

Language Access Plan



California Department of
State Hospitals

**Providing Meaningful Access
to Services for Individuals with
Limited English Proficiency**

June 2026

Department of State Hospitals/ Director's Office
Language Access Coordinator (LAC) Name: David P. Jones
LAC Phone: 916-654-2309 / Email: LanguageAccess@dsh.ca.gov

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Introduction

To ensure meaningful access to programs and services, the California Health and Human Services Agency (CalHHS) adopted a Language Access Policy (Policy) on May 22, 2023. This Policy requires each CalHHS department or office to develop a Language Access Plan. The purpose of these plans is to guarantee that CalHHS and its departments and offices provide meaningful access to information, programs, benefits, and services to people with limited English proficiency (LEP), ensuring that language is not a barrier to vital health and social services.

A revised [Policy](#) was issued on October 17, 2025.

This document is the California Department of State Hospitals (“DSH” or “Department”) Language Access Plan (“LAP” or “Plan”). The DSH has updated its LAP in compliance with policy revisions and new state regulations. In developing this Plan, we have reviewed our programs and services for the public, the ways in which we communicate with members of the public and the people we serve, and how we currently provide information and services in languages other than English.

DSH manages a large forensic mental health system of care where we provide high quality treatment, evaluation and supportive services to a diverse patient population that reflects the cultural and ethnic diversity represented across California. The Plan focuses DSH’s processes to support LEP patients in accessing services and meaningfully participating in treatment and program activities in the state hospitals. DSH is committed to providing language access services to support these goals.

Department Programs and Services

The mission of DSH is to provide evaluation and treatment in a safe and responsible manner, by leading innovation and excellence across a continuum of care and settings. Within the context of the broader public mental health system of care, DSH primarily serves individuals with complex behavioral health conditions who have been committed to the Department through the Superior Courts or Board of Parole Hearings. Additionally, DSH serves a smaller contingent of conserved individuals referred by the counties and inmates from the California Department of Corrections and Rehabilitation. DSH is responsible for the daily care and provision of mental health treatment to its patients. Upon discharge from a DSH commitment, individuals typically return to their community, and the county behavioral health system serves to provide additional services and linkages to ongoing treatment.

DSH oversees five state hospitals (Atascadero, Coalinga, Metropolitan, Napa,

and Patton). In addition to state hospital treatment, DSH provides services, via contracts with county behavioral health agencies, sheriff departments, and private providers, in Early Access Stabilization Services (EASS) and Jail-Based Competency Treatment (JBCT) programs, Community-Inpatient Facilities (CIF), the Conditional Release Program (CONREP), Community-Based Restoration (CBR) programs, and pre-trial felony mental health diversion programs. DSH is responsible for the daily care of over 7,000 patients. In fiscal year (FY) 2024-25, DSH served over 13,000 patients. With nearly 13,000 employees located across its Sacramento headquarters and five state hospitals throughout the state, every team member's effort at DSH focuses on the provision of mental health treatment in a continuum of treatment settings while maintaining the safety of patients, team members, and the public.

DSH is funded through the state's General Fund and reimbursements from counties for the care of Lanterman-Petris-Short (LPS) conserved patients. All DSH facilities are licensed through the California Department of Public Health (CDPH) and four of the five facilities (Atascadero, Metropolitan, Napa, and Patton) are accredited by The Joint Commission, an independent, not-for-profit organization that accredits and certifies more than 22,000 health care organizations and programs in the United States.

Language Access Requirements

In planning for how to provide meaningful language access, DSH used the Five Factor Analysis¹ review each of our programs:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the covered entity.
2. The frequency with which LEP individuals come in contact with the program or activity.
3. The nature and importance to people's lives of the program or activity provided by the covered entity.
4. The significance of communication to an individual's ability to access or be served by the program or activity; and
5. The resources available to the covered entity.

We have also considered the specific requirements in the CalHHS Language Access Policy and any other program-specific laws or requirements.

¹ (2CCR§14101)

Please note that this plan does not address DSH's process for conducting or reporting on the biennial language survey required under the Dymally Alatorre Bilingual Services Act.

Providing Notice to People with LEP and Identifying Language Preference

This section includes how DSH will notify the public about available language access services and how to identify language preferences. Below is a check list of tools DSH uses to notify the public of these services.

- "I Speak" cards or posters at public reception desks
- Translated notices in public waiting areas in the following languages:
 - Chinese
 - Korean
 - Spanish
 - Tagalog
 - Vietnamese
- Translated taglines on English language forms
- Translated taglines on department program websites
- Other: Linguistic Assessment Form

Patient admission to state hospital

Upon admission, each patient's preferred language is assessed by the treatment team or admissions suite clinician/nurse and documented on a linguistic assessment form in accordance with each hospital's policy guidance. If the preferred language is not English, this information is documented in the patient's treatment plan and provided to the state hospital's Health Information Management Department for tracking in patient records and relevant databases.

Language Services

This section includes the actions the DSH will take to provide information and services in languages other than English.

DSH serves a diverse patient population. Whenever possible and appropriate, the state hospitals shall endeavor to place non-English speaking patients on a treatment unit where staff and/or other patients are able to communicate in the patient's preferred language. Further, language interpretation services are made available to patients, free of charge, 24 hours per day, 7 days per week to facilitate care and treatment. Patients may request services through any member of their treatment team or nursing team members while on the patient's

unit or through other clinical and nursing team members when participating in other off-unit programming areas of the hospital. Typically, treatment services in the patient's preferred language are coordinated in advance and in accordance with the patient's individualized treatment plan.

For LEP members of the public who may require language access services, they may contact the hospital's telephone operator who will then coordinate with the hospital's primary point of contact to facilitate language access through certified bilingual staff when available or contracted interpreter services. Additionally, LEP individuals may contact the DSH Language Access Coordinator at LanguageAccess@dsh.ca.gov.

There are three different ways in which DSH team members may provide language access: direct in-language services, interpretation, and translation.

Direct In-Language Communication

Each state hospital maintains a directory of qualified bilingual staff available who have been certified to provide direct in-language communication to LEP individuals in their preferred language. The bilingual staff directory is maintained by the Human Resources Office of the respective DSH location. Treatment team, nursing or other clinical or operational team members seeking direct in-language communication to support a patient may access the bilingual directory through one of the following ways:

- Hospital's intranet website
- Calling the hospital's telephone operator
- Internal hospital directories or as posted in the treatment unit

Designated treatment team, nursing, or other clinical or operational team members will then call bilingual staff to request services and determine availability.

For treatment units where there is a significant concentration of patients who speak a specific non-English language, certified bilingual treatment staff are hired and assigned to the unit whenever possible. Currently, DSH maintains a Spanish-speaking unit and a unit for patients who are deaf or have limited hearing. These units have clinical or nursing team members who are certified bilingual staff as designated by the hospital's Human Resources Department.

Upon recruitment and hiring of bilingual staff, the hiring manager will contact the hospital's human resources office to arrange for the certification examination of the employee which is facilitated through a contracted vendor pursuant to guidelines outlined in CalHR Human Resources Manual, Section 1003 - "Bilingual Services".

Only certified bilingual staff are permitted to communicate with the public and patients in languages other than English. Each hospital is required to maintain their list of certified bilingual employees serving in bilingual services positions.

Interpretation

All DSH team members are responsible for obtaining a qualified interpreter when needed to ensure effective communication. When bilingual staff are not available, qualified contracted interpreters may be utilized. DSH contracts with multiple vendors who provide on demand telephone or video remote interpretation services. Some contracted vendors provide onsite interpretation services as well.

DSH will take all reasonable steps, appropriate to the circumstances, to ensure that it provides interpretation services only through individuals who are competent and certified to provide interpretation services at a level of fluency, comprehension, and confidentiality appropriate to the specific nature, type, and purpose of the information at issue.

Each state hospital maintains a local policy and procedure for accessing contracted interpretation services which vary across the locations and are adjusted based on current vendor requirements and capability.

Translation

Identifying Vital Documents and Essential Website Content for Translation

The DSH is responsible for identifying and translating its vital documents and essential website content in accordance with the CalHHS Language Access Policy and the Five Factor Analysis under Cal. Code Regs. Tit. 2, § 14101. For DSH, vital documents center around information critical to assisting patients in understanding their rights and in making decisions in the various areas that impact their life while residing in a state hospital including but not limited to psychiatric treatment, health care, financial and legal issues. Additional vital documents include those that inform patients' families and friends about services and processes to access information and help support their loved one, including in person and tele-health visits, sending mail, goods, or money, patients' rights and DSH's privacy practices. Staff involved in creating new documents will be trained in how to identify whether a document is vital and the process for document translation.

The DSH is responsible for identifying and translating their essential website content. At a minimum, this includes an introductory page with basic information about each Office and its programs or services, as well as taglines

advising of the availability of free oral interpretation services and written translations of English language content. This content will be translated into at least the top 5 languages spoken by people with LEP in California, per the CalHHS policy. In addition, this content will be provided in the form of ASL video clips on Offices' websites. DSH's essential website content identified for translation in the five threshold languages centers around information that is important in the support of DSH's patients and their family members and friends.

Translation of the DSH's vital documents and essential website content will be provided by qualified translation vendors or certified bilingual staff, in accordance with CalHR requirements. In the event that communications from members of the public are received in languages other than English, those communications and any necessary responses will be translated by qualified vendors or certified departmental bilingual staff.

The document owner will be responsible for coordinating the translation of vital documents, in collaboration with the LAC, any time there is an approved change to the document. Refer to the Document List section of the [DSH Language Access Information](#) webpage for the list of DSH vital documents.

Sight translation services are also available to assist patients, family members and other interested stakeholders seeking to access the information contained in DSH's vital documents. Sight translation is the oral translation of written information in the targeted language. For patients residing in one of the state hospitals, treatment team and nursing team members are responsible for coordinating sight translation services as outlined in their local policies and procedures for accessing contracted interpretation/translation services. All other individuals requesting to coordinate sight translation services may contact the LAC as referenced below who will then work with the statewide contracted vendor or leverage the resources through one of the DSH locations as determined appropriate.

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Google Translate™ is available to those who opt to utilize this tool for translation of information contained on the DSH website. However, it is important to note that DSH is unable to guarantee the accuracy or reliability of Google Translate™.

Sight Translation

Sight translation services are also available to assist patients, family members and other interested stakeholders seeking to access the information contained on DSH's website or in the department's other written materials. For patients

residing in one of the state hospitals, treatment team and nursing team members are responsible for coordinating sight translation services as outlined in their local policies and procedures for accessing contracted interpretation/translation services.

All other individuals requesting to coordinate sight translation services may contact the LAC as referenced below who will then work with the statewide contracted vendor or leverage the resources through one of the DSH locations as determined appropriate. DSH will post information on its website identifying the LAC contact and instructions regarding this interim process.

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Responses to Written Communications

When responding to written communications from LEP individuals in languages others than English, the process will be consistent with translation of any vital document.

When translating vital documents or essential website content, if machine or Artificial Intelligence (AI) translation tools are used during any part of the translation workflow, the resulting translations shall be reviewed for accuracy and quality by a qualified human reviewer before finalization or reaching its intended audience.

Training Staff

This section includes information on how the DSH staff are trained to provide language access services to the public.

Training Plan

Public Facing Employees

Language access training will be provided to all current public-facing staff no later than December 1, 2024, and at least annually thereafter. New staff hired into public contact positions will receive language access training within their first one to three months of employment.

For DSH, public facing employees are primarily direct care providers and patient care coordination staff, as well as those who are responsible for the public phone lines and counters across the DSH system. Currently, training on resources available and the process to facilitate interpretation and written translation services is provided on the job through each hospital's clinical management structure.

All Employee-Language Access Services Training

This section describes the DSH plan for training all employees.

DSH provides a statewide virtual training the Department's LAP which outlines CalHHS' language access policy, identifies related departmental policies, the process used to identify an individual's language preference, introduction of the statewide language access coordinator, the processes and procedures for providing language assistance services, and how to work effectively with interpreters (in person, telephone, video, as applicable). Hospital-specific processes and procedures will be reinforced through the continuation of on-the-job education made available through the hospital's clinical management structure.

Monitoring and Updating the LAP

This section describes how the DSH will monitor language access services and update this Language Access Plan at least every two years. This information will ensure that the DSH is compliant with the CalHHS Language Access Policy and address processes and procedures being used to deliver meaningful language access to members of the public and recipients of services.

DSH policy identifies the training requirements for individuals who serve in public facing roles, and each hospital location has a process for identifying positions that serve in public facing roles.

Every two years, CalHHS will generate and update the list of minimum threshold languages for the translation of vital documents and essential web content. Consistent with CalHHS Policy, the DSH Language Access Plan will be reviewed, revised if necessary, and resubmitted to CalHHS every two years. Revisions will address changes in the five-factor analysis; whether existing policies and procedures meet the needs of LEP individuals; whether staff are sufficiently trained; and whether identified resources for assistance are up-to-date, available, accessible, and viable.

Re-evaluations will incorporate, as appropriate, new programs, new legal requirements, additional vital documents, and community input on the Language Access Plan.

Complaint Process

Members of the public or recipients of services should direct complaints regarding language access to:

Complaint Process Contact Name: DSH Language Access
Coordinator

Email: LanguageAccess@dsh.ca.gov

When seeking state services, LEP individuals have the right to ask for information or services to be provided in their preferred language. It is the policy of the Department of State Hospitals to assist LEP individuals in accessing DSH information and services in accordance with the Dymally-Alatorre Bilingual Services Act (ACT), Government Code section 7290 et. seq., and the CalHHS Language Access Policy. Access to information in a language other than English may be provided through the use of certified bilingual employees, contracted interpreters, translated material, sign language, and other available language access resources.

If an individual believes they have not been provided with the requested information or services pursuant to the ACT or CalHHS Policy, the individual should request to speak to the LEP Coordinator at the respective DSH location (state hospital or Sacramento headquarters office) to request the services (i.e., translated material or interpreter). The LEP Coordinator is responsible for coordinating the Department's obligation and will work with the appropriate DSH program and operational contacts to provide the information or services.

If a member of the public believes they have not been provided with the requested information or services, the individual may file a Language Access Complaint with DSH's Office of Human Rights (OHR). OHR will contact the individual upon receiving the complaint to acknowledge receipt; and if appropriate, will arrange to meet with the individual to discuss the matter and attempt to remedy the alleged complaint (i.e., provide the individual with the translated material, or an interpreter). If a resolution of the complaint cannot be reached, OHR will forward the complaint to the DSH Director's Office with a written determination and recommended resolution for consideration and approval.

Language Access Complaint Process for Members of the Public

1. File a complaint

LEP individual completes the DSH Language Access Complaint Form and emails to LanguageAccess@dsh.ca.gov; or mail to:

2. Acknowledgement

The Language Access Coordinator will assist in accessing language services. If complaint is not resolved by the LAC, the complaint will be forwarded to OHR who will send an acknowledgement within 10 business days of receipt of the complaint.

3. Informal resolution

Within 45 calendar days of receipt, OHR will complete a review to determine

the validity of the alleged violation. If appropriate, OHR will contact the complainant to discuss the matter and attempt to reach an informal resolution to the complaint. Any informal resolution of the complaint shall be documented, and the case will be closed.

4. Written determination

If an informal resolution of the complaint is not reached within 60 calendar days of receipt of the complaint, a written determination as to the validity of the complaint, and description of the resolution, if appropriate, shall be forwarded to the Director or their designee for approval.

5. Final determination and resolution

DSH shall communicate the determination and resolution to the complainant within 75 calendar days of receipt of the complaint, unless the Director or their designee authorizes additional time for further consideration of the complaint. Any authorized extension of time will be communicated to the complainant. Any request for reconsideration of DSH's response to the complainant shall be at the discretion of the Director or their designee.

Vital Document List

The following is a list of DSH vital documents. Included are the five languages required by the CalHHS Language Access Policy and any other languages identified as threshold languages pursuant to analyses under the Five Factor Analysis, Dymally-Alatorre, and any program-specific language access laws.

The following vital documents list is current as of January 2026. Additionally, periodic updates to this list will be posted in the Document List section of the [DSH Language Access Information](#) webpage.

DSH Vital Document	Translation Status				
	Chinese	Korean	Spanish	Tagalog	Vietnamese
Authorization/Consent					
Advance Health Care Directive and Instructions	✓	✓	✓	✓	✓
Authorization for Release of Information	✓	✓	✓	✓	✓
Authorization to Sell Patient Art	✓	✓	✓	✓	✓
Informed Consent to Naltrexone Maintenance Treatment and Treatment Agreement	✓	✓	✓	✓	✓
Informed Consent to Opioid Buprenorphine Treatment and Treatment Agreement	✓	✓	✓	✓	✓
Informed Consent to Opioid Methadone Maintenance Treatment and Treatment Agreement	✓	✓	✓	✓	✓
Consent for Photographs or Filming	✓	✓	✓	✓	✓
Release and Consent for Polygraph Assessment	✓	✓	✓	✓	✓
Informed Consent for Psychotropic Medication Form	✓	✓	✓	✓	✓
Consent to Tele-Health Services - Psychiatry Consultation	✓	✓	✓	✓	✓
Consent to Release and Obtain Information	✓	✓	✓	✓	✓
Electroconvulsive Treatment (ECT) Informed Consent Form	✓	✓	✓	✓	✓
Consent for Phallometric Exam	✓	✓	✓	✓	✓
DSH-S MH 5757 Consent to Routine Treatment	✓	✓	✓	✓	✓
AT 2522 Consent for Surgery	✓	✓	✓	✓	✓
Notices / Notifications					
Dental Prosthesis Agreement	✓	✓	✓	✓	✓
Receipt of Dental Prosthesis	✓	✓	✓	✓	✓
Dental Notice - Ineligible Status for Dentures	✓	✓	✓	✓	✓
AB 630 Notification	✓	✓	✓	✓	✓
Notice of Liability (Patient)	✓	✓	✓	✓	✓
Notice of Liability (Conservator)	✓	✓	✓	✓	✓
Notice of Privacy Practices	✓	✓	✓	✓	✓
Notice of Privacy Practices Acknowledgement of Receipt	✓	✓	✓	✓	✓
Notice to Patient Workers: Injuries Caused by Work	✓	✓	✓	✓	✓
Notifications & Contacts Identification Form	✓	✓	✓	✓	✓
Involuntary Patient Advisement	✓	✓	✓	✓	✓
Notification to Family of Patient Admission-Transfer	✓	✓	✓	✓	✓
Order to Pay Benefits and Consent to Request for ROI	✓	✓	✓	✓	✓
Notification of Diagnostic Test Results	✓	✓	✓	✓	✓
Patients' Rights Documents / Complaint Forms					
Patients' Rights Complaint Form	✓	✓	✓	✓	✓
Patients' Rights Poster	✓	✓	✓	✓	✓
Notification of Patients' Rights	✓	✓	✓	✓	✓
Offices of Patients' Rights Form	✓	✓	✓	✓	✓
Patient Notification of Rights & Responsibilities	✓	✓	✓	✓	✓
Denial of Rights	✓	✓	✓	✓	✓
Denial of Rights Procedure Non-LPS	✓	✓	✓	✓	✓
EEO Discrimination Complaint Form	✓	✓	✓	✓	✓
Appeal of Placement	✓	✓	✓	✓	✓
Your Right to Make Decisions About Medical Treatment	✓	✓	✓	✓	✓
DPS Complaint Form	In Process	In Process	In Process	In Process	In Process
Patient Property					
Property Transfer Request Form	✓	✓	✓	✓	✓
Lost/Damaged Personal Property Liability Waiver	✓	✓	✓	✓	✓

DSH Vital Document	Translation Status				
	Chinese	Korean	Spanish	Tagalog	Vietnamese
Patient Treatment and Informational Materials					
PC 1370 Competency to Stand Trial Resources, Study Guides and Documents	✓	✓	✓	✓	✓
Forensic Relapse Prevention Plan Booklet	✓	✓	✓	✓	✓
ECT Patient Info Handout	✓	✓	✓	✓	✓
Family History	✓	✓	✓	✓	✓
Wellness Recovery Action Plan (WRAP) Template	✓	✓	✓	✓	✓
Suicide Prevention Flyer	✓	✓	✓	✓	✓
Release Suicide Trifold Brochure	✓	✓	✓	✓	✓
OMD Orientation Manual Signature Page	✓	✓	✓	✓	✓
DSH 9256 Information for Patients Considering Gender Affirmation Surgery	✓	✓	✓	✓	✓
CARE Act Patient Handbook	✓	✓	✓	✓	✓
Voluntary Admission Application for Mentally Disabled Person	✓	✓	✓	✓	✓
Missed or Declined Health Care Service	✓	✓	✓	✓	✓
Patient Request for Access And/Or Copies of Health Records	✓	✓	✓	✓	✓
Request for Amendment-Correction of Protected Health Information	✓	✓	✓	✓	✓
Other Patient Support Documents					
Patient Calling Card User Instructions	✓	✓	✓	✓	✓
Grounds Access Patient Form (AD 780 Attachment 1)	✓	✓	✓	✓	✓
Patient Worker's Report of Injury	✓	✓	✓	✓	✓
Patient Worker Acknowledgement of Receipt of Claim Form	✓	✓	✓	✓	✓
Calling Card Request Form	✓	✓	✓	✓	✓
Emergency Contact and AHCD Summary	✓	✓	✓	✓	✓
Privacy Practices Receipt	✓	✓	✓	✓	✓
Patient Feedback Form	✓	✓	✓	✓	✓
Patient Trust Documents					
DSH 10260 Admission Questionnaire	✓	✓	✓	✓	✓
DSH 10263 Authorization for Deposit and Withdrawal	✓	✓	✓	✓	✓
DSH 10267 Patients Valuables and Receipt	✓	✓	✓	✓	✓
Patient Mail, Packages and Trust Office Information	✓	✓	✓	✓	✓
Waiver form for Patient Packages	✓	✓	✓	✓	✓
Cancel Package Waiver	✓	✓	✓	✓	✓
Statement of Disagreement	✓	✓	✓	✓	✓
Patient Cash Card Request	✓	✓	✓	✓	✓
Patient Ledger Report Request	✓	✓	✓	✓	✓
Voter Registration Request	✓	✓	✓	✓	✓
MH 3261 Authorization for Automatic Withdrawal of Funds for Medicare Part D	In Process	In Process	In Process	In Process	In Process
Payment Plan Agreement	✓	✓	✓	✓	✓
DSH 6803 Former Patient Request for Access	✓	✓	✓	✓	✓
Financial Assistance Program Documents					
DSH 10268 Financial Assistance Program Application	✓	✓	✓	✓	✓
DSH 10268A FAP Patient Guide (Admission)	✓	✓	✓	✓	✓
DSH 10268A FAP Patient Guide (Discharge)	✓	✓	✓	✓	✓
DSH 10268E FAP Application	✓	✓	✓	✓	✓
DSH 10268F FAP Application Instructions	✓	✓	✓	✓	✓
DSH 10269 Sliding Fee Schedule	✓	✓	✓	✓	✓
FAP Operational Procedures	✓	✓	✓	✓	✓

DSH Vital Document	Translation Status				
	Chinese	Korean	Spanish	Tagalog	Vietnamese
FAP Policy Directive	✓	✓	✓	✓	✓
Deposit Funds for Patient with ConnectNetwork Brochure	✓	✓	✓	✓	✓
Visitation Forms and Family Support Documents					
Visitor's Request and Authorization Form	✓	✓	✓	✓	✓
Family and Visitor Information and Procedures	✓	✓	✓	✓	✓
Special Visitation Request Form	✓	✓	✓	✓	✓
Minor Visitation Authorization Form - Forensic Visiting	✓	✓	✓	✓	✓
Family Input Form	✓	✓	✓	✓	✓
Miscellaneous					
Language Access Plan	✓	✓	✓	✓	✓
DSH Strategic Plan	✓	✓	✓	✓	✓