to interpret in and out of the English language. Competency to interpret does require formal certification as an interpreter, for Civil Rights purposes.

When using interpreters, staff must ensure the competency of the interpreter by making sure that the interpreter:

- a.** Abides by the rules of ethics;
- b.** Demonstrates proficiency in and the ability to communicate information accurately both in English and in another language and identify, then employ the appropriate mode of interpreting;
- c.** Effectively conveys the information from English to the person's primary language and back from that language into English;
- d.** Has knowledge, in both languages, of any specialized terms or concepts;

## **ISSUES OF INTERPRETER ETHICS & COMPETENCE (continued)**

### **2. Competency of Interpreters/Translators (continued)**

- e. Knows any particularized vocabulary used by the non-English speaking/LEP person. Many languages have “regionalisms,” or differences in usage. In addition, there may be languages which do not have an appropriate direct interpretation. Interpreters should be aware and be able to provide the most appropriate interpretation; and
- f. Understands and adheres to their role as interpreters without deviating into the role of a mental health worker.

### **3. Timeliness**

Interpretation must be offered in a timely manner. The language assistance should be provided at a time and place that avoids the effective denial of the service or right at issue or the imposition of an undue burden on/or delay in important rights, or services to the CalWORKs/GROW non-English speaking/LEP participant.

### **4. Discourage the Use of Family, Friends, Minors, and Strangers as Interpreters**

#### **Policy Rationale**

DMH directly operated clinics and contracted CalWORKs/GROW agencies should discourage the use of family, friends, or strangers as interpreters. A family member, friend, or other individual may be used as interpreter only after free language assistance has been offered, and the participant has declined. If the non-English speaking/LEP participant declines such language assistance, staff must document this in the case file or in an “Interpreter Services Statement and Interpreter Confidentiality Agreement” (PA 481-A) form or a similar form that DMH directly operated clinics and contracted CalWORKs/GROW agencies may have.

In many circumstances, family members (especially children), and friends are not competent to provide quality and accurate interpretation. They lack an understanding of critical concepts or specialized terminology that may lead to errors.

## **ISSUES OF INTERPRETER ETHICS & COMPETENCE (continued)**

### **4. Discourage the Use of Family, Friends, Minors, and Strangers as Interpreters (continued)**

Non-English speaking/LEP participants may also feel uncomfortable revealing or describing sensitive, confidential, or potentially embarrassing medical, law enforcement, sexual or violent assaults, family or financial information to a family member or friend.

### **5. Interpreter Services Statement/Interpreter Confidentiality Agreement**

If a CalWORKs/GROW participant chooses to use their own interpreter, a written statement via the "Interpreter Services Agreement and the Interpreter Confidentiality Agreement" (PA 481-A) must be signed by the participant and the forms should be placed in the DPSS Folder located within the clinical record. The statement must be in the CalWORKs/GROW non-English speaking/LEP participant's preferred language and should state:

- a. That DMH directly operated clinics and contracted CalWORKs/GROW agencies explained the availability of free interpreters
- b. That the risks of using their own interpreter were explained including:
  1. Possible mistakes due to specialized terms or vocabulary
  2. Possible omissions due to the sensitive nature of the questions and discussion that must occur or potential conflicts of interest
- c. That after these rights and concerns were explained in the participant's language, the CalWORKs/GROW non-English speaking/LEP participant still chose to use their own interpreter.

## **CIVIL RIGHTS COMPLAINTS**

### **A. Accepting Civil Rights Discrimination Complaints From DPSS CalWORKs/GROW Participants**

#### **1. Overview: Accept All Complaints**

DMH directly operated clinics and contracted CalWORKs/GROW agencies **must accept all complaints** of discriminatory treatment, written and/or verbal from DPSS CalWORKs/GROW participants. Individuals are not required to disclose the nature of the complaint in order to obtain a DPSS "Complaint of Discriminatory Treatment" form (PA 607). If a verbal allegation of discrimination is made, either in person or by telephone, and the complainant refuses or is incapable of putting the allegation in writing, the staff person with whom the complainant is discussing the allegation shall put the elements of the complaint in writing, using the PA 607 form.

A complainant who wishes to be anonymous may also file a complaint. Individuals should be given the PA 2457 regarding Civil Rights Laws & Complaints. This document contains the contact information for the various Civil Rights agencies that monitor DPSS and its contractors.

#### **2. Policy: The Right to File a Complaint**

Any CalWORKs/GROW participant alleging discrimination has the right to file a complaint of discrimination.

It is the responsibility of DMH directly operated clinics and contracted CalWORKs/GROW agencies to ensure that all complaints of discriminatory treatment filed by CalWORKs/GROW participants are handled professionally and with respect.

## **CIVIL RIGHTS COMPLAINTS (continued)**

### **3. Facilitating the Discrimination Complaint Process - Responsibilities of DMH Directly Operated Clinics and Contracted CalWORKs/GROW Agencies.**

In order to facilitate the complaint process, the PA 607 shall always be in the lobby and readily accessible at DMH directly operated clinics and contracted CalWORKs/GROW agencies in the appropriate threshold languages. DMH employees and DMH contracted staff **must accept all complaints** of discriminatory treatment, written and/or verbal made by DPSS CalWORKs/GROW participants.

#### **Facilitating the Discrimination Complaint Process**

Specific staff responsibilities are as follows:

##### **a. Public Contact Staff**

If a CalWORKs/GROW participant indicates at any time during any conversation that he/she has experienced discrimination:

- Provide him/her with the PA 607 form in his/her preferred language.
- Assist him/her in completing the form if needed and requested.
- Forward the completed PA 607 to your clinic or agency's designated Civil Rights Liaison.
- Or refer the participant directly to your designated Civil Rights Liaison, or to the DPSS Civil Rights Section at (562) 908-8501.

## **CIVIL RIGHTS COMPLAINTS (continued)**

### **3. Facilitating the Discrimination Complaint Process (continued)**

#### **b. Civil Rights Liaison**

All DMH directly operated clinics and contracted CalWORKs/GROW agencies must have a designated Civil Rights Liaison. If the participant indicates at any time during any conversation that he/she has experienced discrimination:

- Provide him/her with the PA 607 form in his/her preferred language.
- Assist him/her in completing the form if needed and requested.
- Forward the complaint to the DPSS Civil Rights Section within 24 hours.
- Verbal complaints must also be accepted.
- Maintain a Discrimination Complaint Log (Refer to Civil Rights Log Procedures).
- A copy of the completed PA 607 must be provided to DMH and DPSS Contract Management Division (CMD).

The CalWORKs/GROW participant must not be compelled to discuss the complaint in the office or be forced to resolve the issue against their better judgment. Participants are not required to disclose the nature of their complaint in order to obtain a PA 607 form. Once a complaint has been received, it must be entered in the Civil Rights Log.

## CIVIL RIGHTS COMPLAINTS (continued)

### B. Civil Rights Complaint Log & Procedures

All Civil Rights complaints must always be entered in the Civil Rights Complaint Log. The Civil Rights Log, which must be on-hand at every DMH directly operated clinic and contracted CalWORKs/GROW agency site is subject to review and inspection by the DPSS auditors/monitors and must always be maintained for the purpose of recording, tracking, and reviewing Civil Rights complaints. In regards to properly documenting the log and processing Civil Rights complaints, DMH directly operated clinics and contracted CalWORKs/GROW agencies should:

#### 1. Log All Complaints

The Civil Rights Liaison at each DMH directly operated clinic or contracted CalWORKs/GROW agency will maintain responsibility for recording all Civil Rights complaints in the Complaint Log which is subject to review and inspection by the DPSS auditors/monitors. DMH directly operated clinics and contracted CalWORKs/GROW agencies shall ensure that all complaints filed by a CalWORKs/GROW participant alleging discrimination are filed separately and logged in the Civil Rights Complaint Log, not in their general complaint files.

- a. The minimum information to be maintained on each Civil Rights Discrimination Complaint Log should include the following:
  1. The complainant's name.
  2. DPSS and DMH Case number and California Department of Social Services/Civil Rights Bureau case, if known.
  3. Program(s) involved such as CalWORKs or GROW.
  4. Basis of alleged discrimination:
    - (a) Race
    - (b) Sex
    - (c) Religion
    - (d) National Origin
    - (e) Color
    - (f) Disability
    - (g) Age
    - (h) Marital Status
    - (i) Political Affiliation
    - (j) Sexual Preference
    - (k) Others

## **CIVIL RIGHTS COMPLAINTS (continued)**

### **1. Log All Complaints (continued)**

5. Nature of the complaint. This should be a brief description of the Provider's alleged action or inaction, such as delay of services, withholding of treatment, discourtesy, etc.

**The following information (Items 6 – 9) shall be included in the Complaint Log upon resolution of the alleged complaint.**

6. Resolution of the complaint such as investigation completed, withdrawal, failure to pursue, etc.
7. Whether discrimination was found.
8. Date complaint was resolved or investigation completed.
9. Disposition of the complaint.

### **C. Forward All Civil Rights Complaints to the DPSS Civil Rights Section**

The staff person assisting in completing the complaint or taking the complaint shall ensure that the designated Civil Rights Liaison at their DMH directly operated clinic or contracted CalWORKs/GROW agency is notified of the complaint. The Civil Rights Liaison will log the complaint, but he/she must **NEVER** conduct a Civil Rights investigation. The task of performing this function is the responsibility of the DPSS Civil Rights Investigator, who is trained to review and investigate complaint allegations of discrimination.

Once the Civil Rights Liaison at the DMH directly operated clinic or contracted CalWORKs/GROW agency has received and logged the complaint, he/she must forward all complaints of discriminatory treatment made by a CalWORKs/GROW participant to the DPSS Civil Rights Section within 24 hours. A copy of the complaint and the Complaint Log must also be submitted within 24 hours to the DPSS Contract Management Division (CMD) and DMH Civil Rights Coordinator at DMH CalWORKs Program Administration.

## **CIVIL RIGHTS COMPLAINTS (continued)**

### **C. Forward All Civil Rights Complaints to the DPSS Civil Rights Section (continued)**

The DPSS Civil Rights Section is responsible for registering, investigating, and resolving Civil Rights complaints. The original "Complaint of Discriminatory Treatment" form (PA 607) should be forwarded to:

Department of Public Social Services  
Civil Rights Section  
12860 Crossroads Parkway South  
City of Industry, CA 91746  
(562) 908-8501

A copy of the "Complaint of Discriminatory Treatment" form (PA 607) and a copy of the Complaint Log must be submitted to:

DPSS Administrative Headquarters  
Contract Management Division  
Contract Management Section I  
12900 Crossroads Parkway South  
City of Industry, CA 91746  
(562) 908-3584

**AND**

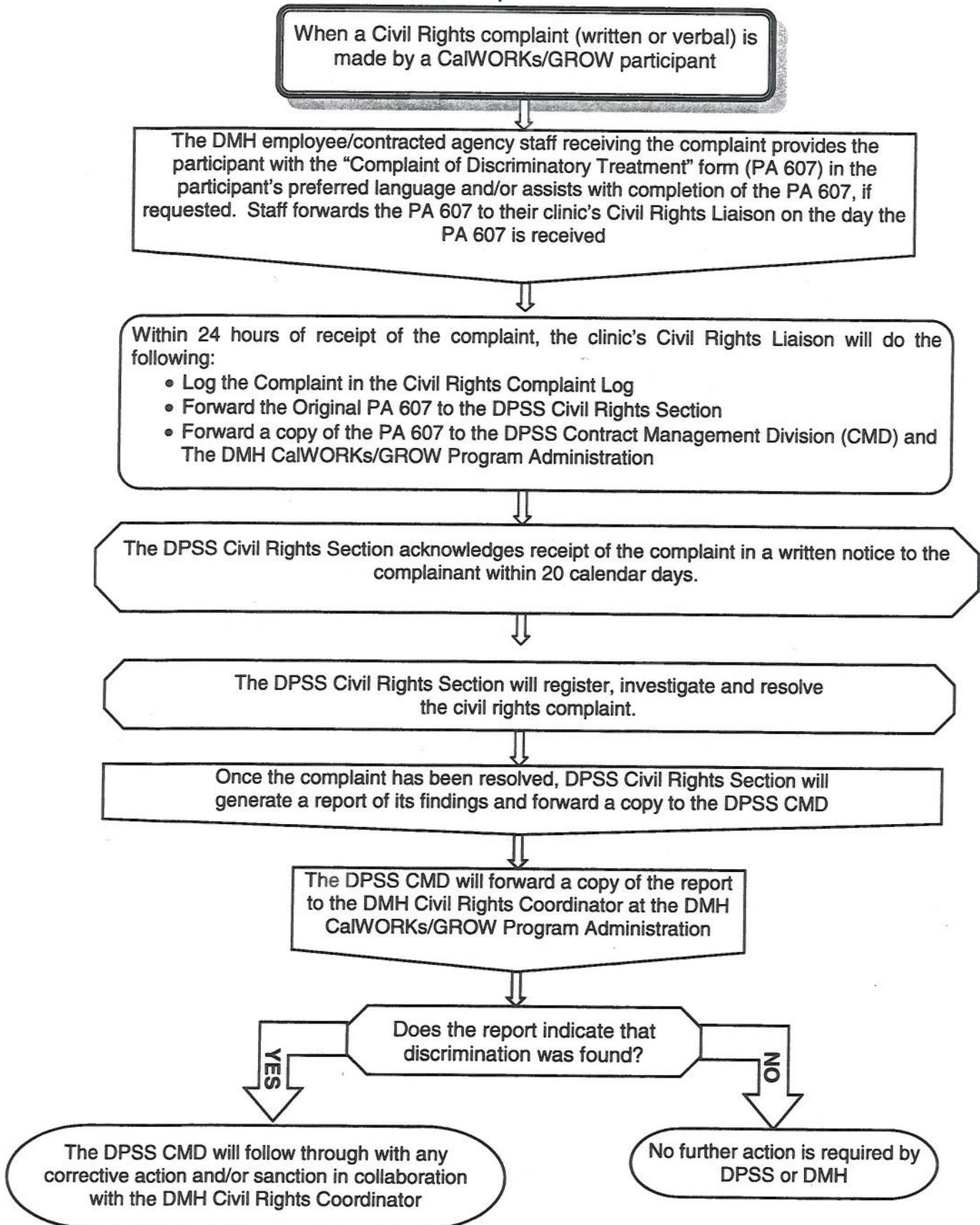
Department of Mental Health  
CalWORKs/GROW Program Administration  
550 S. Vermont Avenue 11th Floor  
Los Angeles, CA 90020  
Attention: William Tanner, Ph.D.  
(213) 738-2485

### **D. Processing of Civil Rights Discrimination Complaints**

#### **Department of Public Social Services (DPSS) Civil Rights Section Information**

In accordance with California Department of Social Services (CDSS) regulations, the DPSS Civil Rights Section is responsible for processing complaints of discrimination. Questions by staff regarding the investigation process may be directed to the Civil Rights Section at (562) 908-8501.

# CALWORKS/GROW PARTICIPANTS' CIVIL RIGHTS COMPLAINT FLOWCHART PROCEDURES FOR DMH EMPLOYEES AND CONTRACTED STAFF



## Important Civil Rights Contact Numbers

Complaints of discriminatory treatment may be filed with the following agencies:

### County Offices

Department of Public Social Services  
Civil Rights Section  
12860 Crossroads Parkway South  
City of Industry, CA 91746  
(562) 908-8501

Department of Mental Health  
CalWORKs/GROW Program Administration  
550 S. Vermont Avenue 11th Floor  
Los Angeles, CA 90020  
Attention: William Tanner, Ph.D.  
(213) 738-2485

Department of Mental Health  
Patient's Rights Bureau  
550 S. Vermont Avenue, 6<sup>th</sup> Floor  
Los Angeles, CA 90020  
(213) 738-4888  
(800) 700-9996  
Fax (213) 365-2481

### Federal Office

U.S. Department of Health & Human  
Services  
Office for Civil Rights  
907<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94102  
(800) 368-1019

### State Office

California Department of Social Services  
Civil Rights Bureau  
744 "P" Street, M.S. 8-16-70  
Sacramento, CA 95814  
(866) 741-6241

### Food Stamp Program

U.S. Department of Agriculture  
Food and Nutrition Services  
Office of Civil Rights – Western Region  
907<sup>th</sup> Street, Suite 10-100  
San Francisco, CA 94102  
(888) 271-5983 or (415) 705-1322 ext. 5

## **COMPLIANCE AND MONITORING ACTIVITIES**

As a DPSS contractor, DMH directly operated clinics and contracted CalWORKs/GROW agencies must adhere to all Federal and State mandates through the proper conduct of its staff and the implementation of policies and procedures with respect to Civil Rights laws, rules, and regulations. DMH directly operated clinics and contracted CalWORKs/GROW agencies are subject to monitoring by both State and Federal Civil Rights agencies.

### **A. Department of Health and Human Services Office for Civil Rights (DHHS – OCR)**

The United States DHHS administers Title VI funds which are distributed to the State and County Welfare Departments. The DHHS- OCR enforces Civil Rights laws including Title VI of the 1964 Civil Rights Act for the State and County Welfare Departments including their direct-contracted and sub-contracted agencies.

DHHS-OCR must promptly investigate all complaints alleging violations of Title VI. If the investigation results in a finding of non-compliance, DHHS-OCR will issue a Letter of Findings and attempt to secure voluntary compliance from the provider.

To encourage voluntary compliance, DHHS-OCR provides technical assistance to participants at all stages of its investigation. If a resolution cannot be reached, DHHS-OCR can secure compliance through other mechanisms, including termination of the agency's Federal funding.

### **B. California Department of Social Services Civil Rights Bureau (CDSS-CRB)**

The State CDSS – CRB ensures compliance with State Civil Rights laws such as Division 21 regulations and the Dymally-Alatorre Bilingual Services Act by DPSS and its contracted agencies, including DMH directly operated clinics and contracted CalWORKs/GROW agencies.

## **COMPLIANCE AND MONITORING ACTIVITIES (continued)**

### **C. Overview of Monitoring by DPSS and the State Civil Rights Bureau**

DPSS is required to conduct biennial reviews of its line offices and contractor offices to ensure compliance with Civil Rights mandates.

In addition, the California Department of Social Services (CDSS) Civil Rights Bureau visits DPSS offices and its contractor offices, including DMH directly operated clinics and contracted CalWORKs/GROW agencies to ensure compliance. The monitoring always includes a review of the following:

1. A review for compliance with the Americans with Disabilities Act (ADA) requirements for the purpose of examining accessibility to individuals with disabilities.

This includes an inspection of locations that require the placement of instructional/directional signs, as well as international or graphic signals.

DMH directly operated clinics and contracted CalWORKs/GROW agencies shall ensure that facilities are accessible to individuals with disabilities by complying with the standards set forth by the ADA. DMH has designated an ADA Coordinator to carry out the Department's compliance with the non-discrimination requirement of the ADA. Information concerning the provisions of the ADA is available from the Department's ADA Coordinator who may be contacted through the Patients' Rights Bureau.

2. A review to ensure the proper usage of the "Language Designation Form" (PA 481).
3. A review of all documentation ("Language Designation Form" PA 481; "Interpreter Services Statement and Interpreter Confidentiality Agreement" PA 481-A; and the Language Line Services Phone Log) pertaining to Civil Rights which is to be filed in the DPSS Folder located within the CalWORKs/GROW participant's clinical record and which will be maintained on file for three years.

## **COMPLIANCE AND MONITORING ACTIVITIES (continued)**

### **C. Overview of Monitoring by DPSS and the CDSS Civil Rights Bureau (continued)**

4. A review of the DMH directly operated clinic's and contracted CalWORKs/GROW agency's Civil Rights Discrimination Complaint Log to determine if the minimum information required is being maintained regarding complaints filed by CalWORKs/GROW participants.
5. A review of mandated signs, posters, and informational material, which conform with the State's requirement, to properly disseminate information to the public.
6. An oral interview with staff.

#### **Key Points: Compliance Monitoring Activities**

- Monitoring of the PA 481 form consists of reviewing the forms filed in cases for completion and appropriate signatures.
- The reception areas will be monitored for mandatory Civil Rights posters, instructional and directional signs in the appropriate languages, and for the required display/availability of handouts in all languages as translated by DPSS and CDSS, such as: DPSS "Civil Rights Information Notice" (PA 2457); CDSS "Your Rights Under California Welfare Programs" (PUB 13); and DPSS "Complaint Of Discriminatory Treatment" (PA 607) form.
- Entrance and exit interviews will be required with contractor Civil Rights Liaisons or designees. Entrance and preliminary exit interviews will be conducted on the day of the review. The final exit interview will be scheduled approximately two weeks later to discuss the findings and recommended corrective actions.

## **COMPLIANCE AND MONITORING ACTIVITIES (continued)**

### **Key Points: Compliance Monitoring Activities (continued)**

- The review of bilingual forms includes monitoring the stockroom to ascertain the availability of forms in different languages. The oral interview with staff consists of a questionnaire used to determine the employees' understanding of Civil Rights policies and procedures.
- To facilitate the review process, investigators will provide contractors with an advance copy of the review forms they use.

### **D. Additional Compliance Activities: Annual Plans & Staff Training**

**In addition to ongoing monitoring, the Department of Public Social Services (DPSS) must also:**

1. Submit an annual Civil Rights plan and updates to CDSS' CRB. The annual plan provides Civil Rights information regarding the Department's enforcement of all the regulations governing Civil Rights to its staff and contracted agencies, including DMH directly operated clinics and contracted CalWORKs/GROW agencies.
2. Provide Civil Rights training to all employees including contractors and security personnel.
3. Ensure that employees receive the most current Civil Rights materials.

## **DISSEMINATING INFORMATION VIA POSTERS - INSTRUCTIONAL/ DIRECTIONAL SIGNS - PAMPHLETS - INFORMATIONAL MATERIAL**

### **A. Overview**

Through the proper display of mandatory posters, instructional/ directional signs, pamphlets, and informational material in the clinic waiting areas, important Civil Rights information is disseminated to the public. This includes a CalWORKs/GROW participant's right to obtain treatment and services administered by DMH directly operated clinics and contracted CalWORKs/GROW agencies regardless of age, color, disability, marital status, national origin, political affiliation, race, religion, or sex. This includes the right to receive free interpreter services, regardless of the language spoken. Moreover, it includes the right of CalWORKs/GROW participants to receive written materials in DPSS' departmental threshold languages, which currently are: Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog, and Vietnamese; or in languages as translated by CDSS.

### **B. Policy**

DMH directly operated clinics and contracted CalWORKs/GROW agencies should display and make available all mandatory Civil Rights posters, instructional/directional signs, pamphlets, and informational material in all reception areas. Additionally, the information must be made available in the appropriate threshold languages. International symbols may be used in place of instructional/directional signs whenever feasible.

## SUMMARY OF DUTIES AND RESPONSIBILITIES

### A. WHAT YOU MUST KNOW

1. **Discrimination is against the law.** Participants cannot be discriminated against due to their age, color, race, sex, national origin (primary language), disability, marital status, political affiliation, or any other reason.
2. **DMH directly operated clinics and contracted CalWORKs/GROW Programs and Services are available to all persons** regardless of race, color, national origin (this covers speaking a different language other than English), political affiliation, religion, sex, marital status, disability, or age. Participants are protected under many State and Federal laws against discrimination in the delivery of program benefits.
3. **Sensitivity, politeness, and respect** will help reduce the number of complaints of discrimination from participants who feel they were not treated with proper respect.
4. **Individuals with alcohol or substance abuse dependence, mental and/or physical disability** are considered by law to be disabled and entitled to the same benefits and services that are available to all other persons.
5. **Writing notes to a deaf or hard of hearing person** must be limited to establishing what form of communication he/she prefers and pending the arrival of a sign language interpreter. Writing notes to a deaf or hard of hearing person is not considered an effective method of communication.
6. **DMH has a Telecommunication Device for the Deaf (TTY/TDD).** The TTY/TDD allows deaf or hard of hearing persons to communicate via other TTY/TDD machines. The number is (213) 639-6342.
7. **Sign Language Interpreters.** DMH directly operated clinics and contracted CalWORKs/GROW agencies can arrange for certified American Sign Language (ASL) interpreters. Such interpreters should be provided without delay.

## SUMMARY OF DUTIES AND RESPONSIBILITIES (continued)

### A. WHAT YOU MUST KNOW (continued)

8. **Free interpreter services are available to the deaf and non-English speaking/LEPs.** Non-English speaking/LEP CalWORKs/GROW participants are entitled to free interpreter services and not required to provide their own interpreter at anytime, in seeking mental health services, or during future contact with the Department. DMH directly operated clinics and contracted CalWORKs/GROW agencies may use certified ASL or certified bilingual staff or interpreter services such as the Over-The-Phone Language Services Provider (as contracted by L.A. County) to meet the needs of its CalWORKs/GROW participants.
9. **National origin discrimination includes discrimination against an individual because he/she speaks a language other than English.** Individuals who speak a language other than English must be accorded the same access to DMH services and programs as those who speak English.
10. **DMH ensures effective communication with non-English speaking/LEPs** through the use of bilingual staff interpreters, and contracting with the Over-The-Phone Language Services Provider (as contracted by L.A. County) to interpret when staff is not available. In addition, DMH translates and utilizes translated forms with CalWORKs/GROW non-English speaking/LEP participants when available. When a notice or form has not been translated, a certified bilingual worker will interpret it for a CalWORKs/GROW non-English speaking/LEP participant upon request.
11. **When a person chooses to use their own interpreter,** DMH directly operated clinics and contracted CalWORKs/GROW agencies must inform the participant of the potential for miscommunication errors in using their own interpreter. Staff must remind the CalWORKs/GROW non-English speaking/LEP participants that free interpreter services are available.

## **SUMMARY OF DUTIES AND RESPONSIBILITIES (continued)**

### **A. WHAT YOU MUST KNOW (continued)**

- 12. Individuals who feel they have not been treated fairly should be assisted in filing discrimination complaints.** No individual who wishes to file a complaint should be discouraged from doing so. Rather, staff must provide the person with the appropriate complaint form and assist them in completing and forwarding it to the appropriate DMH staff.

## SUMMARY OF DUTIES AND RESPONSIBILITIES (continued)

### B. WHAT YOU MUST DO

1. Protect all persons' **Civil Rights** by treating them with fairness, courtesy, and respect by promptly providing interpreter services when needed.
2. **Individuals who feel they have not been treated fairly should be assisted in filing discrimination complaints.** No individual who wishes to file a complaint should be discouraged from doing so. **Accept all complaints of discrimination.** Staff should provide the CalWORKs/GROW participant with the appropriate complaint form (PA 607) in his/her preferred language and assist them in completing it (if requested). Staff will forward the original complaint form to their clinic or agencies Civil Rights Liaison who is responsible for forwarding the complaint to the DPSS Civil Rights Section within 24 hours, a copy to the DMH Civil Rights Coordinator and a copy to the DPSS Contract Management Division – County Contract Administrator.
3. **Recognize the need for interpreter services** and immediately request bilingual assistance for non-English speaking/LEP CalWORKs/GROW participants. Provide services for CalWORKs/GROW non-English speaking/LEP participants without delay.
4. **Never suggest a person bring his/her own interpreter** or use a stranger to interpret. Document the use of friends and family members as interpreters via the "Interpreter Services Statement and the Interpreter Confidentiality Agreement" form (PA 481-A).
5. **Record the preferred language** of all CalWORKs/GROW non-English speaking/LEP participants as specified in this Handbook, using the "Language Designation Form" PA 481. **The determination of the CalWORKs/GROW participant's language shall be made by the CalWORKs/GROW participant.**
6. **Document any case action** pertaining to the CalWORKs/GROW participant's Civil Rights in the DPSS Folder within the clinical record.

## SUMMARY OF DUTIES AND RESPONSIBILITIES (continued)

### B. WHAT YOU MUST DO (continued)

7. Use applicable foreign language forms for non-English speaking/LEP CalWORKs/GROW participants when requested. If translated materials are not available, then you must arrange to provide oral translation of all applicable forms.
8. **Make provisions for the special needs of the disabled.** When a disabled individual comes into the office, his/her services must be expedited. If a face-to-face contact is needed with a mobility-impaired disabled CalWORKs/GROW participant who is homebound and cannot come into the office, arrangements for a home visit must be made.
9. **When needed, immediately request an American Sign Language Certified Interpreter** for a deaf or hard of hearing person.
10. **Inform all deaf or hard of hearing CalWORKs/GROW participants of the availability of the TTY/TDD machine and the California Relay Service.**
11. **Public contact staff must provide CalWORKs/GROW participants with the "Complaint of Discriminatory Treatment" form (PA 607) in his/her preferred language,** prior to making a referral to their clinic or agencies' Civil Rights Liaison. This will allow the CalWORKs/GROW participant to decide whether to file his/her complaint in the clinic or directly with DPSS Civil Rights Section. A participant does not have to wait to see a Civil Rights Liaison in order to file a complaint.
12. Accept all complaints of discrimination and forward them to your clinic or agency's Civil Rights Liaison (even when you may believe they are frivolous). If the CalWORKs/GROW participant indicates at any time during any conversation that he/she has experienced discrimination, provide him/her the PA 607 and PA 2457.

## FREQUENTLY ASKED QUESTIONS

The questions (“Q”) below are examples which are frequently asked by DMH directly operated clinics and contracted CalWORKs/GROW agencies about serving non-English speakers and Limited English speakers. The questions have been addressed with the corresponding answers (“A”).

- Q.** What do I do if a non-English speaking/LEP CalWORKs/GROW participant comes into the office speaking a language not spoken by our lobby staff?
- A.** First, look at the referral from the Community Assessment Service Center (CASC) and/or GAIN Office that usually identifies the participant’s language. Next, try to identify the language by using the “Can We Help You” poster, and/or the “I Speak” card. If this does not work, follow contractor procedures.

Once the language has been identified, find a bilingual worker in the clinic to act as an interpreter for you. If no one is available, follow the Department’s Language Interpreters Policy and contact the ACCESS Center to locate an interpreter. Keep in mind, services must be provided without delay.

- Q.** How do I deal with a deaf person in my caseload?
- A.** Deaf and hard of hearing persons are entitled to American Sign Language (ASL) interpreters. For DMH directly operated clinics and contracted CalWORKs/GROW agencies, this can be arranged through the DMH ACCESS Center toll free number (800) 854-7771.
- Q.** How can I help a person that speaks ASL?
- A.** Contractor staff must have a resource to obtain and use American Sign Language Interpreters.
- Q.** If a CalWORKs/GROW participant complains to me that I am not treating him/her fairly what should I do?
- A.** Provide the participant with a “Complaint of Discriminatory Treatment” form (PA 607) and with the name and contact information of the clinic or agency’s Civil Rights Liaison.

## **FREQUENTLY ASKED QUESTIONS** (continued)

- Q.** What do I do with a completed PA 607?
- A.** Give the complaint to your clinic or agency's Civil Rights Liaison, who will, in turn, forward the complaint to the DPSS Civil Rights Section, a copy to the DMH Civil Rights Coordinator and a copy to the DPSS Contract Division-County Contract Administrator.
- Q.** What information do I provide a CalWORKs/GROW participant after he/she files a completed PA 607?
- A.** Explain that the complaint will be forwarded to the DPSS Civil Rights Section, which has 20 calendar days to acknowledge receipt of the complaint, and that someone from DPSS Civil Rights Section will call him/her for a follow-up/investigation within 24 hours. If someone does not call the CalWORKs/GROW participant back within 24 hours, the participant should call the DPSS Civil Rights Section (562) 908-8501.
- Q.** What type of discrimination is prohibited by Civil Rights Laws?
- A.** Individuals are entitled to receive government benefits and services without discrimination and regardless of their age, color, disability, language, marital status, national origin, political affiliation, race, religion, or sex.

## **GLOSSARY OF COMMONLY USED TERMS (Excerpt of CRS Handbook)**

### **Accommodation**

Term used for a program or facility modification for a disabled person. The removal of barriers (structural and non-structural) that deny any person, including individuals with disabilities, equal access to public facilities, services, and communications. An example of a structural barrier is a lack of designated disabled parking spaces at an office. An example of a non-structural barrier is a lack of Braille signs in an office reception area.

### **Americans with Disabilities Act (ADA) of 1990**

Prohibits discrimination based on disability. Expands on Section 504 of the Rehabilitation Act of 1973 and requires private organizations to comply.

### **American Sign Language (ASL)**

The method of communication used by deaf and hearing-impaired applicants/participants.

### **Authorized Representative**

An individual named by the applicant/participant to act and speak on behalf of an applicant/participant.

### **Barriers (Structural/Non-Structural)**

Barriers refer to the obstacles disabled persons face that experience mobility issues. This includes obstructions that prevent applicants/participants from achieving self-sufficiency and which deny persons, including individuals with disabilities, equal access to public facilities, services and communications. Examples of these barriers include illiteracy, language, domestic abuse, substance abuse, mental health issues, etc. An example of a structural barrier is a lack of designated disabled parking spaces at an office. An example of non-structural barrier is a lack of translated informational materials in an office reception area.

### **Bilingual**

Using or able to use two languages with fluency. Proficiency in both the English language and a foreign language.

## **GLOSSARY OF COMMONLY USED TERMS (continued)**

### **Braille**

A system of writing and printing for visually impaired or sightless people; characterized by raised dots on paper.

### **California Relay Services**

A system for communicating with deaf or hard of hearing persons via an 800 number.

### **California Work Opportunity and Responsibility to Kids (CalWORKs)**

A program that provides temporary financial assistance and employment focused services to families with minor children who have income and property below State maximum limits for their family size.

### **“Can We Help You” Poster**

A poster developed by DPSS, which is posted in all offices and helps identify the language a person speaks and informs the person of the availability of free interpreter services in their language.

### **California Department of Social Services (CDSS)**

The California Department of Social Services – Agency that oversees the 58 County welfare departments.

### **Certified Bilingual staff**

Department of Mental Health directly operated and contracted staff that meet and/or exceed the competency standards required to effectively render interpreter services to LEP and non-English CalWORKs/GROW speaking individuals. This includes the provision of these services to LEPs in a linguistically fluent and culturally sensitive manner.

### **Civil Rights**

The rights and privileges afforded to all applicants/participants under State and Federal law. This includes the rights and privileges afforded to LEP persons and non-English speaking applicants/participants.

### **Civil Rights Bureau**

The entity under the California Department of Social Services that investigates Civil Rights complaints and monitors County Welfare Departmental Agencies (CWDA's) compliance.

## **GLOSSARY OF COMMONLY USED TERMS (continued)**

### **Civil Rights Complaint**

A formal complaint made by an applicant/participant alleging that his/her Civil Rights were violated.

### **Civil Rights Complaint Log**

A log kept in each district/regional office that lists every complaint of discrimination filed in that office.

### **Civil Rights Section**

The office within DPSS that monitors and enforces DPSS' Civil Rights obligations vis-à-vis our applicants/participants.

### **Civil Rights Liaison**

A DMH or contractor employee that is responsible for formal Civil Rights complaints and inquiries.

### **Clinical Assessments**

An evaluation conducted by DMH CalWORKs/GROW clinician and used in the GAIN program to assess the applicants/participants needs for mental health, domestic violence and/or substance abuse services.

### **Code of Ethics**

A list of behaviors for interpreters. DMH expects its contracted interpreters to abide by a code of ethics. The code is a means of ensuring that interpretation and translation services are performed competently.

### **Community Advisory Board (CAB)**

An advisory group of members of the public drawn from agencies with substantial experience working with immigrants and LEPs. The CAB and Civil Rights Section work together to ensure the Civil Rights obligations of DPSS are properly met.

### **Competent Interpretation/Translation**

Is achieved through certified bilingual employees who are able to effectively communicate both orally and in written form the information needed to assist individuals who are LEP and non-English speaking in obtaining equal and meaningful access to vital programs and services.

## **GLOSSARY OF COMMONLY USED TERMS (continued)**

### **Contractor**

Any entity that performs work or provides services on behalf of DMH under a contractual agreement.

### **Deaf & Hard of Hearing**

Deaf refers to persons who are unable to hear well enough to rely on their hearing and use it as a means of processing information. "Hard-of-hearing" refers to persons with a mild-to-moderate hearing loss.

### **Disabled**

Under the ADA any CalWORKs/GROW LEP participant who has a mental or physical impairment which substantially limits one or more major life activities and has a record of such impairment, or a person who is perceived as being disabled.

### **Discrimination**

Any policy or procedure that denies an applicant/participant equal access to social services programs offered through DPSS. The nine bases of discrimination are age, color, disability, marital status, national origin, political affiliation, race, religion, and sex.

### **Domestic Violence Services**

Services available to CalWORKs/GROW participants, who are past/present victims of abuse by an intimate partner, in order to assist them to overcome barriers to self-sufficiency.

### **DPSS**

The Los Angeles County Department of Public Social Services.

### **Dymally-Alatorre Bilingual Services Act**

A State law that requires DPSS to provide bilingual public contact staff and material in "threshold" languages.

### **ESL**

English as a Second Language.

### **Ethnic Origin**

The cultural and racial background of an applicant/participant.

## **GLOSSARY OF COMMONLY USED TERMS (continued)**

### **Greater Avenues for Independence (GAIN) Program**

A program that helps CalWORKs participants prepare for and find employment. Services include job finding workshops, supervised job search, vocational assessment, remedial education, vocational skills training and work experience. Post employment services are also available to help employed participants retain their jobs, work toward a better one and ultimately move to financial independence. GAIN also offers help with transportation, child care, special job-related expenses such as uniforms and tools, as well as domestic violence, substance abuse, and mental health counseling.

### **General Relief (GR) Program**

A County-funded program that provides temporary cash aid to indigent adults and certain sponsored legal immigrant families who are ineligible for Federal or State programs.

### **General Relief Opportunities for Work (GROW) Program**

Provides employment and training services to help employable GR participants obtain jobs and achieve self-sufficiency. Participants are assigned to a GROW Case manager (GCM) who will work with them to achieve their employment goals.

### **Immigrant**

A person who comes into a country to settle permanently.

### **Info Line**

A non-profit organization that provides referrals for applicants/participants via telephone free of charge.

### **Interpreter**

An employee authorized, certified, or licensed to translate orally for applicants/participants. (See also "Qualified Interpreter")

### **Interpreter Services**

Free interpreter services provided by DMH through the Over-The-Phone Language Services Provider (as contracted by L.A. County), a paid interpreter service contractor, to LEP, non-English speakers, deaf and hard of hearing.

## **GLOSSARY OF COMMONLY USED TERMS (continued)**

### **Greater Avenues for Independence (GAIN) Program**

A program that helps CalWORKs participants prepare for and find employment. Services include job finding workshops, supervised job search, vocational assessment, remedial education, vocational skills training and work experience. Post employment services are also available to help employed participants retain their jobs, work toward a better one and ultimately move to financial independence. GAIN also offers help with transportation, child care, special job-related expenses such as uniforms and tools, as well as domestic violence, substance abuse, and mental health counseling.

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## **GLOSSARY OF COMMONLY USED TERMS (continued)**

### **Limited English Proficient (LEP)**

An applicant/participant with limited English language skills. A person who does not speak English as their primary language and who has a limited ability to read, speak and write English. These individuals are eligible to receive language assistance with respect to a particular type of benefit, encounter or service.

### **Meaningful Access and Opportunity to Participate**

A phrase under Title VI and ADA. DPSS and other recipients of Federal funds must ensure access and an opportunity to meaningfully participate in their programs and services to LEPs, persons of color, and the disabled. DPSS has developed a series of policies and procedures to ensure meaningful access. Contractors must follow DPSS policies, but may have their own procedures.

### **Mental Health Services**

Clinical assessments and treatment services such as individual/group psychotherapy, rehabilitative skills, case management, crisis intervention and medication evaluation services available to CalWORKs/GROW participants who have mental health needs in order to assist them to overcome barriers to self-sufficiency.

### **National Origin**

The cultural and racial background of a person. This includes an individual's place of birth.

### **Needs Special Assistance (NSA)**

Is an applicant/participant in the GR program who has a mental impairment and warrants special attention.

### **Non-English Speaking**

A person whose primary language is not English and who is unable to speak, write, or understand the English language and requires bilingual services to have meaningful access to and participate fully in programs and services.

### **Office for Civil Rights (OCR)**

A section of the Federal government's US Department of Health and Human Services (DHHS) Agency. Region IX OCR (of IHSS) monitors DPSS and provides technical assistance to DPSS on services to LEPs and other groups.

## **GLOSSARY OF COMMONLY USED TERMS (continued)**

### **Open Communication International (OCI)**

An interpreter services contractor that provides over the phone access to interpreters, who speak over 130 languages.

### **Participant**

An individual taking part in any program offered through DPSS.

### **Primary Languages**

The native dialects and languages spoken by applicants/participants.

### **Pub 13 “Your Rights Under California Welfare Programs”**

Is a State (CDSS) pamphlet utilized to inform participants of their appeal rights and Civil Rights in general. The Pub 13 must be conspicuously displayed and made available to participants in DMH directly operated clinics and contractors agencies.

### **PUB 86 “Everyone Is Different, But Equal Under the Law”**

Is a State (CDSS) mandatory poster that informs applicants/participants of their civil rights and who to contact in the Department of Public Social Services (DPSS) should they need assistance.

### **Public Contact Staff**

Any DMH or contract employee who has direct contact with a participant.

### **Qualified Bilingual Employee**

An employee who is certified through a process approved by the California Department of Social Services to be proficient in oral and/or written communication in the non-English language of the persons to be served.

### **Qualified Interpreter**

An interpreter that is able to translate accurately, effectively, and impartially both receptively and expressively, using any specialized vocabulary.

### **Reasonable Accommodations (see accommodations)**

Any recipient of Federal funds is required to provide “reasonable accommodations” to program rules in order to allow disabled individuals the opportunity to participate in its programs or services.

## **GLOSSARY OF COMMONLY USED TERMS (continued)**

### **Refugee**

An applicant/participant that has fled their country of origin due to political, religious, or racial persecution.

### **Speech Impaired**

A term used to describe a person who is unable to use their voice normally.

### **Substance Abuse Services**

Inpatient and outpatient treatment services available to CalWORKs/GROW participants, who have substance abuse issues, in order to assist them to overcome barriers of self-sufficiency.

### **Supplemental Security Income (SSI)**

Is a Federal income supplemental program administered by the Social Security Administration. It is designed to help low-income aged, blind, and disabled people. The program provides cash assistance to meet basic needs for food, clothing, and shelter.

### **Supplemental Security Income Assistance Program (SSIAP)**

Assists physically and mentally disabled GR, CAPI, and CalWORKs applicants/participants with the initial SSI application process. SSIAP focuses on obtaining an early SSI approval for participants who appear to meet SSI eligibility criteria.

### **Telecommunication Device for the Deaf (TDD)**

The TDD is an electronic teletypewriter which enables the deaf or hard of hearing to communicate via the telephone with other agencies or persons who have TDD machines.

### **Temporary Aid for Needy Families (TANF)**

Is a Federal program that provides cash assistance for families with minor children for a limited amount of time. In California, the program is referred to as CalWORKs.

## **GLOSSARY OF COMMONLY USED TERMS (continued)**

### **Threshold Language**

Those languages which have been identified as constituting 5% or more of the caseload of any program or district office. Presently, these languages include: Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog, and Vietnamese. These languages are subject to change based on demographic changes in caseload and district office.

### **TITLE VI**

Title VI of the Civil Rights Act of 1964 states that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. DMH directly operated clinics and contracted CalWORKs/GROW agencies must comply with Title VI, and failure to do so can result in loss of all Federal funds.

### **TTY/TTD**

Teletype/Telephone Device for the Deaf is the telephone system used to communicate with deaf and hearing-impaired participants.

### **Violence Against Women Act (VAWA)**

Is also used to describe immigrant persons who may obtain "legal status" by applying with the United States Citizenship & Immigration Service (USCIS), formerly Immigration & Naturalization Service (INS), for status under the VAWA. Such persons include battered immigrants who are married to Legal Permanent Residents (LPRs) or US citizens and their children, who also can get a Green Card by being approved under VAWA.

### **Vocational English as a Second Language (VESL)**

Programs that help applicants/participants with limited English language abilities develop vocational skills and acquire English while learning on the job.

### **Welfare-to-Work (WtW)**

The DPSS policy incorporating the GAIN and GROW programs aimed at helping participants find employment and move towards self-sufficiency.

## **GLOSSARY OF COMMONLY USED TERMS (continued)**

### **Welfare-to-Work (WtW) Plan**

An agreement between DPSS and a GAIN/REP/RITE participant that lists the person's GAIN activities and supportive services. Elements of a WtW plan can be modified as a reasonable accommodation for disabled participants.

## HYPOTHETICALS

Please answer the hypothetical situations below and include the relevant page and section numbers from the Training Manual in your answers. **Remember that in ethical situations there is rarely a black and white answer. Therefore, a range of answers may be acceptable as long as your answers demonstrate a good understanding of ethical decision-making, are well argued and follow the procedures set out in this curriculum.**

### Scenario 1:

You overhear your co-worker translating to an LEP participant incorrectly. Your co-worker is unknowingly, or because of time constraints, doing a partial translation and skipping over important material. What would you do in this case and why?

### Scenario 2:

A co-worker is allowing a child to translate for a participant. Should you bring this up to your co-worker or let it continue? What actions would you take to remedy this situation and why?

### Scenario 3:

You are a contracted service provider. A Burmese-speaking participant has been assigned to your agency and is waiting for you in the lobby. He/she speaks very limited English. You find that none of your co-workers speak Burmese. What would you do and why?

### Scenario 4:

A LEP participant who speaks a non-threshold language is asked to fill out a form in English at your office. You are asked to assist the participant even though you do not speak the participant's language. What would you do and why?

### Scenario 5:

You speak the participant's language, but he/she cannot read or write in his/her threshold language. How would you handle this situation? What steps would you take to provide him/her with meaningful access to treatment?

## HYPOTHETICALS (continued)

### Scenario 6:

You have been asked to interpret for a co-worker. Your co-worker asked the participant a question that requires a yes or no answer but the participant is giving an answer that is long and involved. How do you interpret what the participant has said?

### Scenario 7:

You are a Supervisor. One of your staff informs you that a participant is unable to come to the clinic to update his/her treatment plan because of severe social phobia. What do you do?

### Scenario 8:

You are a receptionist. You hear a co-worker tell a participant, "Well if you have dinner with me, I might get you into treatment a lot sooner." What should you do in this situation?

### Scenario 9:

You are a Case Manager. You find out that your supervisor is trying to deny your Latino participants access to the agency's Life Skills group? What do you do? Is this discrimination? If yes, what type? If no, why not?

### Scenario 10:

You work at a mental health clinic. You hear a case manager tell a participant seeking services that he/she is not eligible for CalWORKs mental health services until he/she becomes a citizen of the United States. Is the case manager correct? What do you do?

(Please include the relevant page and section numbers in your answers when you report back to the group.)

## APPENDIX

### A. Important Forms

- DMH Language Interpreters Policy/Procedure
- Language Designation Form (PA 481)
- Interpreter Services Statement and Interpreter Confidentiality Agreement Form (PA 481- A)
- Open Communication International Phone Log
- DPSS “Complaint of Discriminatory Treatment” Form (PA 607)
- Civil Rights Discrimination Complaint Log
- United States Department of Health and Human Services Office for Civil Rights Guidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons – Summary (HHS LEP Guidance Summary)
- DPSS “Civil Rights Information Notice” (PA 2457)
- Your Rights Under California Welfare Programs (PUB 13)
- The White House – Office of the Press Secretary: Executive Order 13166 Improving Access To Services For Persons With Limited English Proficiency
- DPSS “Withdrawal of Discriminatory Treatment” Form (PA 607- 4)  
*(For DPSS Use Only)*
- Civil Rights Questionnaire  
*(For DPSS Use Only)*



**DEPARTMENT OF MENTAL HEALTH  
POLICY/PROCEDURE**

<b>SUBJECT:</b> LANGUAGE INTERPRETERS	<b>POLICY NO.</b> 202.21	<b>EFFECTIVE DATE</b> 08/01/04	<b>PAGE</b> 1 of 2
<b>APPROVED BY:</b>  Director	<b>SUPERSEDES</b> 202.21	<b>ORIGINAL ISSUE DATE</b> 05/14/04	<b>DISTRIBUTION LEVEL(S)</b> 2

**PURPOSE**

- 1.1 To provide Department of Mental Health (DMH) policy and guidelines to ensure all non-English speaking DMH consumers receive equal access to services in the language of their choice (i.e., consumer's primary or preferred language).
  - 1.1.1 Under no circumstances shall a consumer be denied services because of language barriers.

**POLICY**

- 2.1 DMH will continue to recruit and hire mental health professionals who are proficient in non-English languages
- 2.2 In accordance with applicable Federal, State and County Policy and Agreements, DMH will provide equal access to all non-English speaking mentally ill consumers in Los Angeles County.

**PROCEDURE**

- 3.1 The DMH Training and Cultural Competency Bureau will make annual training available in the use of interpreter services for staff that have direct consumer contact.
- 3.2 Brochures and other forms of literature will be made available in the eleven (11) threshold languages for directly operated and contract clinic sites. Other than English, the threshold languages are: Armenian, Cambodian/Khmer, Cantonese, Farsi, Korean, Mandarin, other-Chinese, Russian, Spanish, Tagalog and Vietnamese.
  - 3.2.1 Directly operated and contract programs will have access to AT&T Language Line Services interpreter services 24 hours a day, 7 days a week, via ACCESS CENTER at 800-854-7771.
  - 3.2.2 Directly operated and contract programs will maintain an internal roster of staff proficient in non-English languages.
    - 3.2.2.1 DMH staff identified by the Human Resources Bureau as proficient in a non-English language may qualify for bilingual compensation.



DEPARTMENT OF MENTAL HEALTH  
POLICY/PROCEDURE

SUBJECT: LANGUAGE INTERPRETERS	POLICY NO. 202.21	EFFECTIVE DATE 08/01/04	PAGE 2 of 2
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3.2.2.2 Identified bilingual staff available for interpreting services will be provided training.

3.2.3 Exception: Consumer needs may better be served by referral to an agency provider of similar but more culturally or language-specific services. The referral process will allow latitude for clinical judgment in some cases.

- 4.1 Interpreter services are available at no additional cost to the consumer.
- 4.2 In accordance with Title VI (Civil Rights Act) requirements, the expectation that family members provide interpreter services is prohibited. See Section 3.2.1 on the availability of AT&T language line services.
  - 4.2.1 If a consumer insists on using a family member or friend as an interpreter, they may do so only after being informed of the availability of free interpreter services.
  - 4.2.2 It is strongly recommended that minor children not be used as interpreters.
- 4.3 Emergency involuntary hospitalization assessment shall be made providing appropriate interpretive services.

**AUTHORITY**

Voluntary Compliance Agreement  
OCR 09-89-3143/US  
Department of Health and Human Services  
Office of Civil Rights  
CCR Title 9, Chapter 11, Section 1810.410(b)(4)

**REVIEW DATE**

This policy shall be reviewed on or before May 15, 2009

LANGUAGE DESIGNATION FORM

CASE NAME: \_\_\_\_\_

DPSS CASE NUMBER: \_\_\_\_\_  
IS NUMBER: \_\_\_\_\_

FREE INTERPRETER SERVICES ARE AVAILABLE

A. SPOKEN LANGUAGE DESIGNATION

I speak the language checked below. I prefer to speak/talk about my case or related matters with staff in the language selected below. This designation takes the place of any choices made before.

- Armenian                       Cambodian                       Cantonese                       English
- Korean                               Mandarin                       Russian                       Spanish
- Tagalog                               Vietnamese                       Other (Specify) \_\_\_\_\_

B. WRITTEN LANGUAGE DESIGNATION

I prefer to get written letters, notices, forms and other communication in English.

OR

I prefer that written communications and forms be sent or given to me, if available, in the language specified below (Chinese is the written language for those who speak Cantonese and Mandarin). In addition, I understand that if written communications from the Department of Mental Health or its contracted staff are not available in the language specified below, I can receive a verbal translation by contacting the staff person assigned to manage my case.

- Armenian                       Cambodian                       Spanish
- Korean                               Chinese                       Russian
- Tagalog                               Vietnamese                       Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE (OR MARK)

\_\_\_\_\_  
DATE

I hereby verify that treatment has been provided to the participant in the language that he/she selected above.

The following forms were translated and provided to the participant in the language selected above:

- Authorization to Release Information                       Client Care Coordination Plan (CCCP)
- HIPAA Privacy Practices Notice                       Consent for Services                       Other \_\_\_\_\_
- CalWORKs Client Employment Plan

OR

The following forms were orally translated in the language selected above:

- Authorization to Release Information                       Client Care Coordination Plan (CCCP)
- HIPAA Privacy Practices Notice                       Consent for Services                       Other \_\_\_\_\_
- CalWORKs Client Employment Plan

\_\_\_\_\_  
STAFF'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S INITIALS

\_\_\_\_\_  
DATE

### Interpreter Services Statement

DPSS CASE NUMBER: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

IS NUMBER: \_\_\_\_\_

I, \_\_\_\_\_ am able to communicate in \_\_\_\_\_.  
(Specify Language)

I have been informed by staff that I have the right to a free interpreter. If I want, I also have the right to use my own interpreter. However, I know there may be communication errors or problems of miscommunication in using my own interpreter.

- I want to use a free interpreter which will be provided by this agency.
- I want to use my own interpreter even though I can get a free interpreter from this agency. I know that there may be problems of miscommunication by using my own interpreter and that sensitive information could be discussed during the interpretation. However, I give permission to my interpreter by the name of \_\_\_\_\_ to hear and interpret this information. I know that for future appointments, I have the right to a free interpreter.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

### Interpreter Confidentiality Agreement

I, \_\_\_\_\_ am a Bilingual \_\_\_\_\_-speaking  
(Employee's Name) (Specify Language)  
employee. I understand that by law the information obtained during the process of interpretation must be kept confidential and may not be disclosed outside of that process.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

OR

I, \_\_\_\_\_ speak both English and \_\_\_\_\_.  
(Interpreter's name) (Specify Language)  
I agree to keep this information confidential and not to disclose it, other than as required for interpretation. My relationship to \_\_\_\_\_ is \_\_\_\_\_.  
(Participant's Name) (Relationship)

\_\_\_\_\_  
Interpreter's Signature

\_\_\_\_\_  
Date

## INTERPRETER SERVICES

**DMH prefers to use our own free interpreters when talking with you. But you can choose to use your own friend or family member to interpret for you.**

**We prefer not to use your friend or family member as an interpreter because of the risk of communication errors and possible mistakes. In part, these errors may occur because of specialized language and concepts used in mental health programs. A person who is not a DMH employee might not understand all this special vocabulary. They might make a mistake and might interpret the meaning inaccurately.**

**DMH must ask you some very sensitive and personal questions. Having a friend or family member interpret might make it hard for you to tell us all the personal information that we need.**

**Finally, all our employees must keep anything you say confidential. This means they can't tell anyone else (except DMH staff) what you say. They can't even tell someone else that you were here today.**

**DMH has no control over your interpreter. We cannot make sure that your interpreter does not share information with someone outside of DMH. We will ask your interpreter to sign a form saying they won't tell anyone what they hear today, and that they will keep all your information confidential. But we have no control over them. For these reasons, we prefer to use our own free interpreters.**

## CIVIL RIGHTS - CASE ACTIVITY LOG

Date: _____	Staff Name: _____ Title: _____ Signature: _____
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Comments:

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Date: _____	Staff Name: _____ Title: _____ Signature: _____
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Comments:

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Date: _____	Staff Name: _____ Title: _____ Signature: _____
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Comments:

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Date: _____	Staff Name: _____ Title: _____ Signature: _____
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Comments:

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Participant's Name: _____ IS #: _____	Agency Name: _____ _____
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**LANGUAGE LINE SERVICES PHONE LOG**

Staff Member & Agency/Clinic Name	LEP Participant Information	Date of Call	Language Determination	Comments
Staff Name: _____ Agency/Clinic: _____ _____ _____	Name: _____ IS #: _____ DPSS Case #: _____			
Staff Name: _____ Agency/Clinic: _____ _____ _____	Name: _____ IS #: _____ DPSS Case #: _____			
Staff Name: _____ Agency/Clinic: _____ _____ _____	Name: _____ IS #: _____ DPSS Case #: _____			
Staff Name: _____ Agency/Clinic: _____ _____ _____	Name: _____ IS #: _____ DPSS Case #: _____			
Staff Name: _____ Agency/Clinic: _____ _____ _____	Name: _____ IS #: _____ DPSS Case #: _____			

COMPLAINT OF DISCRIMINATORY TREATMENT

TO: DEPARTMENT OF PUBLIC SOCIAL SERVICES
CIVIL RIGHTS SECTION
12860 CROSSROADS PARKWAY SOUTH
CITY OF INDUSTRY, CALIFORNIA 91746

CASE NAME: [ ]

CASE NUMBER: [ ]

I, \_\_\_\_\_, hereby file this complaint of discriminatory treatment
(Please print your name) and request that an investigation be conducted.

I believe I was discriminated against because of my:

Grid of checkboxes for discrimination reasons: RACE, NATIONAL ORIGIN, MARITAL STATUS, POLITICAL AFFILIATION, DISABILITY, RELIGION, AGE, SEXUAL ORIENTATION, ETHNIC GROUP IDENTIFICATION, SEX, COLOR, OTHER.

DATE OF OCCURRENCE: \_\_\_\_\_

NAME(S) AND TITLE(S) OF THE PERSON(S) WHO I BELIEVE DISCRIMINATED AGAINST ME:

Horizontal lines for name and title information.

THE ACTION, DECISION OR CONDITION WHICH CAUSED ME TO FILE THIS COMPLAINT IS AS FOLLOWS:

Multiple horizontal lines for describing the action or condition.

I WISH TO HAVE THE FOLLOING CORRECTIVE ACTION TAKEN:

Multiple horizontal lines for corrective action details.

(SIGNATURE)

(DATE)

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_





## United States Department of Health and Human Services

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### Office for Civil Rights

## Guidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons - Summary

The U.S. Department of Health and Human Services has published revised Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient (LEP) Persons. The Revised LEP Guidance is issued pursuant to Executive Order 13166. It is effective immediately and replaces the Guidance issued August 30, 2000. You can print out a copy of the Guidance from OCR's website at <http://www.hhs.gov/ocr/lep> or contact one of the OCR Regional Offices listed below.

#### LEGAL AUTHORITY

Title VI and Department of Health and Human Services regulations, 45 C.F.R. Section 80.3(b)(2), require recipients of Federal financial assistance from HHS to take reasonable steps to provide meaningful access to Limited English Proficient (LEP) persons. Federal financial assistance includes grants, training, use of equipment, donations of surplus property, and other assistance. Recipients of HHS assistance may include hospitals, nursing homes, home health agencies, managed care organizations, universities and other entities with health or social service research programs, State, county, and local health agencies. It may also include State Medicaid agencies, State, county, and local welfare agencies, programs for families, youth, and children, Head Start programs, public and private contractors, subcontractors, and vendors, and physicians and other providers who receive Federal financial assistance from HHS.

#### DEFINITION OF LIMITED ENGLISH PROFICIENT INDIVIDUALS

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance with respect to the particular service, benefit, or encounter.

#### FACTORS USED TO DETERMINE THE TITLE VI OBLIGATION TO ENSURE MEANINGFUL ACCESS FOR LEP PERSONS

Recipients are required to take reasonable steps to ensure meaningful access to their programs and activities by LEP persons. The Guidance explains that the obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances four factors: (1) the number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP individuals come into contact with the program; (3) the nature and importance of the program, activity or service provided by the recipient to its beneficiaries; and (4) the resources available to the grantee/recipient and the costs of interpretation/translation services. There is no "one size fits all" solution for Title VI compliance with respect to LEP persons, and what constitutes "reasonable steps" for large providers may not be reasonable where small providers are concerned.

### **USE OF FAMILY MEMBERS AND FRIENDS**

Some LEP persons may feel more comfortable when a trusted family member or friend acts as an interpreter. When an LEP person attempts to access the services of a recipient of federal financial assistance, who upon application of the four factors is required to provide an interpreter, the recipient should make the LEP person aware that he or she has the option of having the recipient provide an interpreter for him/her without charge, or his/her own interpreter. Recipients should also consider special circumstances that may affect whether a family member or friend should serve as an interpreter, such as whether the situation is an emergency, and whether there are concerns over competency, confidentiality, privacy, or conflict of interest. Recipients cannot require LEP persons to use family members or friends as interpreters.

### **VITAL DOCUMENTS**

Recipients can use the four factor analysis described above to determine if specific documents or portions of documents should be translated into the language of the various frequently-encountered LEP groups eligible to be served and/or likely to be affected by the recipient's program. Recipients should assess whether specific documents or portions of documents are "vital" to the program, information, encounter, or service involved and the consequences to the LEP person if the information in question is not provided accurately or in a timely manner. As with the LEP Guidance of other Federal agencies, the HHS Guidance provides recipients with a "safe harbor" that, if undertaken, will be considered strong evidence that the recipient has satisfied its written translation obligations.

### **INTERPRETER/TRANSLATOR COMPETENCE**

The Guidance provides additional guidance on what to consider in determining interpreter and translator competency in particular contexts.

### **ELEMENTS OF AN EFFECTIVE LANGUAGE ASSISTANCE PLAN**

If, after completing the four-factor analysis, a recipient determines that it should provide language assistance services, a recipient may develop an implementation plan to address the identified needs of the LEP populations it serves. Recipients have considerable flexibility in developing this plan. The Guidance provides five steps that may be helpful in designing such a plan: (1) identifying LEP individuals who need language assistance; (2) language assistance measures (such as how staff can obtain services or respond to LEP callers); (3) training staff; (4) providing notice to LEP persons (such as posting signs); and (5) monitoring and updating the LEP plan.

### **VOLUNTARY COMPLIANCE EFFORT**

The Office for Civil Rights and HHS are committed to assisting recipients of HHS financial assistance in complying with their obligations under Title VI of the Civil Rights Act of 1964. HHS is committed to engaging in outreach to its recipients and to being responsive to inquiries from its recipients. HHS provides a variety of practical technical assistance to recipients to assist them in serving LEP persons so they are in compliance with the Title VI regulations. The requirement to provide meaningful access to LEP persons is enforced and implemented by the HHS Office for Civil Rights through the procedures identified in the Title VI regulations. These procedures include complaint investigations, compliance reviews, efforts to secure voluntary compliance, and technical assistance.

### **FOR MORE INFORMATION**

Anyone who believes that he/she has been discriminated against because of race, color or national origin may file a complaint with OCR within 180 days of the date on which the discrimination took place. The OCR Regional Offices are listed below:

<b>Region I - CT, ME, MA, NH, RI, VT</b> Office for Civil Rights	<b>Region VI - AR, LA, NM, OK, TX</b> Office for Civil Rights
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<p>U.S. Department of Health &amp; Human Services JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD) (617) 565-3809 FAX</p>	<p>U.S. Department of Health &amp; Human Services 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD) (214) 767-0432 FAX</p>
<p><b>Region II - NJ, NY, PR, VI</b> Office for Civil Rights U.S. Department of Health &amp; Human Services 26 Federal Plaza - Suite 3313 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD) (212) 264-3039 FAX</p>	<p><b>Region VII - IA, KS, MO, NE</b> Office for Civil Rights U.S. Department of Health &amp; Human Services 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7278; (816) 426-7065 (TDD) (816) 426-3686 FAX</p>
<p><b>Region III - DE, DC, MD, PA, VA, WV</b> Office for Civil Rights U.S. Department of Health &amp; Human Services 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD) (215) 861-4431 FAX</p>	<p><b>Region VIII - CO, MT, ND, SD, UT, WY</b> Office for Civil Rights U.S. Department of Health &amp; Human Services 1961 Stout Street - Room 1426 Denver, CO 80294 (303) 844-2024; (303) 844-3439 (TDD) (303) 844-2025 FAX</p>
<p><b>Region IV - AL, FL, GA, KY, MS, NC, SC, TN</b> Office for Civil Rights U.S. Department of Health &amp; Human Services 61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30323 (404) 562-7886; (404) 331-2867 (TDD) (404) 562-7881 FAX</p>	<p><b>Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions</b> Office for Civil Rights U.S. Department of Health &amp; Human Services 90 7<sup>th</sup> Street, Suite 4-100 San Francisco, CA 94103 (415) 437-8310; (415) 437-8311 (TDD) (415) 437-8329 FAX</p>
<p><b>Region V - IL, IN, MI, MN, OH, WI</b> Office for Civil Rights U.S. Department of Health &amp; Human Services 233 N. Michigan Ave. - Suite 240 Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD) (312) 886-1807 FAX</p>	<p><b>Region X - AK, ID, OR, WA</b> Office for Civil Rights U.S. Department of Health &amp; Human Services 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (TDD) (206) 615-2297 FAX</p>

Last revised: April 23, 2007

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U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



**CIVIL RIGHTS INFORMATION NOTICE**

**YOUR CIVIL RIGHTS**

**WHAT IS CIVIL RIGHTS?**

The Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other federal and State regulations say that discrimination is against the law in programs receiving federal and state financial aid.

**WHO DOES IT PROTECT?**

If you are applying for or receiving cash assistance, Medi-Cal, Food Stamps, or Social Services in Los Angeles County, you are protected under the law against discrimination regarding these benefits and you have specific rights:

- You have the right to receive the same services, consideration, and equal treatment given to all other applicants or participants regardless of race, color, religion, sex, national origin (this covers speaking a different language other than English), political affiliation, disability, age or marital status.
- You have the right:
  - to receive free interpreter services if you need help to apply for or to keep receiving benefits from us; and
  - to be given a bilingual worker for your case who speaks your language if you speak one of the following languages: Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog and Vietnamese; and
  - to receive free interpreter services for your case even if you speak a language other than those listed above; and
  - to call the office and have an English Notice that you received, translated and explained to you.

**HOW TO FILE A CIVIL RIGHTS COMPLAINT**

If you believe you have been discriminated against because of race, color, religion, sex, national origin, political affiliation, disability, age or marital status, you may take one or all of the following actions:

You may ask to speak with the local office Civil Rights Liaison. He or she will help you resolve your complaint and/or explain your rights. This includes assisting you with obtaining a PA 607, "Complaint of Discriminatory Treatment," and helping you complete the form. You may also contact the Los Angeles County Department of Public Social Services (DPSS) Administrative Headquarters or the State directly at the addresses and telephone numbers listed in the next column.

You may request an investigation from the DPSS Civil Rights & Customer Relations Section either verbally or in writing by contacting the Civil Rights Unit. You may use the PA 607 to document your complaint. The PA 607 is available to any person or organizational representative in the community requesting it. You may complete the form or ask the Civil Rights Liaison to complete it for you. The Civil Rights Unit will contact you within 20 days of receipt of your complaint for more information. The Civil Rights Unit will investigate the complaint and inform you of their findings in writing. If you disagree with the County's findings, you may appeal to the California Department of Social Services, or if it involves the Food Stamp Program, to the U.S. Department of Agriculture.

**Your complaint must be filed within 180 days from the date that you believe you were discriminated against.**

You may file your complaint with one or all of the following applicable County, State and federal agencies: the California Department of Social Services, the U.S. Department of Agriculture or the U.S. Department of Health and Human Services.

**County Office**

Department of Public Social Services  
Civil Rights & Customer Relations Section  
12860 Crossroads Parkway South  
City of Industry, California 91746  
Telephone No. : (562) 908-8501

**State Office**

California Department of Social Services  
Civil Rights Bureau  
744 "P" Street, M-S. 15-70  
Sacramento, California 95814  
Telephone No. : (866) 741-6241

**Federal Office**

U.S. Department of Health and Human Services  
Office for Civil Rights  
50 U.N. Plaza, Room 322  
San Francisco, California 94102  
Telephone No. : (800) 368-1019

**Food Stamp Program**

U. S. Department of Agriculture  
Food and Nutrition Services  
Civil Rights Bureau-Western Region  
550 Kearny Street, Room 400  
San Francisco, California 94108  
Telephone No. : (888) 271-5983

## AT THE HEARING

If you have notified the State Hearings Division before your hearing that you need language services, a state-approved interpreter will be present at your hearing to assist you and the other participants. You should be prepared to present your best case at the hearing. You will have an opportunity to tell the Administrative Law Judge why you disagree with the county's action and the county representative will have an opportunity to explain why the action was taken. It is up to the county to prove that its action is correct. You and the county representative may question each other and any witnesses who are present. The Administrative Law Judge may also ask questions to bring out all the facts.

State law requires that all hearings are to be tape recorded. The recording is for use in making the decision and is kept in case there is a dispute about the decision.

## THE DECISION

After the hearing is completed, the Administrative Law Judge will either send a proposed decision to the Director of the California Department of Social Services or Health Services or will issue a final decision on behalf of the Director. If a proposed decision is sent to the Director, the facts presented during the hearing will be studied and the Director will either adopt the proposed decision, order a further hearing, or issue his/her own decision. If the Director issues his/her own decision, that decision is binding, but you will also receive a copy of the Administrative Law Judge's original proposed decision. Immediately upon receipt of a decision, the county must comply with the decision even if a rehearing is requested. If the decision is a denial, any aid pending which you had been receiving will stop. In addition, the county can demand repayment of excess cash aid or food stamps which were paid as aid pending. If you disagree with the decision, you may request a rehearing by following the instructions on the first page of the State Hearing decision you receive.

If you disagree after receiving either a decision or a rehearing decision, you can seek judicial review by appealing to Superior Court. The request for judicial review must be filed with the court within one year after receiving notice of the Director's final decision.

## WITHDRAWING FROM A STATE HEARING

You may withdraw (cancel) your request for a State Hearing any time before the Director has issued a decision by sending a written request to the State Hearings Division in Sacramento. If you withdraw before the hearing, it will be cancelled. If you withdraw after the hearing, no decision will be issued. In both cases, the county's action will take effect. If you received aid at a level greater than you should have received if you had not requested the hearing, and you later withdraw before the decision is issued, the county has a right to demand repayment of the overpaid amount of cash aid or food stamps. The result is the same as a written decision supporting the county's action.

## RECORDS ARE IMPORTANT

Every hearing is different. The Administrative Law Judge will want to see papers or records which give facts and provide verification regarding your case. You should bring to the hearing records that will prove or disprove a fact upon which you and the county disagree. Records relating to the specific disputed matter are often required to correctly resolve a case. Examples are:

- Records relating to real property, such as tax receipts, deeds, contracts and mortgages.
- Records relating to personal property, such as bank books, insurance policies, automobile ownership papers, stocks, bonds, notes and contracts.
- Records relating to disability, such as medical reports, hospital records, or doctor's notes.
- Records regarding money you receive, such as: wage stubs; award letters showing how much you receive from Social Security; Unemployment Insurance; Veterans Benefits; court-ordered support payments; student financial aids; from property rental; boarders; roomers; stocks; bonds; or payments made on your behalf, including gifts, etc.
- Bills and receipts showing the amount you are paying for housing, insurance and medical transportation), union dues, attendant and child care, school tuition and fees, disaster and casualty losses.

## Discrimination

Under State law, welfare agencies may not, on the basis of race, color, national origin, age, disability, religion, sex, sexual orientation, political affiliation or marital status, provide aid, benefits or services to an individual or group which is different from that provided to others. Federal laws also prohibit discrimination on several, although not all, of the bases listed above.

Federal law prohibits: (1) delaying or denying the placement of a child for adoption or into foster care on the basis of the race, color or national origin of the adoptive or foster parent, or the child involved; (2) denying to any individual the opportunity to become a foster or adoptive parent on the basis of the race, color or national origin of the individual or child involved.

If you believe you have been discriminated against by the welfare agency, you may take any of the following actions:

1. Speak to the County Welfare Department's Civil Rights Representative. The county will investigate the complaint and inform you of the outcome.
2. You may file a discrimination complaint with CDSS by e-mail, writing or calling:  
California Department of Social Services  
Civil Rights Bureau (CRB)  
P.O. Box 944243, M.S. 15-70  
Sacramento, CA 94244-2430  
Call (916) 654-2107 or toll free 1-866-741-6241  
E-Mail: [crb@cdss.ca.gov](mailto:crb@cdss.ca.gov)

TDD/TTY Users may call direct at (916) 654-2098 or collect by calling (800) 688-4486 or you may call via the California Relay Service operator at (800) 735-2929.

3. If your complaint involves the Food Stamp Program, you may file a federal discrimination complaint with:

USDA, Director  
Office for Civil Rights  
Room 326-W, Whitten Building  
14th and Independence Avenue, SW  
Washington, D.C. 20250-9410  
1-800-795-3272 (voice)  
(TTY) 202-720-6382

4. If your complaint involves assistance programs other than Food Stamps, and if you believe that the alleged discriminatory action was based on race, color, national origin, age, or disability, you may file a federal discrimination complaint with:

U.S. Department of Health and Human Services  
Office for Civil Rights  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
1-800-368-1019

A complaint must be filed within 180 days of the occurrence of the alleged discrimination. In your complaint, state the basis of discrimination (e.g., race, color, disability, sex), what happened, why you believe that the action was taken, and the resolution you are seeking. If you disagree with the county's decision on your discrimination complaint, you may appeal the finding in the California Department of Social Services or, if it involves the Food Stamp program, to the U.S. Department of Agriculture. THE DISCRIMINATION COMPLAINT PROCESS DIFFERS FROM THE STATE HEARING PROCESS. YOU HAVE THE RIGHT TO REQUEST A STATE HEARING IF YOU BELIEVE THAT THE COUNTY MADE AN INCORRECT DECISION ON YOUR BENEFITS IN ADDITION TO FILING A DISCRIMINATION COMPLAINT.

## In Conclusion

If you have any question about the information in this paper—your rights or what you should do if you think your rights have been violated—ask someone in your county welfare department or talk with someone at Public Inquiry and Response, California Department of Social Services.

Also, it may be helpful to obtain written information which explains the public assistance for which you are applying or receiving. It is available at your county welfare department. If a leaflet about the program is not offered to you, ask for it. One way to ensure that you are treated fairly is to know what you are entitled to receive.



STATE OF CALIFORNIA

HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES

This publication is available in large print and also on audio tape upon request from your county.

You should tell the county if you have a disability and need help applying for or continuing to receive aid, benefits, and services.

PUB 11-1497



★ ★ ★ ★ ★  
If you are applying for, receiving, or have received public assistance in California, you have specific rights.

This brochure describes your rights and explains what you can do if you have a complaint. The information is for persons applying for, receiving, or who have received aid or services in any of the following assistance programs:

- Adoption Assistance Program (AAP)
- Alcohol and Drug Program
- California Food Assistance Program (CFAP)
- California Medical Assistance (Medi-Cal)
- California Work Opportunity and Responsibility to Kids (CalWORKS)
- CalWORK's Child Care
- CalWORK's Welfare to Work Program
- Cash Assistance Program for Immigrants (CAPI)
- Child Welfare Services
- Denit-Cal
- Early & Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Food Stamps
- Foster Care
- In-Home Supportive Services (IHSS)
- Kinship Guardian Assistance Payment (Kin-GAP)
- Mental Health
- Multipurpose Senior Service Program (MSSP)
- Personal Care Services Program (PCSP)
- Refugee Cash Assistance
- Social Services

THE WHITE HOUSE  
Office of the Press Secretary  
(Aboard Air Force One)

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For Immediate Release

August 11, 2000

EXECUTIVE ORDER

13166

IMPROVING ACCESS TO SERVICES FOR  
PERSONS WITH LIMITED ENGLISH PROFICIENCY

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to improve access to federally conducted and federally assisted programs and activities for persons who, as a result of national origin, are limited in their English proficiency (LEP), it is hereby ordered as follows:

Section 1. Goals.

The Federal Government provides and funds an array of services that can be made accessible to otherwise eligible persons who are not proficient in the English language. The Federal Government is committed to improving the accessibility of these services to eligible LEP persons, a goal that reinforces its equally important commitment to promoting programs and activities designed to help individuals learn English. To this end, each Federal agency shall examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency. Each Federal agency shall also work to ensure that recipients of Federal financial assistance (recipients) provide meaningful access to their LEP applicants and beneficiaries. To assist the agencies with this endeavor, the Department of Justice has today issued a general guidance document (LEP Guidance), which sets forth the compliance standards that recipients must follow to ensure that the programs and activities they normally provide in English are accessible to LEP persons and thus do not discriminate on the basis of national origin in violation of title VI of the Civil Rights Act of 1964, as amended, and its implementing regulations. As described in the LEP Guidance, recipients must take reasonable steps to ensure meaningful access to their programs and activities by LEP persons.

Sec. 2. Federally Conducted Programs and Activities.

Each Federal agency shall prepare a plan to improve access to its federally conducted programs and activities by eligible LEP persons. Each plan shall be consistent with the standards set forth in the LEP Guidance, and shall include the steps the agency will take to ensure that eligible LEP persons can meaningfully access the agency's programs and activities. Agencies shall develop and begin to implement these plans within 120 days of the date of this order, and shall send copies of their plans to the Department of Justice, which shall serve as the central repository of the agencies' plans.

**WITHDRAWAL OF COMPLAINT OF DISCRIMINATORY TREATMENT**

TO : DEPARTMENT OF PUBLIC SOCIAL SERVICES  
CIVIL RIGHTS AND LANGUAGE SERVICES SECTION  
12860 CROSSROADS PARKWAY SOUTH  
CITY OF INDUSTRY, CALIFORNIA 91746

**CASE NAME :** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

I, \_\_\_\_\_, hereby withdraw my complaint of  
(Please print your name)  
discriminatory treatment which was submitted to you on \_\_\_\_\_.

**THE REASON(S) FOR OR CONDITION(S) OF THIS WITHDRAWAL ARE:**

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\_\_\_\_\_  
(SIGNATURE) (DATE)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE : \_\_\_\_\_



# DEPARTMENT OF PUBLIC SOCIAL SERVICES



## CIVIL RIGHTS SECTION

### CIVIL RIGHTS QUESTIONNAIRE – DEPARTMENT OF MENTAL HEALTH

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Office/Site: \_\_\_\_\_

#### General Questions:

1. How long have you been employed at this office?  
\_\_\_\_\_
2. Have you participated in Civil Rights Training within the past 24 months? Yes/No  
If NO, when was the last time you participated in Civil Rights Training?  
\_\_\_\_\_

#### Awareness of Civil Rights Forms:

1. How do you inform the public/patients of their civil rights?  
\_\_\_\_\_  
\_\_\_\_\_
2. Are there brochures/publications/posters readily available to the public/patients explaining their civil rights? If Yes, can you describe/name the materials? Yes/No  
\_\_\_\_\_  
\_\_\_\_\_
3. Are Civil Rights posters prominently displayed in the lobby or waiting rooms? Yes/No
4. Is the Complaint of Discriminatory Treatment Form (PA 607) readily available to staff and the public/patients? If Yes, where is this form located? Yes/No  
\_\_\_\_\_

#### Discrimination Complaint Process:

1. Do you know if there is a Civil Rights Liaison in your office? If Yes, who is that person? Yes/No  
\_\_\_\_\_
2. What is the name of the DPSS Civil Rights Coordinator?  
\_\_\_\_\_
3. What information/forms will you provide to the public/patients who wish to file a civil rights complaint? What is the procedure in filing a civil rights complaint?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Documentation and Processing of Non-English or Limited English Proficient (LEP) Persons:

1. How is a patient's primary language determined?  
\_\_\_\_\_  
\_\_\_\_\_
2. How are services to non-English/LEP persons provided?  
\_\_\_\_\_  
\_\_\_\_\_
3. Are certified interpreters readily available at your office to assist the public/patients as needed? Yes/No
4. In your opinion, is there a sufficient number of qualified bilingual staff to provide high-quality services to non-English or LEP persons at your office? If No, please explain: Yes/No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Are informational material, such as brochures, notices and other general correspondence, available in any languages other than English? If Yes, in what languages? Yes/No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Processing Persons With Special Needs:

1. What are the accommodations that your office has for persons who are physically, mentally, visually or audibly impaired?  
\_\_\_\_\_  
\_\_\_\_\_
2. Is the Large Print, audio or Braille version of the PUB 13 readily available to staff in assisting the public/patients with special needs? Yes/No  
If so, where are they located? \_\_\_\_\_

