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SAPC BULLETIN NO. 18-03-START

TO: Los Angeles County Substance Use Disorder
Contracted Treatment Providers

FROM: John M. Connolly, Ph.D., M.S.Ed., Interim Division Director
Substance Abuse Prevention and Control

**SUBJECT: CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICE
REQUIREMENTS**

On June 29, 2015, Substance Abuse Prevention and Control (SAPC) released an interim bulletin instructing contracted providers on the requirements for compliance with the Federal Department of Health and Human Services (HHS), Office of Minority Health's National Cultural and Linguistic Appropriate Service (CLAS) standards. In June 2016, SAPC's Committee on Cultural Competence and Humility released the Strategic Plan for ensuring equitable access to services for those representing diverse backgrounds.

This bulletin provides further guidance on these CLAS requirements under the System Transformation to Advance Recovery and Treatment, Los Angeles County's Substance Use Disorder Organized Delivery System (START-ODS). Consistent with prior requirements, SAPC contracted providers must ensure that culturally, developmentally, and linguistically appropriate services are provided as specified in Title 42 of the Code of Federal Regulations, Part 438 (specifically 42 CFR 438.10 and 42 CFR 438.206), including provisions for:

1. Services provided in Los Angeles County's threshold languages (see "Definitions" below), or in the individual's preferred language, where it is not one of the threshold languages;
2. Written materials provided in the threshold languages of populations served; and
3. Culturally relevant and competent services.

SAPC contracted providers must also ensure compliance with other Federal, State, and local laws and regulations regarding non-discrimination and language assistance, as outlined in the Department of Health Care Services (DHCS) [All Plan Letter 17-011](#)¹.

Requirements and Standards for SAPC Contracted Culturally and Linguistically Competent Substance Use Disorder Treatment Services at each provider location:

- Complete/update the Service and Bed Availability Tool (SBAT) provider survey to accurately reflect the primary population(s) and language(s) served.
- Maintain policies and procedures that address culturally, developmentally, and linguistically appropriate and accessible services in day-to-day programmatic and administrative operations, including, but not limited to:
 - Personnel recruitment/retention, grievances/complaints related to cultural competence and physical disability, and ensuring patient input;
 - Annual staff development plan, including board of directors training and development;
 - Equal access to services for those with physical, psychiatric, or cognitive disabilities, and visual or hearing impairments, including the availability and use of auxiliary aids and services (see “Definitions” below), as required under Federal, State, and local law;
 - Language assistance for individuals accessing services whose primary language is not English (including Sign Language); and
 - Assessment of accessibility, linguistic, and cultural needs of primary populations served.
- Post a Notice of Non-Discrimination that complies with font-size standards, as well as include the non-discrimination taglines in relevant publications and communications that inform individuals with limited English proficiency (LEP) that no-cost language assistance services are available. Samples are available at the [HHS’ Translated Resources for Covered Entities](#) webpage.
- Recruit and promote culturally and linguistically diverse governance, leadership, and workforce that are reflective and responsive to the primary populations served; this provision includes representation on Board of Directors or other influencing body.
- Ensure individuals who are monolingual or with LEP receive equal access to services in their primary or preferred language by linguistically proficient staff and/or interpreter at no cost to them.
 - Input patient self-reported preferred language for treatment services into Sage and the relevant data fields in the California Outcome Measure System (CalOMS).
 - Use case management benefit to assist patients in receiving treatment in their preferred language if treatment services are not available by linguistically proficient staff.
 - If a patient refuses interpreter services, document in the chart that free interpreter services were offered and declined.
 - Where possible, family members, friends, etc. should not be used as interpreters in the normal course of providing contracted services. Under no circumstances shall a minor child serve as an interpreter.

- Provide written materials to help individuals obtain services in their threshold languages, in alternative formats, or through auxiliary aids and services. Providers may access the [Patient Handbook](#) in the threshold languages and in large print on the SAPC website. Additional documents critical to obtaining services will be made available, including:
 - Complaint/Grievance/Appeal Notices and Forms
 - Bill of Rights Posting
 - Treatment Plan
 - Patient Handbook Summary
 - Release of Information Forms
 - Privacy Practices
 - Confidentiality Notice
 - Consent to Treatment Form
- Reflect in programming an inherent respect for and inclusion of diverse cultural, ethnic, and linguistic needs of the primary populations served. This may include, but not be limited to:
 - Appropriate front desk and/or reception etiquette and sensitivity.
 - Materials (i.e., brochures, literature, posters, etc.) that are available or posted in the treatment site.
 - Website that can be used by all patients (i.e., large print, translation, etc.), and represents primary population served.
 - Use of relevant evidence-based or best practices.
- Participate in community engagement activities, such as:
 - Written, audio, or online information dissemination approaches.
 - Participation in community meetings (e.g., neighborhood groups, faith-based meetings, etc.).
 - Support non-SUD-specific community activities (e.g., health fairs, walks, use of facility).

SAPC is committed to promoting a service delivery system that treats individuals within the context of their language, culture, ethnicity, gender identity, age, sexual orientation, developmental stage and any physical, psychiatric, or cognitive disabilities. The SAPC website provides resources and additional information about how to implement culturally competent services.

If you have any questions or need additional information, please contact SAPC_Compliance@ph.lacounty.gov.

Definitions

“Threshold Language” –The prevalent language indicated on the Medi-Cal Eligibility System (MEDS) as 3,000 beneficiaries or five (5) percent of the population (whichever is lower) in a geographic area. For Los Angeles County, these are: Arabic, Armenian, Cantonese, Farsi, Khmer (Cambodian), Korean, Mandarin, Russian, Spanish, Tagalog, Vietnamese, and other Chinese.

“Limited English Proficiency” – Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English.

“Primary or Preferred Language” – The language identified by the individual and that must be used to communicate effectively, including sign language.

“Primary Population Served” – Cultural, ethnic, linguistic, and other populations that comprise the majority of those receiving services as identified in the SBAT for each location.

“Linguistically Proficient” – The ability to communicate effectively with patients by speaking and understanding information in an acquired (or native) language with fluency and accuracy.

“Cultural and Linguistic Appropriate Services” – Services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patientsⁱⁱ.

“Auxiliary Aids and Services” – Qualified interpreters, assistive listening devices, notetakers, and written materials for individuals with hearing impairments; and readers, taped texts, and Braille or large print materials for individuals with vision impairments.

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ⁱ APLs are available at: <http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

ⁱⁱ US Department of Health and Human Services Office of Minority Health. (2017). *Cultural and Linguistic Competency*. Retrieved from website <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlID=6>