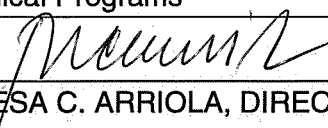


Guam Behavioral Health and Wellness Center		
TITLE: Language Assistance Program	POLICY NO.: CL-AP- 14 15	Page 1 of 3
APPLICABILITY: Clinical Programs		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: 7/16/21	
	DATE REVISED/VIEWED:	

PURPOSE:

To ensure meaningful communication with Limited English Proficiency (LEP) consumers and their authorized representatives involving their medical conditions and treatment. This policy is in compliance with Culturally Linguistic Appropriate Services (CLAS) standards, CARF Standard 1.A.5. Cultural Competency and Diversity Plan, and 1.L.1.b (6) Accessibility in communication.

POLICY:

- A. GBHWC will take reasonable steps to ensure that consumers with LEP have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits.
- B. Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services.
 1. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the consumer and their family.
- C. GBHWC will inform LEP consumers of the availability of language assistance, free of charge, by providing written notice in languages LEP consumers will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry, including but not limited to the registration area, medication clinic, outpatient areas and offsite program offices.
- D. All direct care staff will be trained on Culturally Linguistic Appropriate Services (CLAS) and effective communication techniques, including the effective use of an interpreter.
- E. The policy also provides for communication of information contained in vital documents, including but not limited to, consent to treatment forms, statement of consumer rights and responsibilities, notice of privacy practices, etc.
- F. GBHWC will conduct a regular review of the language access needs of our consumer population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

D. Providing written translations

1. When translation of vital documents of consumer record is needed or requested by a consumer, the lead provider of the consumer will submit documents for translation to Medical Records. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.
2. Medical Records will request the ACS Supervisor for an interpreter and will follow the same procedure of filling out the Request for Interpreter form.
3. Facilities will provide translations of other written materials, if needed, as well as a written notice of the availability of translation, free of charge, for LEP consumers.
4. GBHWC will set benchmarks for translation of vital documents into additional languages over time.

REFERENCES:

Office for Civil Rights. (n.d.). *Meaningful communication with persons with limited english proficiency*. Retrieved from US Department of Health and Human Services:
<https://www.hhs.gov/civil-rights/for-providers/clearance-medicare-providers/example-policy-procedure-persons-limited-english-proficiency/index.html>

SUPERSEDES:

- A. Title; Policy No.; Effective date/signature date; Approving individual's name

ATTACHMENTS:

FCL-AP-14.1 Request for Interpreter Form
FCL-AP-14.2 Evaluation of Interpreter Services



GUAM BEHAVIORAL HEALTH & WELLNESS CENTER

790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913

TEL: (671) 647-5330 FAX: (671) 649-6948

EVALUATION OF THE INTERPRETER SERVICE

Interpreter's Name: _____ Language interpreting for: _____

Date & Time/Hours of the Service: _____ Location: _____

Staff Requesting the Service: _____

How would you rate the quality of the Interpreters Service based on the following 5 questions:

Please write on the space one of the following: **Good, Fair, Poor**

1. Understanding of the issues as presented by the consumer: _____

Comments/Recommendations: _____

2. Ability to connect with the consumer: _____

Comments/Recommendations: _____

3. Ability to communicate consumer's concerns with the staff: _____

Comments/Recommendations: _____

4. Ability to summarize with the consumer and staff the consumer's decision and the "next step" in addressing consumer's issues & concerns: _____

5. Would you recommend this interpreter for future interpretation needs? Yes ___ No ___

Please state reason for your recommendation: _____

Print Name

Sign Name

Date

GBHWC Cultural Humility Interpreter Service:



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GBHWC REQUEST FOR INTERPRETER FORM

Staff Name making the request: _____ Date: _____

Program: _____ Contact #: _____

Interpreter needed. Please indicate for which language:

- Chuukese
- Tagalog
- Japanese
- Mandarin
- Chamorro
- Palauan

Other language if not in the choice above: _____

Date, time & location the interpreter is needed: Date: _____ Time: _____

Location: _____

Interpreter needed for, please check which one:

- | | |
|---|---|
| <input type="checkbox"/> 1. Intake appointment | <input type="checkbox"/> 6. Adult in-patient Unit |
| <input type="checkbox"/> 2. Counseling appointment | <input type="checkbox"/> 7. Child in-patient Unit |
| <input type="checkbox"/> 3. Medication clinic appointment | <input type="checkbox"/> 8. Wrap Meeting/Team Meeting |
| <input type="checkbox"/> 4. Healing Hearts appointment | <input type="checkbox"/> 9. Social Worker Interview |
| <input type="checkbox"/> 5. Drug & Alcohol appointment | <input type="checkbox"/> 10. Other: _____ |

Signature of Worker making the request: _____

Please submit the request to Sylvia Quinata: sylvia.quinata@gbhwc.guam.gov
tel. # 647-5733

Received by:

Sylvia Quinata: _____ Date _____

(Signature)