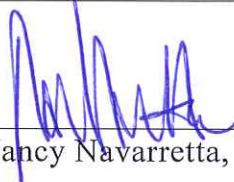




STATE OF CONNECTICUT
 Department of Mental Health & Addiction Services



Commissioner's Policy Statement and Implementing Procedures

SUBJECT/POLICY NAME:	Provision of Services to Clients with Limited English Proficiency (LEP)
POLICY CHAPTER:	Chapter 6 – Language Access
APPROVED BY:	
	Nancy Navarretta, MA, LPC, NCC Date 1/18/22
EFFECTIVE DATE:	5/18/2010
LAST REVISED DATE :	1/7/2022
POLICY OWNER	Office Of The Commissioner, Office of Multicultural Health Equity

STATEMENT OF PURPOSE:

Individuals seeking services in the Department of Mental Health and Addiction Services (DMHAS) system of care must be able to communicate with their caregiver in their primary language including sign language. It is important that culturally appropriate services, in the preferred language of the client, be offered and provided upon request to persons, families and others who constitute a significant natural support for the client when deemed necessary and within available agency resources. Included are individuals who do not speak English, who speak only limited English or who are deaf and/or hard of hearing.

POLICY:

The DMHAS staff shall take reasonable steps to ensure that individuals with Limited English Proficiency (LEP) entering the DMHAS system of care have access to services that are culturally and linguistically appropriate at each point of entry into the service continuum and throughout the course of treatment. Culturally and linguistically appropriate services shall be provided within available resources and may include the use of qualified interpreters, communication technology, and the translation of written materials and forms.

PROCEDURE:

Use of Qualified Interpreters: Staff will ensure, at the time of intake and throughout the course of treatment, that the client is provided with services in his/her preferred language.

The DMHAS staff who are qualified (have been assessed to determine their proficiency), to communicate in the same language as the client shall be utilized to work with the individual unless using such staff would not be in the best interest of the client. In addition, the DMHAS facility shall encourage and assist staff to become qualified interpreters through training and experience. When qualified staff is not available to meet the language needs of a client, the facility shall seek the services of a qualified interpreter from approved outside resources.

Each DMHAS state operated facility shall maintain a current list of approved resources that provide qualified interpreters and translating services. The list of such resources shall be reviewed annually based on the needs of each stated-operated facility. Examples of such resources include:

- Commission on Deaf and Hard of Hearing Impaired
- Culturally and Linguistically Appropriate Services (CLAS) Standards
- Department of Administrative Services approved translating services
- Department of Administrative Services approved interpreting services
- Family Services of Woodfield (FSW) interpreting services
- Board of Education and Services for the Blind (BESB)

The DMHAS Office of Multicultural Health Equity is available to assist and advise facilities to identify qualified interpreters.

Use of Family Members and Friends as Interpreters: Family members and friends of clients shall not be used as interpreters unless specifically requested by the client after an offer of a qualified interpreter for oral language, or a certified sign-language interpreter has been made by the facility. Such an offer and the response of the client to that offer must be documented.

Whenever a client declines the offer of a qualified interpreter approved by the facility and prefers to use a family member or friend, the documentation must include the name, relationship, and confirmation that the individual requested by the client is at least 18 years of age. A person under the age of 18 shall not be used as an interpreter. A family member or friend used as an interpreter must sign a statement agreeing to maintain interpreted information in a confidential manner. Documentation must also include a brief statement describing what the interpreter was asked to communicate to or solicit from the client.

If staff believes that the use of a family member or friend might compromise the effectiveness of services, staff shall have a qualified interpreter sit in on the service session to ensure accurate interpretation.

FORMS AND ATTACHMENTS: N/A

REFERENCES:

- Commissioner's Policy Statement Chapter 2.20 Accessibility to Services, Programs, Facilities & Activities
- Commissioner's Policy Statement Chapter 6 Promoting a Culturally Competent Service System
- Americans with Disabilities Act (ADA) of 1990