I. Introduction

This Language Access Plan ("LAP" or "Plan") defines the actions to be taken by MCDHH to ensure meaningful access to agency services, programs and activities on the part of persons who have limited English proficiency. MCDHH will review and update, on a biannual basis, this LAP in order to ensure continued responsiveness to community needs and compliance with the Executive Office for Administration and Finance ("ANF") Administrative Bulletin #16.

II. Purpose

The purpose of this plan is to ensure clients of the MCDHH meaningful access to services, programs and activities although they may be limited in their English language proficiency.

MCDHH is committed to this Language Access Plan as the appropriate response to meeting our clients’ needs. The Plan is consistent with the requirements of Administrative Bulletin #16 as promulgated by the Executive Office of Administration and Finance.

Consistent with the guidance of ANF Administrative Bulletin #16, a Limited English Proficient ("LEP") person is someone who is not able to speak, read, write or understand the English language at a level that allows him/her to interact effectively with Agency staff. A client maintains the right to self-identify as a LEP person.

III. Agency Description

MCDHH was established in 1986 by Massachusetts General Law, c.6 § 191-199 to act as the focal point for Deaf, Hard of Hearing, and Late-Deafened people needing services that were not accessible or available anywhere else. All functions and services are carried out in order to enable deaf and hard of hearing individuals to have access to information, services, education, and opportunities which will be equal to those of able-bodied people who hear and which will enable each deaf and hard of hearing individual to live productively and independently while assuming fullest responsibilities as a citizen.
Mission Statement

The mission of the Commission for the Deaf and Hard of Hearing is to provide accessible communication, education and advocacy to consumers and private and public entities so that programs, services and opportunities throughout Massachusetts are fully accessible to persons who are Deaf and hard of hearing.

Vision Statement

Our vision is a Commonwealth where universal access is the standard for ensuring that Deaf and hard of hearing people fully participate in all areas of life.

The Population We Serve

- Approximately 540,000 citizens in Massachusetts are Deaf, Hard of Hearing or late-Deafened
- National Institutes of Health estimates 1 of every 8 people in the United States is Deaf or significantly Hard of Hearing
- In Massachusetts, more than 60% of the people who make up the Deaf and Hard of Hearing population are aged 65 or older
- The fact that someone is Deaf or Hard of Hearing is not immediately visible
- Communication preferences and accommodations vary widely, depending on individual need
- Family members and others who have a significant role in the life of a child or adult who is Deaf or Hard of Hearing

Linguistic and cultural diversity:

- Deaf - American Sign Language using adults and children
- Oral Deaf – English speaking adults and children
- Hard of Hearing
- Late-Deafened

Multi-cultural Diversity:

- Deaf and Hard of Hearing persons from communities of color
- Immigrant and refugee groups
MCDHH Programs & Services

- Referral of ASL interpreters and CART services is provided to ensure full communication access for both Deaf and hearing individuals at state, public and private levels in accordance with all applicable federal and state laws.
  - 24,601 interpreter requests in FY12, annual fill rate average 89%

- Communication Access, Training & Technology Services (CATTS):
  - American with Disabilities Act (ADA) Communication Access Compliance trainings to public health, public safety, human service, state agency and private enterprise personnel – approximately 194/year
  - Technical Assistance for compliance and assistive technology issues to requesting entities – 44/year
  - Information to constituents: print and electronic media, educational exhibits, internet self-service information through mass.gov content, telephone, e-mail and postal service – approx. 1500 requests/year

- Case Management and Social Services: Deaf and Hard of Hearing infants, children, and adults and their families are eligible to receive case management services on a voluntary basis. These services include adult case management, family and children’s services, care coordination and collaboration with other state agencies.
  - In FY ’12, 1425 clients, 826 Deaf, 599 Hard of Hearing
  - Deaf and Hard of Hearing Independent Living Services (DHILS) - Consumer driven/community based services available statewide to assist people in advocating for communication access for safety, health preservation, education, and economic participation
  - 20,000 hours of information, referral, advocacy, skills training, emergency intervention, peer mentoring, and community based assistance
MCDHH Case Management Language Statistics:

Clients currently on caseload speak the following languages:

<table>
<thead>
<tr>
<th>Language</th>
<th># of Clients on caseload</th>
<th>Frequency of contacts</th>
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<tbody>
<tr>
<td>Spanish</td>
<td>83</td>
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Total clients using foreign languages: **109 clients**

Total on Case Management Caseload (FY ’12): **1,425 clients**

The above number of clients using foreign languages is a little more than seven and a half (7 ½%) of all clients served in the Department of Case Management Services.
Special Initiatives and Agreements

• Memorandum of Understanding (MOU) with the Department of Elementary and Secondary Education:
  
  • Improve the quality of teacher sign language communication through use of the Sign Language Proficiency Interview (SLPI) as a condition of employment among teachers working with Deaf and Hard of Hearing children;
  
  • Improve the quality of sign language interpreting by educational interpreters through use of the Educational Interpreter Performance Assessment (EIPA) as a condition of employment among interpreters working with Deaf and Hard of Hearing children;
  
  • Identify and provide training to school administrators, teachers, and parents related to implementing needed systemic improvements for the education of Deaf and Hard of Hearing school children;
  
  • Partner with Federation of Children with Special Needs to work with parents on educational initiatives, outreach, resources, training and technical assistance

• Collaboration with the Department of Children & Families to develop Memorandum of Understanding (MOU) to:
  
  • Develop and train through DVD
  
  • Provide Case Management Services in consultation with DCF Social workers
  
  • Assist with the hiring of in-house social workers

• Inter-Agency Service Agreement with the Department of Public Health/Bureau of Substance Abuse Services
  
  • Through an ISA with MCDHH, the MA Department of Public Health allocates funds to purchase sign language interpreter/CART services for Deaf people who need to attend Alcoholics Anonymous sessions and substance abuse treatment programs.
  
  • A total of 3,024 hours of interpreter/CART services were provided in FY ‘12
The Bureau of Substance Abuse Services, MCDHH, the Department of Mental Health and the Department of Developmental Disabilities partnered to create and host a statewide conference for substance abuse issues across all disabilities, with workgroups convening for approximately six months to compile best practices for service delivery with state agencies, providers and stakeholders.

- **Department of Public Health/Early Intervention Program**

  MCDHH began a collaboration with the Department of Public Health’s Early Intervention programs to work more closely with audiologists to improve identification of and service delivery for families with Deaf or hard of hearing children. As a result, families of Deaf/hard of hearing children will receive information and referral to services as soon as there is identification of a hearing loss.

- **Department of Mental Health (DMH)**

  MCDHH works very closely with DMH through ongoing collaboration, cross-agency training and technical assistance to improve services for Deaf/hard of hearing individuals. This includes working on the Children’s Behavioral Health Initiative to develop a crisis intervention model for deaf and hard of hearing children and adolescents in need of mental health services.

- **ISA with Administrative Office of the Trial Courts (AOTC)**

  Through an ISA MCDHH works with the AOTC to ensure that Deaf and hard of hearing individuals have equal and full access to the trial courts. MCDHH coordinates interpreters for trial courts. The partnership focuses on expediting interpreter requests for the courts, increasing the number of qualified legal interpreters who are available to serve in this capacity, and improving the administrative operations of both agencies.

**IV. Language Access Plan:**

Approach: The Agency Language Access Plan shall be fully implemented subject to the availability of fiscal resources to implement said language access plan. This Language Access Plan has been developed to adhere to the Language Access Guidelines of ANF Administrative Bulletin #16. This Language Access Plan represents MCDHH administrative blueprint to provide meaningful access to Agency services, programs and activities on the part of LEP individuals. This Language Access Plan outlines the tasks MCDHH will undertake to meet this objective.

The number of MCDHH clients who have limited English proficiency is a little more than 7 ½ %. In anticipation of possible future need, MCDHH maintains the following Language Access Plan:
(1) Agency Language Access Coordinator:
Stanley Potrude
MCDHH
600 Washington St. – 3rd Floor
Boston, MA 02111
stanley.potrude@state.ma.us

(2) Agency Language Access Needs Assessment:

a. Clients with limited English or limited American Sign Language proficiency will be identified at time of intake.

Intake process includes:

- Initial phone call to MCDHH requesting services
- Case Manager is assigned to client based on geographic location
- Case Manager meets with client to discuss client’s needs

A client’s language preference is determined during one of the above steps.

Often referrals come from individuals (family members, neighbors, other service providers i.e. other EOHHS agencies or nonprofits, hospitals, courts, attorneys etc.) who do not fully understand the language needs of the individual they are referring.

Therefore, the MCDHH case managers will determine the language needs of a new referral/client by meeting 1:1 with him/her and evaluating the language used in communication (ASL, PSE, VG, home signs, written/spoken English) during that meeting. During this 1:1 intake (usually in person but occasionally via VP), we will also ask “hearing status” (Deaf, hard of hearing) and “communication mode” or preferred communication and note that down too. In some cases, a parent or family member close to a Deaf or Hard of Hearing child or adult will use a spoken language other than English and will require language access.
### b. Language, Number of Clients on caseload, Frequency of contacts

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c. Points of Contact between Agency and Client Population:

   **Massachusetts Commission for the Deaf & Hard of Hearing**
   MCDHH - Executive Office
   600 Washington St. – 3rd Floor
   Boston, MA 02111
   617-740-1600 Voice
   617-740-1700 TTY
   866-970-7177 Video Phone
   617-740-1810 Fax
   Toll Free: 800-882-1155 Voice
   Toll Free: 800-530-7570 TTY
(3) Language Resources Assessment:

a. When existing staff are linguistically, culturally, and technically unable to deliver services in a language other than English and/or unable to serve as interpreters, MCDHH will utilize interpreters/translators on the state approved vendor list.

(4) Language Service Protocols:

a. If needed, interpreters and/or translators could be used for in-person meetings, phone meetings, or group meetings.
b. If an interpreter or translator is needed, Case Manager would submit AIE (Authorization to Incur Expense) form to Language Access Coordinator. LAC would submit to A&F for approval.

c. Interpreters will be scheduled for meetings and appointments for clients identified in accordance with intake procedures discussed in section IV.2.a.

(5) Vital Document Translation:
   a. Vital Documents to be translated if needed would include
      - Information Release Form
      - Service Plan

(6) Stakeholder Consultations:
   LAP review with the Statewide Advisory Council; April 11, 2013

(7) Staff Training:
   Staff training needs will be reviewed annually and developed as needed by the Case Management department.

(8) Notice to Public:
   Posting of LAP statement on MCDHH website

(9) Agency Monitoring:
   - Assess the LEP makeup (demographics) of the relevant service area
   - Review the language needs of potential applicants and existing clients and whether existing assistance services is meeting the needs of such persons.
   - Assess whether staff is knowledgeable about the policies and procedures and how to implement them
   - Assess whether the sources of and arrangements for assistance are still current and viable.
(10) Complaints:

**Language Access Complaint Procedure**

(To be included as an attachment to LAP)

You may file a complaint with the Agency Language Access Coordinator or the Office of Access and Opportunity if you believe you have been denied the benefits of this Plan. You must file your complaint within 6 months of the alleged denial. You must file a written complaint. To file a complaint with the Language Access Coordinator, submit the written complaint to:

Name of Language Access Coordinator  
Stanley Potrude  
MCDHH  
600 Washington St. – 3rd Floor  
Boston, MA 02111  
Email Address: stanley.potrude@state.ma.us

To file a complaint with the Office of Access and Opportunity, please submit the written complaint to the attention of:

Office of Access and Opportunity  
Executive Office of Administration and Finance  
State House, Room 373  
Boston, MA 02133  
Email Address: Ronald.Marlow@state.ma.us

______________________________
Heidi L. Reed  
Agency Head  
Date:

______________________________
Secretary John Polanowicz  
Executive Office of Health and Human Services  
Date: