

**County of San Bernardino
Department of Behavioral Health**

Behavioral Health Services for Clients/Family Members Who are Deaf or Hard of Hearing Procedure

Effective Date 11/16/09
Approval Date 12/09/10



Alan Rawland, Director

Purpose To ensure staff has appropriate procedures to provide services to Department of Behavioral Health (DBH) clients and family members who are deaf or hard of hearing (HOH).

Communication by Telephone Follow these guidelines when communicating with deaf or HOH DBH clients or family members:

| If the Caller is a... | Then Use the California Relay Service via one of these options: |
|---|---|
| <ul style="list-style-type: none"> • Child or youth client • Transitional Age Youth client • Client family member <p><i>and needs to be contacted,</i></p> | <ul style="list-style-type: none"> • Dialing 711 • English: (800) 735-2922 • Spanish: (800) 855-3000 |

Communication with Walk-in Clients Follow the instructions in [Providing Interpretation Services Procedure](#) when communicating with deaf or HOH walk-in clients or family members. Communicate with the individual in writing until an interpreter is available, as follows:

| Step | Action |
|------|--|
| 1 | Minimize the number of words used. |
| 2 | Ask the "5-W" questions (who, what, when, where and why). |
| 3 | Ask closed-ended (yes/no response) questions whenever appropriate. |
| 4 | Use a second grade level vocabulary whenever possible; do not use multiple syllable words. |

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Behavioral Health Services for Clients/Family Members Who are Deaf or Hard of Hearing Procedure, Continued

After Hours Communication Secure an American Sign Language (ASL) Interpreter after normal business hours as follows:

1. Contact the Program Manager (PM) for the Office of Cultural Competence and Ethnic Services (OCCES) at (909) 841-5286.
2. Provide the following information:
 - a. Location
 - b. Estimated time needed
 - c. Cost center
 - d. Brief description of purpose, (i.e.; meeting, appointment)
3. The OCCES PM will arrange for ASL and other necessary appropriate services.

Questions Direct questions about this procedure to OCCES via DBH-Cultural Competency email: cultural_competency@dbh.sbcounty.gov.

References California Code of Regulations, Title 9, Chapter 11, Section 1810.110
California Welfare and Institutions Code, Sections 14684(h), 4341(h), 5802(a)(4)
Civil Rights Act, 1964: United State Code Section 200-d
Executive Order 13166, 2000
Dymally Alatorre Bilinguals Services Act, 1973
California Department of Mental health Current Fiscal year Annual Review
Protocol for Consolidated Specialty Mental Health Services and Other Funded Services

Related Policy or Procedure Standard Practice Manual CUL 1002: [Behavioral Health Services for Clients/Family Members Who are Deaf or Hard of Hearing Policy](#)
Standard Practice Manual CUL 1004: [Satisfying Client Language Needs Policy](#)
Standard Practice Manual CUL 1011: [Providing Translation Services Procedure](#)
Standard Practice Manual CUL1012: [Providing Interpretation Services Procedure](#)
