



Southwest Michigan

BEHAVIORAL HEALTH

Limited English Proficiency

Definition

"Limited English Proficiency"

Or "LEP" refers to an individual who cannot speak, read, write, or understand the English language at a level that permits him/her to communicate effectively with health care or social service providers.

When used to identify persons, individuals may be acknowledged as **L**imited **E**nglish **P**roficient (LEP).



LEP Basis and Intentions

- Title VI of the Federal Civil Rights Act of 1964
- Americans with Disabilities Act of 1990
 - Health and Human Services providers are responsible under Federal Law to **assist people** with Limited English Skills
 - Eliminate **unintentional barriers** to services
 - Ensure individuals with LEP can **effectively access** critical health and social services
 - Provide language **assistance at no cost** to persons with LEP
 - Ensure access to care is standardized – regardless of LEP status for any customer

Effective LEP Programs

The Office of Civil Rights (OCR) has found that effective LEP programs do the following:

- 1. Identify Individuals with LEP who need language assistance**
- 2. Offer Language Assistance through:**
 - a. Oral language interpretation
 - b. Translation of written materials
- 3. Provide Staff training**
- 4. Ensure the right to free language assistance for individuals with LEP**
- 5. Monitor and Update the LEP Program as necessary**

1. Identifying LEP Individuals who need language assistance

- Persons who are LEP need be able to identify their language needs to staff. Posting notices in commonly encountered languages will let Persons with LEP know of the availability of the assistance and encourage them to identify their language needs.
 - Examples throughout our Region include “I Speak” posters and cards in our common/lobby areas
- Provider agencies need to maintain a record of the language needs of all persons identifying themselves as Persons with LEP.

2. Language Assistance Measures

- Identify the ways in which language assistance will be provided. With Consideration given to:
 - Types of language services available
 - How staff can obtain those services for individuals
 - How to respond to callers with LEP
 - How to respond to written correspondence from Persons with LEP
 - How to respond to individuals with LEP in-person
 - How to ensure competency of interpreters and translation services.
- Within our Region, each CMH has identified and made available a set of measures to offer individuals.

3. Staff Training

Effective training ensures that employees:

- A. Know their **obligations** to provide meaningful access to information and services to Persons with LEP.
- B. Are **knowledgeable and aware** of LEP policies and procedures.
- C. Are trained to **work effectively** with in-person and telephone **interpreters/services**. (how to access “assistance measures” that have been established)
- D. **Understand the dynamics** of interpretation between individuals, providers, and interpreters.

4. Providing Notice to Persons with LEP of the **free** language assistance

Examples of assistance measures taken throughout the Southwest Michigan Behavioral Health Affiliation Network

- “I speak” posters and cards available at entry/Access points within the provider affiliation to help individuals identify their language need(s).
- Posters at entry/Access points identifying that Language Assistance is available at no cost (free).
- Vital Documents translation performed by *credentialed contract providers*. Forms available at local CMH Customer Services offices or SWMBH.
- Guide to Services (Handbook) is translated into Spanish – and available in alternative formats such as Braille/e-reader

5. Monitoring and Updating the LEP Program/Plan

It is crucial to monitor language assistance (LEP) programs to assess...

- A. the current LEP makeup of the service area
 - i. Did the make-up of the area change?
 - ii. Are there new groups to serve?
- B. the current communication needs of LEP applicants and persons served
- C. whether existing assistance is meeting the needs of such individuals
- D. whether staff are knowledgeable about policies and procedures and how to implement assistance measures
- E. whether sources of and arrangements for assistance are still current and viable

And make updates as necessary.

Keys to Service Access for LEP Persons

Provide *effective communication* between the service provider and the Person with LEP so as to facilitate **meaningful access to** and **participation in** services.

The steps taken by a service provider must ensure that the Person with LEP is:

- * Given adequate information
- * Able to understand the services and benefits available
- * Able to receive and fully engage in the services/benefits which s/he is eligible

Language Interpretation

- Interpretation is the act of listening to something in one language and translating and transmitting it in another language. **Options include:**
 - 1) Hiring bilingual staff who are trained and who demonstrate competence as interpreters
 - 2) Hiring staff interpreters who are competent and readily available
 - 3) Contracting with interpreters who are competent and readily available
 - 4) Utilizing volunteers who are competent as interpreters, are readily available and maintain client confidentiality
 - 5) Utilizing a telephone interpretation service as necessary.

Use of Family/Friends as Interpreters

- The use of family or friends must **NOT** be suggested, or encouraged to a Person with LEP by any member of the SWMBH network.
 - Use of such persons could result in a breach of confidentiality or reluctance on the part of individuals to reveal personal information critical to their situations – which would compromise the effectiveness of services.
- Providers must offer **FREE** trained interpreters to participate in assessments and other service contacts.

Use of Family/Friends as Interpreters

- If a Person with LEP declines the right to free interpreter services and insists on using family/friend, providers may use a family member or friend, if using this person does not compromise the effectiveness of services or violate the confidentiality of the individual.
- Even if a Person with LEP elects to use a family member or friend, providers should suggest that a trained interpreter sit in on the contact to ensure accurate interpretation.
 - **Providers must document the offer and declination in the individual's file.**

Working with an Interpreter

- Communication should be focused on the staff member and the individual who is LEP – not the staff member and the interpreter.
- Staff should always speak clearly. Try not to use jargon or acronyms.
- If you do not believe you are getting enough information, ask the interpreter to re-phrase your questions to clarify.
 - In-person – it may be helpful to have the interpreter sit behind the individual with LEP to promote eye contact with the customer.
 - When meeting in-person but using telephone interpreter service, it may be helpful to have the conversation on speaker phone

Translation of Written Materials

- Translation is the replacement of a written text from one language into an equivalent written text in another language.
- Written material **must** be translated into regularly encountered languages other than English spoken by a ***significant number or percentage*** of the population eligible to be served.
 - What is a significant number? [At least 5% of the population or 1000 people, whichever is less.](#)
 - What must be translated? [Vital documents.](#)
 - Translation of other documents, if needed, can be provided orally.

Translation of Written Materials

- As used within Title IV, a “**vital document**” is one that service applicant or person served:
 - Must be provided with by federal or state law; and
 - According to procedures, needs to be able respond to
- Examples of information that is “vital” include:
 - Consent and Complaint forms
 - Notice of eligibility criteria
 - Notice of denial, termination, reduction of services
 - Ability to Pay determinations
 - Applications to receive benefits or services
 - Plan of Service documents

Translation of Written Materials

Southwest Michigan Behavioral Health

- Based on the current population numbers, at this time, **the SWMBH Network is responsible to provide Vital Document Translation into Spanish**. Braille and e-reader versions of the Customer Handbook are pending.
- For any CMH office/provider that may require documentation translation outside of the materials produced centrally by SWMBH, contact you local Customer Services Representative for assistance with document translation.

Documentation of LEP Activities

- All providers must inform individuals served that interpretation is available at no cost to them.
- The language choice of the applicant/person served should be clearly shown in the clinical record.
- All relevant documents must be made available in alternate format if requested, and the offer to provide them ***SHOULD BE CLEARLY DOCUMENTED IN THE CLINICAL RECORDS.***

Examples of Prohibited Practices

- Providing service that is limited in scope/lower in quality or efficacy
- Lacking translation for vital documents
- Unreasonable delays in delivery of services
- Failing to inform Persons with LEP of the right to receive free interpreter services
- Requiring Persons with LEP to provide their own interpreter

Some why's:

- Family/friend interpreters may not be able to translate emotional context of behavioral health/substance use disorder issues clearly.
- Providing lesser services or making individuals wait for services is not only against Title IV and MDCH contract requirements, but could endanger the life of a customer.
- If unable to read vital documents, customers may not understand the services offered, their rights, or the amount they may have to pay.

Q: Why worry about LEP?

A1: There is no official language of the United States.

A2: Sometimes use of the English Language does not make sense...

A3: If not attended to, language may have unintended meanings...

If the English language made any sense, then *“lackadaisical”*... would have something to do with a **Shortage of flowers**



When General Motors introduced the Chevy Nova in South America, it was apparently unaware that *“no va”* means *“it won’t go”* in local languages.



SWMBH Network Contracted Providers Interpretation and Translation

- Direct SWMBH Contractors to meet customer needs:
 - **Voices for Health** – written translation and telephonic as well as in-person interpretation
 - To request Interpretation services, call 616-292-2700
 - To request written translation: info@voicesforhealth.com
 - Main phone (616) 233-6505
 - **Deaf Link** – American Sign Language
 - Office line: (269) 288-0464

Telephone Contact for Persons who are Deaf or Hard of Hearing

- If callers to any agency within the Southwest Michigan Behavioral Health network are hearing-impaired, hard-of-hearing, or speech-impaired and use a keyboard device or Teletypewriter (TTY), SWMBH is recommending use of the Michigan Relay Center (MRC). Callers should **dial 7-1-1 or 1-800-649-3777** and give (tell) the operator the number they are trying to reach.
- For more information about MRC, copy and paste this link into your web browser www.michiganrelay.com.
- MRC representative relays the call to both parties exactly as the information is shared (said/typed). Tips:
 - MRC representatives will ask both parties if they are familiar with how MRC is used.
 - MRC representative may ask that you speak slower than usual as they are typing everything that is said.
 - Please speak as if you are talking directly to the other party, not MRC.
 - At the end of each part of the conversation, the signal “go ahead” should be said or typed to let the other party know to respond.

Customer Service Contacts

If you have any questions, please contact Customer Services.

County	CS Representative	Phone
Barry	Deb Brice	(269) 948-8041
Berrien	Melissa Ludwig	(269) 934-3478
Branch	Shirley Nystrom	(866) 877-4636
Calhoun	Michele Pascoe	(877) 275-5887
Cass	Mary Munson	(800) 323-0335
Kalamazoo	Teresa Lewis	(877) 553-7160
St. Joseph	Michelle Heffner	(855) 203-1730
Van Buren	Lisa King	(269) 655-3365
SWMBH network	Ashley Esterline/Courtney Dunsmore	(800) 890-3712

