

# Massachusetts Department of Mental Health

## Language Access Plan

Last Revised January 2024

### I. INTRODUCTION

The Massachusetts Department of Mental Health (DMH) is an agency committed to diversity, equity, and inclusion, as well as innovation, transformation, and change. DMH works towards creating a culture of excellence and belonging, where all people are treated fairly, receive resources equitably, and feel valued and safe. In furthering this goal, DMH recognizes its service delivery system must provide culturally and linguistically appropriate care and treatment that is person and family-centered and equitable. Equity means scaffolding up to build a rich language environment that allows all participants to inquire, negotiate meaning and understand/articulate complex concepts.

Equitable language is accurate, specific, and objective. Achieving equity includes providing meaningful, responsive access to DMH services, programs and activities for eligible non-English speakers and persons who have limited English proficiency (LEP). As defined by the U.S. Department of Justice, individuals with LEP are persons who do not speak English as their primary language and who may have a limited ability to read, write, speak, or understand English ([US Department of Justice Language Access Plan](#), August 2023, Appendix A). Achieving equity also means giving people the right to use the language they feel most comfortable with no matter their level of fluency in English. Language access also includes making sure the information is actually accessible to everyone, including people with disabilities. This includes via sign language interpreters, Braille, large print and other accessible media.

Why does language access matter? Language is a symbolic tool that we use to communicate our thoughts as well as represent our cognitive processes. The primary reason to implement language access is to offer equal access to services and information. It is crucial for social inclusion, as it ensures everyone will have equal access, regardless of their primary spoken language or linguistic ability. Communication and language barriers are associated with decreased quality of care and poorer health outcomes. Individuals with LEP are less likely to receive appropriate and effective mental health treatment, and to understand their medication and its benefits and side effects, and are more likely to stop treatment before it is advised.

Providing language access:

- decreases barriers to equitable service and treatment;
- re-humanizes individuals – there is often a feeling of dehumanization if one cannot communicate on the same level as others, or if they are talked about rather than to;
- helps develop trust in the treatment team and a better ability to explain what one is thinking or feeling and what is happening in their life;
- leads to feeling more respected;
- lessens dependency on family members/friends; and
- lessens isolation.

Language access is important in both written and spoken communication and encompasses different forms of media from text to video and audio. Some examples of providing language access are multilingual content on websites, including subtitles and closed captions in videos; providing sign language videos on websites; offering interpretation services for meetings and conferences; and providing translated resources in an individual's native language.

## II. PURPOSE & APPLICABILITY

This Language Access Plan (LAP) sets forth the strategies and action steps DMH implements and will implement to ensure its services are accessible and equitable to persons with LEP. Importantly, the LAP will help DMH minimize language barriers and increase cultural and linguistic competence throughout the agency<sup>1</sup>.

This LAP is issued in accordance with Massachusetts Governor's Executive Orders 615 (promoting Access to Government Services and Information by Identifying and Minimizing Language Access Barriers) and 614 (Establishing the Digital Accessibility and Equity Governance Board), as well as M.G.L. Chapter 123, Section 23A; DMH regulations at 104 CMR 27.03, 27.12, 27.17, 27.18, 28.03, 28.12, 29.03, 29.06; and DMH Human Rights Policy (Policy #03-1), the Americans with Disabilities Act (ADA) the National Culturally and Linguistically Appropriate Services Standards (CLAS) issued by the United States Department of Health & Human Services Office of Minority Health, and the 2023 LAP for federal health and human services agencies. Further, DMH consulted the Executive Office of Administration and Finance's October 12, 2012 Administrative Bulletin and the DMH 2013 Language Access Plan when developing this LAP.

DMH staff who interact with persons served have a responsibility to comply with this LAP, as applicable. While the LAP provides staff with guidance, the LAP should not be interpreted to restrict or limit persons-served right to language access. Nor does the LAP create individual rights or entitlements or establish DMH duties or process beyond what is required under applicable law.

## III. AGENCY DESCRIPTION

DMH, as the state's mental health authority, assures and provides access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities. Recognizing that mental health services are an essential part of healthcare, DMH establishes standards to ensure effective and culturally and linguistically competent care to promote recovery. DMH sets policy, promotes self-determination, protects human rights and supports mental health training and research. This

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<sup>1</sup> The United States Department of Health and Human Services, Office of Minority Health, defines cultural and linguistic competence as "services that are respectful of and responsive to the health beliefs, practices and needs of diverse patients. Cultural and linguistic competence is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity."

critical mission is accomplished by working in partnership with other state agencies, individuals, families, behavioral health providers and communities.

DMH is organized into five geographic Areas, each of which is managed by an Area Director. Each Area is divided into local service sites. Each site provides case management and oversees an integrated system of state and vendor-operated adult and child/adolescent mental health services. Significant planning, budget development, program monitoring, contracting, risk management, and quality improvement activities are conducted at Site and Area offices.

State-operated and contracted service sites, which are funded through state appropriations and a federal block grant, include state hospitals, community mental health centers with inpatient units, adult inpatient units at two public health hospitals, contracted adult units, latency and adolescent intensive residential treatment programs, and community-based programs.

The Office of Race, Equity and Inclusion (OREI) in the Commissioner's office is responsible for developing DMH's cultural and linguistic competence for all aspects of the service delivery system. Included in the OREI activities is the coordination of statewide interpreters and translation services.

The Language Access Coordinator (LAC) oversees the general implementation of this LAP and the development and maintenance of DMH's language access procedures and guidelines. More specifically, the LAC coordinates language access services, including but not limited to, spoken language interpreter and translation services that facilitate staff communication with persons-served within the DMH-operated system. The LAC scope is limited to providing interpreter or translation services to DMH staff as necessary to ensure adequate communication and interaction with persons-served and/or their families. Providers contracted with DMH (e.g., ACCS, PACT) are directly responsible through contract requirements to organize and arrange for interpreters or translation for services delivered to persons-served under contract with DMH (see subsection IV.F of the LAP).

The LAC also handles translations of DMH materials. The LAC coordinates translation and interpreter requests, processes payment vouchers, and monitors translation usage.

The LAC also coordinates communication access for Deaf and Hard of Hearing staff, and for staff who can hear in their interactions with Deaf/Hard of Hearing clients, including contracted and staff ASL interpreters for Deaf Case Managers. DMH provides culturally and linguistically appropriate services to Deaf and Hard of Hearing individuals consistent with the ADA. The Massachusetts Commission for the Deaf and Hard of Hearing provides DMH with technical assistance in establishing guidelines and using technology to enhance access.

**DMH Language Access Coordinator**

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#### IV. LANGUAGE ACCESS PLAN

##### **A. Strategies**

DMH uses a comprehensive and integrated strategy, as outlined below, to address the needs of cultural and linguistic populations, including at-risk immigrants and refugees, whether persons-served speak English moderately well, very well, or not at all.

Strategies particularly pertaining to the DMH's LAP are:

1. Partner with multicultural communities in the planning, development and implementation of culturally and linguistically effective mental health services within the mental health system.
2. Assure strengthened access and availability of culturally and linguistically competent services throughout the entire DMH service delivery system.
3. Integrate cultural and linguistic competence into staff training, staff development and educational activities.
4. Use demographic information about DMH clients and applicants to inform decisions about policy development, clinical practice, research, program development, service delivery and workforce development.
5. Promote communication and information dissemination on issues related to cultural and linguistic competence.
6. Promote leadership in cultural competence and linguistic competence to reduce mental health disparities.
7. Recruit and hire staff who speak other languages, including ASL, to create a welcoming, accessible work environment.

##### **B. Language Access Needs Assessment**

DMH routinely reviews the most recent available data published by the United States Census Bureau, along with data maintained in DMH's Mental Health Information System, to track specific race, ethnic, and language populations in Massachusetts and within DMH's service system. Data from these sources informs DMH's language access planning and resource allocation while also identifying gaps in cultural and linguistic

services. DMH is in the process of replacing its existing electronic medical record system which provides DMH with an opportunity to improve its data collection capacity.

According to the United States Census Bureau, American Community Survey 2017-2021, among Massachusetts residents at least 5 years or older, 24.4% spoke a language other than English. The languages most used by Massachusetts residents (more than 12,000 residents published 2015 census data) include ASL, Spanish, Portuguese, Chinese, Khmer, French, French Creole, Russian, Arabic, and Vietnamese. Other significant languages spoken include Italian, German, Greek, Polish, Hindi, and Korean. In addition, DMH provides services to persons-served who speak other languages which include, but are not limited to, Albanian, Burmese, Cape Verdean Creole, Dari, Dinka, Farsi, Haitian Creole, Igbo, Somali, Swahili, Thai, Tigrinya, Turkish, and Twi (Mental Health Information System). According to the United States Census Bureau, American Community Survey 2017-2021, DMH has identified more than 30 different languages spoken by persons-served. Of the total DMH population served who self-identify their preferred language, nearly 1% (1,300) identify a language, other than English, as their preferred language. Of those individuals, approximately 60% (800) indicate they need an interpreter. DMH processes approximately 5,000 interpreter requests annually.

DMH has a strong system already in place to ensure as much language access as possible. A majority of interpreter requests received are fulfilled and nearly 100% of translation requests are completed. To further improve language access, DMH will:

- Implement interpretation and translation booking software in January 2024, giving requestors greater access to and control of their interpreter/translation requests
- Identify and reach out to DMH-run services that are not currently utilizing the interpretation/translation service
- Prepare and set up a series of trainings on language access and how to request interpretation/translation
- Consult with DMH staff and community-based organizations to continually improve and expand language access.

While DMH employs bilingual and bicultural staff, DMH considers mental health interpretation and translation to be a highly technical skill and, therefore, staff are expected to request interpretation services through DMH's LAC. DMH continues to expand its language access services, including its interpreter services program, to improve the experience of persons-served.

### **C. Language Access within DMH-Operated Services (e.g., inpatient treatment, case management, outpatient services)**

Everyone is responsible for language access. At a minimum, each DMH staff member should:

- demonstrate respect for each individuals' language preference and their culture, and refrain from making one's own judgement about what an individual "needs";

- ensure an individual knows where to find information in their language, and if needed, help them find this information;
- attend training on the LAP and its implementation and keep up with updates;
- submit requests for interpretation (both in-person and remote) and translation in a timely manner in accordance with DMH established procedures; and
- comply with language access procedures and guidelines, as applicable.

When a person is newly admitted to a DMH-operated inpatient facility/unit or applies for DMH community services, DMH asks applicants to self-identify their preferred language for communication, even if they can speak English, and asks whether interpreters are needed. Any person who self-identifies as a person with LEP will be given the benefit of the language protocols described herein. DMH staff may also request language access services when a need or language barrier is identified through the assessment and treatment processes.

In accordance with DMH regulations, all information given to persons-served pertaining to DMH services planning activities including, but not limited to, notifications, comprehensive assessment of needs, clinical and other assessments, individual service plans and community service plans are conveyed or written in plain language that is easy to understand in accordance with [Federal Plain Language Guidelines](#), and to the extent practicable, in the persons-served preferred language.

#### **Interpreting/Translation services**

DMH contracts with multiple vendors to provide interpretation and translation services. The LAC helps schedule interpreters and organizes translation of documents for DMH staff and facilities for their work communication with persons-served and their families. Only DMH staff can request interpreter and translation services which are intended to assist staff communications with persons-served. To request interpretation or translation services, staff must send an email to [OMCA@mass.gov](mailto:OMCA@mass.gov) following the processes and timeframes set forth in the established procedures issued by the LAC (see attached procedures).

Interpretation occurs in real time, from one language to another. The interpreter facilitates immediate communication between all involved parties, whether in-person or remotely. For larger or longer meetings, interpreters often work in teams. There are two types of interpretation. Simultaneous interpretation happens nearly immediately, as the interpreter speaks/signs at the same time as the person delivering the message. In consecutive interpretation the interpreter waits for the speaker to deliver a full concept, then the speaker pauses to allow the interpreter to speak/sign their interpretation. Each type of interpretation is suited to different situations.

- In-person interpretation
  - DMH staff can request in-person (on-site) interpretation for activities including, but not limited to, treatment team meetings, assessments/evaluations, groups, completion of forms, and meetings

with family, advocates or attorneys. DMH staff must be involved in these meetings to be able to request interpretation.

- Request must be made by completing the Interpreter Request Form and emailing it to [OMCA@mass.gov](mailto:OMCA@mass.gov) at least three (3) business days in advance of the appointment time. More advance notice means it is more likely an interpreter can be confirmed for the appointment.
- Urgent requests (e.g., for emergencies, admissions) can be made and the LAC will attempt to fill these requests if at all possible.
- If staff or the client has a preferred interpreter (such as female or male interpreter, or a specific named interpreter), they can request this interpreter on the form. There is no guarantee that the preferred interpreter is available but the request can be made.
- OREI operates on normal office hours, i.e. Monday through Friday 9:00am-5:00pm. The office is closed on public holidays.
- Staff may request a copy of the full Interpreter Booking Guidelines and the Interpreter Request Form by sending an email to [OMCA@mass.gov](mailto:OMCA@mass.gov).
- Please note not all languages are available for in-person interpreting. Requests for 'rarer' languages may not be filled, or may only be filled via remote platforms or telephonic interpretation.

▪ VRI interpretation

- VRI (Video Remote Interpretation) is also available. This is interpretation via Zoom, Teams or some other remote platform.
- Requests for VRI interpretation follow the same procedure as for in-person interpretation (outlined above).
- Once an interpreter is confirmed, the DMH staff person will set up the link and email it to [OMCA@mass.gov](mailto:OMCA@mass.gov) to pass it on to the assigned interpreter.
- A greater number of languages, including most 'rarer' languages, are available via VRI.

▪ Telephonic interpretation

- Interpreters via telephone are available 24 hours a day, 7 days a week in more than 200 languages.
- Telephonic interpretation can happen on-the-spot or can be pre-scheduled.
- Please email [OMCA@mass.gov](mailto:OMCA@mass.gov) for instructions on how to use telephone interpretation, including how to set it up in advance.

Translation is also from one language to another but is not real-time. The translator generally works alone, from documents/videos provided by the requestor. Translation can be from one written language to another written language; from a signed language video to a written language; or from a written language to a signed language video; or from a written or signed language to an audio recording, or vice versa.

▪ Document translation

- Documents in Word document (preferred format) or PDF format should be emailed to [OMCA@mass.gov](mailto:OMCA@mass.gov), with information about which language(s) it needs to be translated into.
- Handwritten documents can be translated as long as they are clear. Word/PDF is recommended if possible.
- Translations are usually completed within 5 business days. Larger projects will take more time.
- Translations can be requested for, for example, correspondence (letters or emails), eligibility applications, policies and procedures, flyers and so forth.

### *ASL Interpretation and CART*

The Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) provides interpretation and language access for deaf and hard of hearing people throughout the Commonwealth. When registering attendees for our office presentation/event, you should provide an option for attendees to request American Sign Language (ASL) and/or other interpretation for the deaf and hard of hearing. Review the [First Time Use Instructions](#) from MCDHH to familiarize yourself with the different kinds of interpretation that could be requested, depending on the communication needs of the individual you are working with.

- To request ASL interpretation and/or CART, the ASL Interpreter/CART request form must be completed and emailed to the LAC at [CMInterps@mass.gov](mailto:CMInterps@mass.gov).
- A guide to preparing for and using ASL interpreters is available. Staff can request this guide via email to [CMInterps@mass.gov](mailto:CMInterps@mass.gov).
- Only DMH staff may request ASL interpretation for daily duties such as case management, team meetings, eligibility meetings and so forth.
- For training and events, whether they are for staff or open to the community, the organizer must make their own request for interpretation/CART directly to the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH). This can be done by completing the form at <https://www.mass.gov/how-to/how-to-request-an-asl-interpreter-or-cart-provider>. The LAC does not generally take responsibility for interpretation/CART for these trainings/events, although an exception might be made for good reason.
- Staff are highly encouraged to request ASL interpretation/CART as soon as they have a meeting/event set. It generally takes two (2) weeks or more to fill requests, so the more in advance the better.

Both interpretation and translation must be conceptually, linguistically, and culturally accurate and not influenced by opinion. It is vital to work only with qualified, trained interpreters and translators. Family and friends should not be used for interpretation or translation work.



DMH considers mental health interpretation and translation as a highly technical skill and has discouraged the use of language volunteers to provide technical interpretation unless they have formal training in medical and mental health interpretation.

#### **D. Training**

1. Staff training is an important step in providing language access services to persons-served. The LAC will collaborate with the necessary divisions within DMH to develop and provide language access trainings to DMH staff. Trainings should include staff who interact with persons-served, including but not limited to, receptionists, security guards, medical assistants, and clinicians.
2. Trainings should focus on:
  - Why it is important to provide language assistance services;
  - How to effectively and respectfully communicate and interact with individuals with limited English proficiency;
  - DMH policies and procedures related to providing language access services, including the availability of interpretation and translation services;
  - How staff can capture data around s persons-served language needs and preferred language(s);
  - Procedures to request and work with an interpreter, including when to use an interpreter; and
  - What type of translated information is available to consumers and where it can be found.
3. The DMH annual training curriculum includes a section on language access and the LAP.

#### **E. Digital Accessibility**

In accordance with the provisions of the Americans with Disabilities Act (ADA) and to ensure all persons in Massachusetts have equitable access to online information about DMH and its services, the DMH's Office of Communications implements the accessibility guidelines, procedures, and standards issued by the Executive Office of Technology Services & Security (EOTSS) and the Executive Office of Health and Human Services Information Technology Office (EOHHS-IT). DMH collaborates with the EOHHS-IT Office to identify appropriate hardware and software assistive technologies. The Office of Communications continuously reviews and evaluates information posted on its website against accessibility standards and updates as necessary.

Additionally, DMH publishes many universally requested documents and information about available services (e.g., Service Applications, Privacy Practices, Appeal Guidelines) in English and in other commonly spoken languages in Massachusetts. These languages include Spanish, Portuguese, Chinese, Khmer, Vietnamese, Russian, Haitian Creole, French, and Arabic. Staff can request translation of documents by following procedures outlined in subsection C of this LAP. The DMH website is in English and the Office of Communications has also created Spanish and Haitian Creole DMH sites with other languages planned. DMH frequently publishes social media content in both English and Spanish as well as other languages and uses alt text on images to ensure compliance with ADA requirements.

#### **F. Language Access within DMH-Contracted Community Providers**

DMH-contracted community providers are responsible for coordinating language access services for persons served as specified in provider contracts and service standards. This means providers must ensure they have sufficient staff fluent in the preferred language of persons-served or professional interpreters, including professional interpreter services (104 CMR 28.12.2.e) and provide translation of written materials. DMH notifies contracted providers of the LEP access standards, including the requirement they have written LEP policies and procedures. Further, through ongoing contract monitoring and program development, DMH collaborates and consults with its contracted service providers to ensure language access services. Some of these services include specialized deaf and hard of hearing behavioral health services operated at three contracted community providers.

#### **G. Community Engagement & Resources**

DMH oversees the Behavioral Health Helpline (BHHL), a service that connects individuals and families to the full range of treatment services for mental health and substance use offered in Massachusetts, including outpatient, urgent, and immediate crisis care. The BHHL is available 24 hours a day, 365 days a year by phone call and text and is staffed by trained clinicians and certified peer specialists to support every caller's needs. The BHHL is available in 200+ languages through an interpretation service. Service materials are published in multiple languages. DMH will work with the BHHL to increase its cultural and linguistic competency to ensure callers have meaningful language access.

The OREI ([OREI Website](#)) provides resources, policies, procedures, and best practices pertaining to cultural and language access services.

The DMH Office of Community Engagement ([Community Engagement Website](#)) connects DMH, and our affiliates, to community, with an emphasis on communities that have been historically underserved and/or under-represented, to improve their experience with and enhance their knowledge of the DMH service system. The office collaborates with the OREI and the DMH Office of Communications to ensure information about DMH is translated into languages other than English and distributed accordingly.

#### *Links to Additional Resources*

[Federal Cultural and Linguistic Competency & NCLAS Standards](#)

[Federal HHS 2023 Language Access Plan](#)

#### **H. Dissemination of LAP**

The LAP will be:

- posted on DMH's website and at its service/treatment locations;
- incorporated into the orientation for new staff;
- presented to management across the DMH system; and

- incorporated into communications used with persons-served.

## **I. Complaints**

Any person-served or individual on their behalf may file a written complaint with the LAC or with a DMH human rights officer if the person-served believes they were denied language access services pursuant to this LAP. Complaints may also be sent to the Governor's Office. Complaints will be filed in accordance with established DMH procedures.

### **DMH Language Access Coordinator**

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### **DMH AREA OFFICES HUMAN RIGHTS COORDINATORS**

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Jackson Cash 413 587 6260 [jackson.cash@mass.gov](mailto:jackson.cash@mass.gov)

**DMH INPATIENT FACILITY HUMAN RIGHTS OFFICERS**

**Metro Boston:** Metro Boston Mental Health Units at Lemuel Shattuck Hospital  
Herbert Bond - Tel: 617-971-3285

**Metro Boston:** Metro Boston Mental Health Units at Dr. Solomon Carter Fuller Mental Health Center  
Nicholas Finch – Tel: 617-626-8851

**Southeast:** Pocasset Mental Health Center  
Kathleen Moriarty - Tel: 508-564-9655

**Southeast:** Corrigan Mental Health Center  
Lawrence Weiner – Tel: 508-235-7321

**Southeast:** Taunton State Hospital  
Annalisa Dunn - Tel: 508-977-3102

**Southeast:** Recovery from Addiction Program  
Judith O’Hara – Tel: 508-977-3029

**Northeast:** Hathorne Units – Tewksbury Hospital  
Lysette Sola – Tel: 978-851-7321 Ext. 2855

**Central Mass:** Worcester Recovery Central and Hospital  
Sarah Brodmerkle – Tel: 508-368 0694  
William Danner – Tel: 508-368-3556  
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**Governor’s Office**

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## **J. Monitoring**

The primary goal of DMH's LAP is to improve the accessibility and quality of its language access services in order to provide equitable mental health services and treatment.

DMH will:

- review the specific language make-up of its service recipient population in comparison to the Massachusetts Census, identifying language groups who are not being served or are under-served;
- continue to collect Consumer and Family Member Satisfaction Survey items on whether LEP persons-served of adult community and inpatient services and families of children/adolescents received language assistance;
- develop a comprehensive contract monitoring plan to review community providers compliance with DMH language access contract standards;
- identify further opportunities to enhance language access services offered at community providers;
- collaborate with DMH's Mental Health Services and Child, Youth and Family Divisions and Office of Inpatient Management i) to assess whether staff and persons-served knows and understands the LAP and how to request services described within; ii) to develop a process for conducting individualized language assessments; and iii) to identify opportunities to enhance language access (e.g., enabling closed captioning on all public DMH televisions) within DMH facilities and locations;
- hire a trauma informed/cultural behavioral health consultant to develop strategies for engaging underserved and under-represented communities;
- identify and implement solutions to any issues related to serving persons with LEP that may have emerged during the year or any significant changes in the language needs of the service population;
- Conduct routine data audits;
- assess DMH's LAP against the CLAS standards; and
- identify and implement solutions to any issues related to serving persons with LEP that may have emerged during the year or any significant changes in the language needs of the service population.

## **K. Action Steps & Timeline**

The DMH LAC will be responsible for collaborating with DMH staff to implement the following action steps:

January 2024

- Module on language access in DMH Annual Review - required training for staff

February-March 2024

- Rollout final LAP to all DMH staff
- Rollout new interpreter booking software

#### April 2024

- Conduct trainings for DMH staff (ongoing)
  - Language Access/LAP
  - How to request interpretation/translation
  - Interpreter vs bilingual staff
- Offer language courses to DMH staff
  - ASL
  - Spanish

#### April-August 2024

- Conduct assessment of current process of identifying language access needs for persons served
  - Design assessment tools for DMH staff to use to determine language needs
  - Pilot assessment tools
  - DMH staff to begin using formal assessment tools to determine language needs
- Collaboration with DMH Communication Department:
  - Include accessibility guidance and language access guidelines on the DMH website
  - Website translation
  - Offer DMH information in multiple languages and alternative formats. Alternative formats include but are not limited to Braille, large print, audio recordings, ASL videos and digital accessibility

#### September-November 2024

- Collaboration with Finance and Procurement to ensure support for language access across DMH and in partner contracts
- Consultations with DMH staff and community organizations to improve and expand language access 2025 and beyond
- Offer language courses to DMH staff
  - Spanish
  - Portuguese

#### December 2024

- Identify and implement solutions to any issues or significant changes that may have emerged in the language needs of persons-served
- Finalize LAP implementation timelines for 2025

## V. REVIEW of LAP

DMH will review and update this LAP on a biennial basis to ensure continued responsiveness to language access needs.

## VI. APPROVALS

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Brooke Doyle, Commissioner  
Department of Mental Health

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Date

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Kathleen E. Walsh, Secretary  
Executive Office of Health and Human Services

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Date