

**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

**I. Introduction**

The Department of Mental Health (“DMH” or “Department”) has prepared this Language Access Plan (“LAP” or “Plan”), which defines the actions to be taken by the Department to ensure meaningful access to DMH services, programs and activities on the part of persons who have limited English proficiency. The Department will review and update this LAP on a biannual basis in order to ensure continued responsiveness to language assistance needs.

DMH provides person-and-family-centered services with a goal of supporting people recovering from mental illness. Clear and accurate communication between clients and staff is crucial to improve physical and mental health, rehabilitation and, above all, personal choice on the path to recovery.

**II. Purpose**

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 the Department. The Department’s long-established language assistance program is guided by statutes, regulations, and accreditation standards. (Appendix A: 104 CMR 27.03, 27.18, 28.03 (1), 29.06 & 29.11.) The LAP also is consistent with the requirements of the Administrative Bulletin #16 as promulgated by the Executive Office for Administration and Finance, and with the United States Department of Health and Human Services guidelines for language assistance programs. <http://www.justice.gov/crt/cor/lep/hhsrevisedlepguidance.php>.

As specified by the federal regulations, the Department takes “reasonable steps to ensure meaningful access to programs and activities by LEP persons.” In accordance with the Department of Health and Human Services guidelines, DMH has made an individualized assessment that balances the following four factors:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee;
2. The frequency with which LEP individuals come in contact with the program;
3. The nature and importance of the program, activity, or service provided by the program to people’s lives; and
4. The resources available to the grantee/recipient and costs.

DMH notifies contracted vendors of standards for LEP access and expects that the agency’s plan will be applied to the activities they are conducting on DMH’s behalf. The Department has incorporated the language assistance requirement in service standards and vendor contracts. In addition, some of the Department’s contracted vendors are also recipients of federal assistance, and as such will have independent obligations to comply with the Department of Health and Human Services guidance.

**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

### **III. Agency Description**

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

DMH is organized into 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, 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, adolescent and latency age inpatient units, latency and adolescent intensive residential treatment programs, and community-based facilities.

The Office of Multicultural Affairs (OMCA) in the Commissioner's office has the structural and functional responsibility and accountability for developing the Department's cultural and linguistic competence and all aspects of cultural competence in the mental health service delivery system for children and adults. Included in the OMCA activities is the coordination of a statewide interpreter and translation services.

The Interpreter and Translation Services Program ("ITSP") coordinates interpreter and translation services for all Areas, Sites, inpatient facilities, forensic functions, investigations, and human rights office activities. It also handles translations of DMH materials. The ITSP coordinates translation requests, processes payment vouchers, and monitor translation usage.

Communication access for deaf and hard of hearing clients is administered through the Department's Deaf and Hard of Hearing Services. DMH utilizes American Sign Languages and provides services to Deaf and Hard of Hearing as accommodations under the American Disability Act. DMH has guidelines to insure cultural/linguistic access and appropriate services to Deaf and Hard of Hearing individuals. The Department has received technical assistance from Massachusetts Commission for Deaf and Hard of Hearing in establishing guidelines and using technology to enhance access.

The Department uses a comprehensive and integrated strategy to address the needs of cultural and linguistic populations, whether the clients speak English moderately well, very well, or not at all. The Department defines Cultural and Linguistic Competence as the integration and transformation of knowledge, information and data about individuals and groups of people into specific clinical standards, skills, service approaches, techniques and marketing programs that

**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

match the individual's culture and increase the quality and appropriateness of health care and outcomes.

The Department's Cultural & Linguistic Competence Action Plan "operationalizes" the Department's mission of culturally and linguistically competent care to ensure that the mental health system is attentive to the needs and effective care of culturally and linguistically diverse populations, including at-risk immigrants and refugees.

Strategies particularly pertaining to the Department'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

**IV. Language Access Plan:**

The Department has embarked on a systemic transformation of services for adults with serious mental illness, children and adolescents with serious mental illness or serious emotional disturbance. Some of the components of the transformation have come to fruition through the cross-agency collaboration implementing the Children's Behavioral Health Initiative and the Community Based Flexible Supports procurement. The success of the transformed system also relies on the redesign of the Department's administrative structure and its ability to create a more efficient agency while maintaining a strong community presence at its local sites. The organizational and structural change in progress works to improve communication within the Department, promote stronger collaboration within and across divisions, and advance the use of data and measures to monitor results.

The LAP goals are:

- to ensure that LEP clients of DMH continue to have meaningful access to services, programs and activities by the use of professional interpreters and linguistically and culturally diverse staff in the context of the system transformation,
- to increase quality and efficiency with measurable outcomes of the Department's language assistance program in the context of the organizational and structural redesign of the Department.

**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

**(1) The Department's Language Access Coordinator**

Ed K. Wang, Psy.D.  
Director of Multicultural Affairs  
25 Staniford Street  
Boston, MA 02114  
Phone: 617-626-8137  
Email: [ed.wang@dmh.state.ma.us](mailto:ed.wang@dmh.state.ma.us)

**(2) DMH Language Assistance Program Needs**

The loss of individual social and economic capital, despair and victimization, and poor physical health and overall well-being often are part of the daily experience of adults with serious mental illness or children and adolescents with serious mental illness or serious emotional disturbance. The Department considers its services to be important for enabling clients to live, work, study and participate in their communities.

To the extent possible and with available resources, all services are conducted in the client's preferred language by staff fluent in the language or through competent interpreters. The Department puts the highest value on the use of bilingual and bicultural staff before the use of interpreters. When bilingual staff is not available, professional interpreters will be used. With current resources for interpreter and translation services, DMH has prioritized inpatient service as one of the most important services to have interpreters available due to the clinical severity of mental illness or emotional disturbance of clients in the hospitals. In-person interpretation is the modality for clients and staff whenever deemed necessary.

DMH continues to develop its language assistance program based on census tracking, client language data tracking and points of contact between DMH Areas, Sites and DMH hospitals and the client population.

**(a) Census Population Tracking and Reports**

DMH collects the most recent available Census data to track specific race, ethnic and language populations in Massachusetts. They include (Appendix B: DMH Census Tracking Reports):

- 2009 one-year estimate, all Massachusetts residents over the age of five speak a language other than English
- 2005 Massachusetts LEP Students and Major Language Groups by School District
- 2006-2008 American Community Survey on Race and Ethnicity in Massachusetts

DMH also collects geographic distribution by race and ethnicity by cities to match DMH Areas and Sites:

- 2006-2008 American Community Survey on race in 25 major MA cities
- 2009 Massachusetts School and District Profiles by 25 major MA cities

**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

DMH also includes additional data sources on refugee and immigrant. They include:

- 2009 DPH Refugee and Immigrant Health Program, Massachusetts Department of Public Health. Source: USPHS Quarantine Station Notifications to Massachusetts Department of Public Health; Voluntary Resettlement Agencies (VOLAGs).
- 2009 New Refugee Arrival in Massachusetts, Office for Refugee Resettlement, Administration for Children and Families  
[http://www.acf.hhs.gov/programs/orr/data/refugee\\_arrival\\_data.htm](http://www.acf.hhs.gov/programs/orr/data/refugee_arrival_data.htm)
- 2008 Migration Policy Institute on social demographic, language and education, workforce, income and poverty  
<http://www.migrationinformation.org/datahub/acscensus.cfm>
- 2005 MassInc Report  
[http://www.massinc.org/~media/Files/Mass%20Inc/Research/Full%20Report%20PDF%20files/changing\\_face\\_report.ashx](http://www.massinc.org/~media/Files/Mass%20Inc/Research/Full%20Report%20PDF%20files/changing_face_report.ashx)

(b) DMH Language Makeup of Client Population

DMH’s interpretation service protocol is intended to ensure that LEP clients have meaningful access to services on a client-by-client, family-by-family basis.

An analysis of current data shows that the Department’s implementation of interpreter and translation services has broader reach and effect than that required by ANF Administrative Bulletin #16 (that a specific language reaches a 5% threshold of the total current client population).

According to 2009 American Community Survey, 1 Year Estimate, “Language Spoken at Home by Ability to Speak English for the Population 5 Years other than English,” LEP populations of more than 12,000 in the Commonwealth are: Spanish, Portuguese, Chinese, French, French Creole, Italian, Russian, Vietnamese, Greek, Arabic, Polish, Khmer, Hindi, German and Korean. DMH analysis indicates that DMH clients’ language abilities and preferences are similar, except with respect to German. In addition, Department clients speak eight other languages, including Albanian, Bosnian, Cape Verdean, Farsi, Finnish, Lao, Thai and Turkish.

(c) DMH Client Data Tracking System

The Department’s Mental Health Information System (“MHIS”) records the number and proportion of LEP persons served by service types and Areas/Sites.

The Interpreter & Translation Services Utilization fields show the frequency of interpreter use by LEP clients by languages and locations. DMH includes language assistance for LEP as one of the measures of EHS Results.

<b>DMH LEP Client Data</b>	<b>Race</b>	<b>Granular Ethnicity</b>	<b>Language</b>	<b>Number of clients by</b>	<b>Percentage of clients by</b>	<b>Area Sites</b>
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**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

				<b>language and service type</b>	<b>language and service type</b>	
Mental Health Information System (MHIS)	Yes	Yes	Yes	Yes	Yes	Yes
Interpreter Translation Services Utilization	No	No	Yes	Yes	No	Yes

(d) Points of Contact between DMH and Client Population

As part of the DMH new Areas configuration, Metro-Southeast, Northeast-Suburban, Central-West Areas and each Area's corresponding Sites' plan meet the geographic as well as the diverse cultural and linguistic needs of the populations served. The Areas and their Sites and DMH hospitals are the points of contact between the Department and the client population. When language assistance is needed, the points of contact will notify the ITSP. (4) Language Service Protocol.)

**(3) Language Resources Assessment:**

(a) DMH will use the "Differential Pay Rate" classification of the Department's employees to identify existing staff who are linguistically and technically able to deliver services in a language other than English. EOHHS's Human Resource staff, which serves DMH, will provide additional guidance on the proposed use of such staff as interpreters.

(b) Use of DMH community-based resources in meeting language access needs

The Department is committed to the use of bilingual and bicultural staff to provide services for the LEP clients for state and vendor operated services. In some of the funded community services, the Department has developed several specialized cultural and linguistic programs. These programs have been developed based on the critical mass of ethnic and linguistic populations in particular service areas. They provide culturally and linguistically effective mental health care using a "cultural broker" model, increasing access to a full array of culturally and linguistically appropriate community support services. For areas that do not have these specialized programs, DMH vendors have made strong efforts to recruit and retain bilingual and bicultural staff. The vendors also use interpreters where bilingual staff is not available.

The Department recognizes that current resources sometimes are insufficient to fully provide interpreter and translation services for contracted vendor clients. One of the six goals of the DMH Cultural and Linguistic Competence Action Plan is to develop partnerships with multicultural communities in planning, development and implementation of culturally and linguistically effective services. OMCA continues to work with vendors to identify community-based organizations and non-profits that may

**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

serve as a cost effective resource for vendors to support their language assistance programs and to provide a full array of community services for LEP clients. The Department's 2011 Multicultural Population Resource Directory will provide information on services, organized by specific languages, for culturally and linguistically diverse populations across Massachusetts. OMCA will assist contracted vendors to create an LAP as a minimum standard for addressing the needs of their LEP populations.

DMH has developed an infrastructure for providers to report client-level data to the Department. This new method of reporting provides DMH with the capability to organize and analyze data, and it identifies clients for review based on established criteria or triggers. This client-level review also allows DMH to identify individuals from ethnic or linguistic and special populations, such as transition age youth, elders, veterans, and clients who are deaf and hard of hearing, so that DMH may ensure that their services are provided in a culturally and linguistically competent and age appropriate manner and that they are achieving positive outcomes.

**(4) Language Service Protocols:**

(a) Clear and accurate communication between clients and staff is crucial to improve physical and mental health, rehabilitation and above all, personal choice on the path to recovery. In-person interpretation is mostly utilized to achieve this goal. Telephone interpretation is used when setting up initial service appointments, providing information and referrals to public and in circumstances when interpretation on demand is needed.

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 medical and mental health interpretation. It is the expectation of the Department to refrain using family members or friends to provide interpreter services and no minors are allowed to provide interpretation.

(b) The Department's Interpreter and Translation Services Program (ITSP) coordinates all state-operated services for clients and staff of the Department in need of professional interpreter or translator services. Where bilingual staff is not available for state operated services, the Department uses interpreters from the state Master Services Agreement for Foreign Language Written Translation and Oral Interpretation Services. Contracted vendors are responsible for vendor-operated adult and child/adolescent mental health services to provide language assistance for their clients and staff.

The Department has developed and issued a document entitled, "Interpreter Services: A Handbook for DMH Employees," and it includes protocols and procedures for the Department's staff who are most likely to encounter LEP clients. The Handbook will be updated base on this LAP. It will be available on the Department's Intranet and training will be conducted. OMCA also plans to update the current inventory of all translated DMH documents and web-links that provide translated health and mental health publications on the Department's Intranet.

**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

(c) Persons who need DMH-funded community-based services, or providers of mental health care making a referral, need to complete Service Application Forms when applying for mental health services for adults, children, and adolescents. When additional information is needed from the applicants and/or guardians, face-to-face interpreters or telephonic interpretation will be provided. The Application for Adult Services is translated into Chinese, Haitian Creole, Portuguese, Spanish and the Application for Child/Adolescent Services is translated into Haitian Creole and Spanish. Appeal Guidelines are translated into Chinese, Haitian Creole, Khmer, Spanish and Vietnamese.

The DMH Service Applications ask the applicants to self-identify their preferred language for communication, even if they can speak English, and ask whether interpreters are needed. Applicants maintain the right to self-identify or not as an LEP person. If the applicants are legal minors, the preferred language of parents, and whether interpreter services are needed, are also sought. (Appendix C: Service Application.)

Identification of preferred language is intended to give a client the choice of language as well as to acknowledge that, even though a client maybe more fluent in one language, s/he may prefer to use another language to communicate for a variety of reasons. The client is encouraged to use the preferred language and the option for an interpreter is always open when preferences change. The goal is for the client to decide what is the best way to communicate.

**(5) Vital Document Translation:**

Vital documents include:

- Service Application
- Release, consent, verification, and other materials necessary for service determinations
- Notification of rights and appeal guidelines
- Human Rights Handbook
- Legal documents pertaining to commitment and hospitalization
- Facility and area specific materials
- Disaster response
- Individualized treatment plans and records

Due to the significant costs involved, the translation of vital documents into different languages is a multi-year process. The initial focus is Spanish translations to accommodate the largest identified LEP population in Massachusetts. The Department each year identifies languages frequently encountered through its services and translates documents with available resources. Some of the translated documents are available on the Department's Internet. (Appendix D: DMH Foreign Language Translation.)



**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

Vital documents, including individualized treatment planning, acceptance and denial of services, disaster response and other time sensitive documents, will be translated immediately. Even with the availability of translated documents, in-person interpreters are also used to assure the content of the document is clearly understood and communicated between clients and staff.

**(6) Stakeholder Consultations:**

The Multicultural Advisory Committee (“MAC”) of DMH supports the Department in its commitment to equitable and quality mental health care of the culturally and linguistically diverse communities, including at-risk immigrants and refugees. This external advisory committee provides input into planning, and monitors implementation and progress of, the Department’s Cultural and Linguistic Competence Action Plan. The new Action Plan will include the implementation of the LAP. MAC will review the LAP and implementation outcomes.

The diverse MAC members also serve as the Department’s ambassadors to its racially, ethnically and linguistically diverse communities, and they facilitate partnership between the Department and community organizations and advocates in addressing the complex needs of underrepresented and underserved populations, including the reduction of language barriers to services.

**(7) Staff Training:**

The approved LAP will be disseminated to all Department heads and will be available on the Department’s Intranet for all employees. “Interpreter Services: A Handbook for DMH Employees” will be revised and disseminated to all employees. A joint training/orientation between DMH frontline staff who are likely to have contacts with LEP populations and interpreters who are providing services will be provided. The goal of the training is to increase quality by focusing on the role and proper use of interpreters. Such training will also be extended to vendors’ staff.

**(8) Notice to Public:**

DMH regulations covering mental health inpatient facilities (104 CMR 27.00) require “written notification and a posting in the client’s primary language of the right to and availability of interpreter services.” The posting, which states that, “You have the right to an interpreter at no cost to you,” is translated in 30 languages. Human Rights Officers further reinforce the awareness and the availability of language assistance with a written notification in eight languages when they meet with the LEP clients individually after the clients’ admission into the inpatient units. The Office of Human Rights will survey all facilities to ensure such signage is posted and written notifications are distributed to the clients.

DMH regulations covering community-based programs (104 CMR 28.00) require that, “A notice of the client rights as set forth in 104 CMR 28.03(1) (a) through (j)...be posted in appropriate and conspicuous places to which clients and family members have access in the program, and available to any person upon request,” that the notice

**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

”...be written in language that is easy to understand,” and that, “...to the extent practicable, [the notice]...be translated into the requesting person's preferred language.”

The Office of Human Rights will survey all programs to ensure that these notices of client rights are posted and that translations are available.

**(9) DMH Monitoring:**

The Department’s LAP goal is to improve the accessibility and quality of the language assistance program by the use of data and measures. DMH will:

- (a) review the specific language make-up of its client population in comparison to the Massachusetts Census, identifying language groups who are not being served or are under-served,

The total number and proportion of LEP clients served by DMH and each service in comparison to American Community Survey on language ability indicating that individuals speak English “less than very well”

Language	American Community Survey “speak English less than very well”	DMH Client Preferred Language and Interpreter Needed	DMH Preferred Language and Interpreter Needed by Service Type
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- (b) continue to collect and analyze data for one of the Department’s EHS indicators, the percentage of requests fulfilled for interpreter services for DMH state-operated services,
- (c) continue to collect 2009 Consumer and Family Member Satisfaction Survey items on whether LEP clients of adult community and inpatient services and families of children/adolescents received language assistance,
- (d) conduct a client-level performance review by the Department’s contract monitoring teams of CBFS services delivered, including the frequency and duration of interpreters used by LEP clients,
- (e) identify and implement solutions to any issues related to serving LEP persons that may have emerged during the year or any significant changes in the language needs of the service population.

**(10) Complaints:**

A client or client representative may file a complaint with either the Language Access Coordinator or the Office of Access and Opportunity.

**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

Language Access Complaint Procedure (additional procedures will be developed by ANF):

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:

Ed K.S. Wang, Psy.D.  
Massachusetts Department of Mental Health  
25 Staniford St.  
Boston, MA 02114  
[ed.wang@state.ma.us](mailto:ed.wang@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](mailto:Ronald.Marlow@state.ma.us)



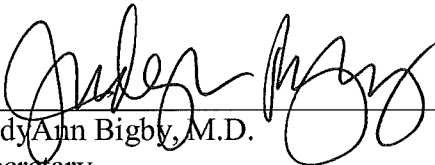
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Barbara A. Leadholm, M.S., M.B.A  
Commissioner  
Department of Mental Health

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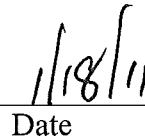
January 6, 2011

Date



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JudyAnn Bigby, M.D.  
Secretary  
Executive Office of Health and Human Services



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Date

**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

**Appendix A**  
**Regulations**

104 CMR 27.00: LICENSING AND OPERATIONAL STANDARDS FOR MENTAL HEALTH FACILITIES

27.03 Licensing, Generally

the Department shall conduct annual inspections of facilities granted deemed status to determine their compliance with Department regulations governing restraint and seclusion, human rights, investigation of complaints, and interpreter services.

27.18: Interpreter Services

(1) For the purposes of 104 CMR 27.18, the following words shall have the following meanings:

(a) Competent Interpreter Services means interpreter services performed by a person who is fluent in English and in the language of a non-English speaker, who is trained and proficient in the skill and ethics of interpreting and who is knowledgeable about the specialized terms and concepts that need to be interpreted for purposes of receiving care and treatment.

(b) Facility shall mean a Department-operated hospital, community mental health center with inpatient unit, or psychiatric unit within a public health hospital; a Department-licensed psychiatric hospital; or a Department-licensed psychiatric unit within a general hospital.

(c) Non-English Speaker means a person who cannot speak or understand, or has difficulty speaking or understanding, English because the speaker primarily or only uses a spoken language other than English.

(2) Each facility shall in connection with the delivery of inpatient services, if an appropriate bilingual clinician is not available, provide competent interpreter services to every non-English speaker who is a patient.

(3) Based on the volume and diversity of non-English-speaking patients served by the facility, the facility shall use reasonable judgment as to whether to employ, or to contract for, the on-call use of one or more interpreters for particular languages when needed, or to use competent telephonic or televiewing interpreter services; provided that such facility shall only use competent telephonic or televiewing interpreter services in situations where either:

(a) there is no reasonable way to anticipate the need for employed or contracted interpreters for a particular language; or

(b) there occurs, in a particular instance, an inability to provide competent services by an employed or contracted interpreter.

(4) Interpreter services shall be available 24 hours a day and seven days a week.

(5) The facility shall not require, suggest, or encourage the use of family members or friends of patients as interpreters and shall not, except in exceptional circumstances, use minor children as interpreters.

(6) The facility shall post signs and provide written notification of the right to and availability of interpreter services to patients in their primary language.

(7) The facility shall develop written policies and procedures that are consistent with 104 CMR

**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

27.18 and that assist staff and patients in accessing interpreter services.

**104 CMR 28.00: LICENSING AND OPERATIONAL STANDARDS FOR COMMUNITY PROGRAMS**

A notice of the client rights as set forth in 104 CMR 28.03(1)(a) through (j) shall be posted in appropriate and conspicuous places to which clients and family members have access in the program, and available to any person upon request. The notice shall be written in language that is easy to understand and, to the extent practicable, shall be translated into the requesting person's preferred language.

**104 CMR Section 29.06: General Provisions for all DMH Services Planning Activities**  
Planning activities incorporate strengths, preferences and needs of clients, and where appropriate, of their families or caretakers, and include assessments and the development and review of individual service plans and individualized action plans. Clients who receive Case Management will have individual service plans developed in accordance 104 CMR 29.06 and 29.07. Clients who receive DMH community services will have individualized action plans developed in accordance with 104 CMR 29.06 and 29.11.

(1) DMH Services planning activities are:

- (a) conducted in the client's preferred language by staff fluent in the language or through competent interpreters;
- (b) strength-based, person and when appropriate, family, centered;
- (c) sensitive and responsive to a client's cultural, ethnic, linguistic background, sexual orientation, gender differences, parental status, and other individual needs of the client;
- (d) based on the results of assessments which are reviewed and modified as the client's needs or circumstances change; and
- (e) informed by information obtained through interactions with the client, when appropriate the client's family or caretakers, and the client's other service providers with the appropriate authorizations, as well as previous records as available.

**Department of Mental Health  
Language Access Plan  
Monday, January 10, 2011**

**Appendix B  
DMH Census Tracking Reports**

<b>Massachusetts : Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over 2009 American Community Survey 1- Year Estimates (DMH/OMCA 11/2010)</b>							
	<b>Speak English only</b>	<b>Speak English "very well"</b>	<b>%</b>	<b>Speak English less than "very well"</b>	<b>%</b>	<b>Total</b>	<b>%</b>
English	4,926,679					4,926,679	79.30
Spanish		245,572	4	203,601	3.30	449,173	7.20
Portuguese		96,526	1.50	93,869	1.50	190,395	3
Chinese		46,929	0.75	49,093	0.79	96,022	1.50
French		53,456	0.86	13,372	0.21	66,828	1.10
French Creole		30,043	0.48	21,489	0.35	51,532	0.83
Italian		31,081	0.50	10,772	0.17	41,853	0.70
Russian		20,904	0.34	20,126	0.32	41,030	0.70
Vietnamese		12,736	0.20	23,443	0.38	36,179	0.60
Greek		18,025	0.30	7,691	0.12	25,716	0.40
Arabic		14,386	0.23	10,515	0.17	24,901	0.40
Polish		16,326	0.26	5,749	0.10	22,075	0.35
Khmer		8,707	0.14	11,504	0.18	20,211	0.32
Hindi		13,598	0.22	2,567	0.04	16,165	0.26
German		13,707	0.22	2,288	0.04	15,995	0.26
Korean		5,980	0.10	6,287	0.10	12,267	0.20
Tagalog		7,168	0.11	2,898	0.05	10,057	0.16
Hebrew		8,507	0.14	677	0.01	9,184	0.15
Japanese		5,123	0.08	3,520	0.06	8,643	0.14
Gujarathi		4,735	0.08	3,126	0.05	7,861	0.13
Amenian		4,503	0.07	1,599	0.03	6,102	0.10
Persian		4,317	0.07	1,336	0.02	5,653	0.09
Languages other than English Combined						124,164	2
<b>Total</b>						<b>6,208,685</b>	

**Department of Mental Health  
Language Access Plan  
Monday, January 10, 2011**

<b>Massachusetts LEP Students and Major Language Groups By School District March 2005</b>												
District	Arabic	Cape Verdean	Chinese	Creole (Haitian)	Khmer	Korean	Portuguese	Russian	Spanish	Vietnamese		
Boston	58	545	633	887	16	2	213	14	4840	424		
Brockton	5	693	16	273	6	0	112	0	286	18		
Fall River	5	0	10	0	40	0	330	1	240	3		
Framingham	9	0	14	3	1	2	591	15	574	8		
Holyoke	0	0	0	0	2	0	0	0	1930	0		
Lawrence	5	2	8	0	17	0	4	0	2407	32		
Lowell	7	0	6	3	1345	2	328	1	1292	58		
Lynn	29	2	10	34	265	0	65	23	1881	53		
New Bedford	5	19	4	9	0	1	143	1	414	2		
Pittsfield	3	0	5	4	3	2	4	4	165	7		
Quincy	19	1	605	4	1	4	42	1	44	168		
Springfield	6	0	10	1	5	9	4	33	3306	108		
Worcester	41	2	43	14	15	4	164	12	2172	443		
2005 FLNE Student Enrollment For Selected Cities (DMH/OMCA 3/2007)												

<b>2009 American Community Survey 1-year Estimates by Race and Hispanic/Latino</b>								
Total Population	White alone	Black or African American	AIAN	Asian alone	NHOPI	SOR	Two or more Races	Hispanic or Latino
6,593,587	5,154,939	382,643	6,344	326,164	1559	40,746	98,958	582,234
	78.2%	5.8%	0.1%	5%	0.02%	0.6%	1.5%	8.8%
AIAN: American Indian and Alaska Native								
NHOPI: Native Hawaiian and other Pacific Islander								
SOR: Some other Race								

**Department of Mental Health  
Language Access Plan  
Monday, January 10, 2011**

<b>Ethnic Groups in Massachusetts*</b>			
*Based on American Community Survey 2006-2008 Estimates			
Afghan	579	Kenyan	3,269
African American	0	Korean	21,023
Albanian	13,532	Laotian	3,515
American	216,916	Latvian	3,190
Arab	4,060	Lebanese	23,245
Argentinean	3,562	Liberian	1,388
Armenian	21,395	Lithuanian	30,860
Asian Indian	63,449	Mexican	37,575
Austrian	8,953	Moldovian	0
Belgian	2,684	Moroccan	6,958
Bhutanese	0	Myanmar/Burmese	0
Brazilian	63,620	Nigerian	6,253
British	24,599	Norwegian	20,729
Bulgarian	2,874	Other	0
Cambodian	22,144	Other - African	0
Canadian	39,929	Other - Asian	0
Cape Verdean	49,570	Other - Caribbean	0
Chilean	3,346	Other - European	0
Chinese	112,019	Other - Latin America	0
Chooses not to self-identify	0	Pakistani	3,141
Colombian	23,237	Panamanian	2,674
Costa Rican	3,602	Peruvian	7,029
Cuban	8,859	Polish	221,066
Czech	10,071	Portuguese	252,171
Danish	8,156	Puerto Rican	234,375
Dominican	89,430	Romanian	5,158
Dutch	23,003	Russian	91,251
Ecuadorian	5,198	Salvadoran	33,925
Egyptian	4,305	Sandinavian	5,560
English	463,342	Scottish	102,941
Ethiopian	3,462	Scottish Irish	87,083
Filipino	13,229	Sierra Leonean	841

*(Ethnic Groups in Massachusetts continued)*

Finnish	17,859	Somalian	2,693
French	343,395	Sudanese	249
French Canadian	203,686	Swedish	69,730
German	234,763	Swiss	7,277
Ghanian	2,838	Syrian	4,062
Greek	70,717	Thai	3,279
Guatemalan	29,102	Turkish	5,321
Haitian	58,417	Ugandan	1,453
Hmong	629	Ukrainian	16,336
Honduran	13,567	Venezuelan	2,943
Hungarian	12,097	Vietnamese	42,615



**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

Indonesian	1,257	Welsh	12,247
Iranian	7,179	West Indian	7,079
Iraqi	132		
Irish	1,107,287		
Israeli	4,194		
Italian	685,898		
Jamaican	20,092		
Japanese	9,036	DMH/OMCA 2/2010	

**Department of Mental Health  
Language Access Plan  
Monday, January 10, 2011**

<b>ACS 2006-2008 Selected Cities in Massachusetts by Race and by Hispanic or Latino Origin by Cities (DMH/OMCA 9/2010)</b>									
	<b>Total</b>	<b>White</b>	<b>Black or African American</b>	<b>AIAN</b>	<b>Asian</b>	<b>NHPI</b>	<b>Some other race</b>	<b>Two or More Races</b>	<b>Hispanic/Latino (of any race)</b>
Boston	613,086	310,156	133,161	1,834	49,859	407	10,239	9013	98,417
Brockton	91,956	45,492	28,222	137	2,440	0	3,550	3029	9086
Brookline	62,255	47,437	1,615	91	8,450	0	275	1046	3,341
Cambridge	93,635	61,097	10,423	159	12,333	0	822	2,463	6,338
Chelsea	34,356	10,874	2,640	13	660	0	18	889	19,262
Chicopee	55,775	45,995	1,385	125	849	0	229	296	6,896
Fall River	88,587	77,443	1,902	119	2,058	0	629	2,299	4,137
Fitchburg	41,433	34,185	1,838	18	1,791	0	2,629	972	NA*
Framingham	65,157	44,716	2,308	152	4,972	0	4,169	663	8,177
Haverhill	58,753	47,121	2,263	178	1,197	0	198	838	6,958
Holyoke	38,320	34,245	890	54	532	0	2,174	425	NA*
Lawrence	71,234	16,959	1,328	92	1,628	0	298	491	50,438
Lowell	98,766	55,957	5,826	214	17,532	16	2,309	1,218	15,694
Lynn	87,748	48,781	9,963	47	4,780	0	477	1,278	22,422
Malden	56,259	33,354	7,458	0	9,403	0	569	816	4,659
New Bedford	95,272	67,633	5,709	291	1,243	0	4,440	3,146	12,810
Newton	93,447	77,162	2,746	0	8,222	112	341	1,285	3,579
Quincy	84,832	60,094	3,141	68	3,452	203	208	1,190	2,376
Randolph	29,223	14,474	10,209	47	3,452	0	819	222	NA*
Revere	56,899	40,407	2,620	15	3,275	0	175	196	10,211
Somerville	69,662	50,338	2,814	387	6,782	101	2,693	951	5,596
Springfield	149,586	60,606	30,762	373	3,290	31	478	2,007	52,039
Taunton	56,970	48,431	2,624	131	773	0	1,005	1,055	2,951
Waltham	59,587	42,634	3,013	74	6,116	29	648	535	6,538
Worcester	163,637	106,951	13,064	188	8,899	68	924	1,947	31,596

Source: U.S. Census Bureau, 2006-2008 American Community Survey NA\*: Data for the geographic area cannot be displayed because the number of sample cases is too small.

ACS: American Community Survey AIAN: American Indian & Alaska Native NHPI: Native Hawaiian and other Pacific Islander DMH/OMCA 7/27/10

**Department of Mental Health  
Language Access Plan  
Monday, January 10, 2011**

Massachusetts School and District Profiles by Selected Cities – Enrollment Data by Race/Ethnicity 2009-10 by Cities (DMH/OMCA 10/2010)									
	African American	Asian	Hispanic	Native American	White	Native Hawaiian, Pacific Islander	Multi-Race, Non-Hispanic	Total	
Boston	36.5	8.6	39.6	0.4	13.1	0.1	1.8	55,371	
Brockton	50.8	2.5	14.1	0.6	28.5	0.3	3.2	15,502	
Brookline	7.4	18	9.1	0	59.3	0.1	6.1	6,472	
Cambridge	33.6	11.2	14.2	0.6	36.4	0.3	3.7	5,950	
Chelsea	7	2.5	81.6	0.2	8.1	0	0.7	5,638	
Chicopee	3.1	1.6	27.2	0.2	65.5	0.2	2.3	7,845	
Fall River	7	4.5	16.7	0.3	68.3	0.1	3.1	9,886	
Fitchburg	6.7	5.4	40.4	0.1	43.8	0.1	3.5	4,997	
Framingham	6.4	6	21.2	0.2	64.6	0	1.6	8,153	
Haverhill	4.1	1.7	22.7	0	71.1	0.1	0.3	6,845	
Holyoke	3.3	0.8	77	0	18.8	0	0.1	5,901	
Lawrence	1.9	2.4	89.4	0.1	6.1	0	0.2	12,284	
Lowell	6.6	28.4	25.3	0.2	37.8	0	1.7	13,331	
Lynn	12.8	9.7	47.6	0.4	26.1	0	3.4	13,373	
Malden	19.7	21.3	19.1	0.6	35.6	0.1	3.6	6,332	
New Bedford	11.8	1.1	27.9	1	51	0.6	6.6	12,636	
Newton	5.1	14.7	6.3	0.1	68.8	0	5	11,765	
Quincy	5.7	32	4.8	0.3	55	0.1	2	8,969	
Randolph	51.5	16.5	8.5	0.5	20.1	0.4	2.5	2,851	
Revere	3.9	6.9	40	0.7	45.1	0	3.4	6,145	
Somerville	13.2	9.7	35.9	0.2	39.7	0.1	1.2	4,842	
Springfield	22.3	2.2	56.7	0.1	14.7	0	4.1	25,141	
Taunton	8.4	1.1	11.8	0.2	74.7	0.1	3.7	7,920	
Waltham	9.3	6.3	28.3	0.2	53.6	0.2	2.1	4,763	
Worcester	13.8	8.1	37.3	0.3	37.5	0	3	23,988	
<b>Massachusetts</b>	<b>8.2</b>	<b>5.3</b>	<b>14.8</b>	<b>0.3</b>	<b>69.1</b>	<b>0.1</b>	<b>2.2</b>	<b>957,053</b>	

Source: Massachusetts Department of Elementary and Secondary Education

Department of Mental Health  
Language Access Plan  
Monday, January 10, 2011

Appendix C  
Service Application (page 4) & DMH Language Table

Commonwealth of Massachusetts  
REQUEST FOR ADULT SERVICES

Department of Mental Health (DMH)  
Effective October 2009

Personal Information

Name \_\_\_\_\_ SSN \_\_\_\_\_  
(Last) (First) (Middle) (Social Security Number)

Address \_\_\_\_\_  
(Number and Street) (Apt No) (City) (State) (Zip Code)

How may we contact you? (Please check all that apply and provide phone number/e-mail address)

- Day/Work Phone ( ) \_\_\_\_\_ May we leave a message? Yes  No
- Evening Phone ( ) \_\_\_\_\_ May we leave a message? Yes  No
- Cell Phone ( ) \_\_\_\_\_ May we leave a message? Yes  No
- e-mail \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_ Race \_\_\_\_ Ethnicity \_\_\_\_ Marital Status \_\_\_\_  
MM/DD/YYYY (Optional) (Optional)

Preferred Language \_\_\_\_\_ Do you speak English? Yes  No

Are you deaf or hard of hearing? Yes  No  Do you need interpreter services? Yes  No

Have you ever served in the military? Yes  No  Unknown

Do you have a court appointed legal guardian? Yes  No  If yes, what type? \_\_\_\_\_

*If yes, please submit a copy of the guardianship decree with this application. The legal guardian must sign the application and all the releases of information for the application to be processed.*

Name of Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last) (First) (Relationship to Applicant)

Guardian's address \_\_\_\_\_  
(Number and Street) (Apt No) (City) (State) (Zip Code)

How may we contact the guardian? (Please check all that apply and provide phone number/e-mail address)

- Day/Work Phone ( ) \_\_\_\_\_ May we leave a message? Yes  No
- Evening Phone ( ) \_\_\_\_\_ May we leave a message? Yes  No
- Cell Phone ( ) \_\_\_\_\_ May we leave a message? Yes  No
- Email \_\_\_\_\_ May we send a message? Yes  No

Name of Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

(Last) (First)  
*Please Include a Release of Information*

**Health Insurance**

No health insurance   
Application for Health Insurance Pending  Please specify insurance: \_\_\_\_\_  
Medicaid  If Medicaid and under 21, is applicant currently enrolled in CSA?  Please identify: \_\_\_\_\_  
Medicare/Medicaid   
Medicare   
Private Insurance:  Please specify insurance: \_\_\_\_\_

**Source of Income**

Employment  Family   
SSDI  Emergency Aid   
SSI  Other  Please specify: \_\_\_\_\_  
Social Security  No Income

If you are a parent or step parent, are there children living in the home? Yes  No  Not Applicable

Are you currently involved with another state agency? Yes  No  Unknown

If yes, which agency?  DCF  DDS  EOEA  DPH  DYS  MRC  MCDHH  MCB  VA   
Check all that apply.

**Department of Mental Health  
Language Access Plan  
Monday, January 10, 2011**

**DMH Client Preferred Language Table**

<b>DMH Client Preferred Language Table</b>		
ALBANIAN	SPANISH	
AMERICAN SIGN LANGUAGE	TAGALOG/FILIPINO	
AMHARIC	TAMIL	
ARABIC	THAI	
ARMENIAN	TIGRIGNA	
BOSNIAN	TURKISH	
CAPE VERDEAN	URDISH	
CHINESE	VIETNAMESE	
ENGLISH	YIDDISH	
FARSI/IRANIAN/PERSIAN		
FINNISH		
FRENCH		
GERMAN		
GREEK		
HAITIAN CREOLE		
HEBREW		
HINDI		
IBO		
ITALIAN		
JAPANESE		
KHMER/CAMBODIAN		
KOREAN		
LAO		
OTHER		
POLISH		
PORTUGUESE		
RUSSIAN		
SERBIAN-CROATIAN		
SOMALI		

**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

**Appendix D**  
**Foreign Language Translations**  
August 2010

<b><i>DMH Service Applications</i></b>		
<u>Adult Application</u>	2009	<u>Chinese, Haitian, Portuguese, Spanish</u>
<u>Child/Adolescent Application</u>	2009	<u>Haitian, Spanish</u>
<u>Appeal Guidelines for Denial of Eligibility Based on Clinical Criteria</u>	2008	<u>Spanish</u>
<u>Appeal Guidelines: Denial of Eligibility Based on Need for DMH Continuing Care Services</u>	2008	<u>Chinese, Haitian, Khmer, Spanish, Vietnamese</u>
<b><i>Clinical Tools</i></b>		
<u>CERF</u>	2005	<u>Portuguese, Spanish</u>
<u>CERF-R</u>	2005	<u>Portuguese, Spanish</u>
<b><i>Legal Documents – Consent Forms</i></b>		
<u>Consent Form for Psychiatric Treatment (Pursuant to DMH Policy #96-3)</u>	1996	<u>Chinese, Portuguese, Spanish, Vietnamese</u>
<b><i>Legal Documents – Commitment Forms</i></b>		
<u>Form CV-300</u> <u>Application For Care And Treatment On A Conditional Voluntary Basis</u> <u>M.G.L. Chapter 123, Sections 10 &amp; 11</u>	2005	<u>Chinese, Haitian, Khmer, Portuguese, Spanish, Vietnamese</u>
<u>Form CV-300G</u> <u>Application For Care And Treatment On A Conditional Voluntary Basis</u> <u>M.G.L. Chapter 123, Sections 10 &amp; 11</u> <u>(made by Guardian With Authority to Admit)</u>	2005	<u>Chinese, Khmer, Portuguese (part 1), Portuguese (part 2), Spanish, Vietnamese</u>
<u>Form 301</u> <u>NOTICE OF RIGHTS</u> <u>To be given to all patients 16 years of age and older</u>	2005	<u>Chinese, Khmer, Portuguese, Spanish, Vietnamese</u>
<u>Form CV-301G</u> <u>NOTICE OF RIGHTS</u> <u>(Parent of a Minor or Guardian With Authority to Admit)</u>	2005	<u>Chinese, Haitian, Khmer, Portuguese, Spanish, Vietnamese</u>
<u>Form 12(b)-302</u> <u>NOTICE OF RIGHTS</u> <u>To be given to all patients admitted under M.G.L. c. 123, s. 12 (b)</u>	2005	<u>Chinese, Haitian, Khmer, Portuguese, Spanish, Vietnamese</u>
<u>Form 12(b)-302G</u> <u>NOTICE OF RIGHTS</u> <u>(Parent of a Minor Under Sixteen or Guardian)</u> <u>Temporary Involuntary Hospitalization</u> <u>M.G.L. Chapter 123, Section 12 (b)</u>	2005	<u>Chinese, Haitian, Khmer, Portuguese, Spanish, Vietnamese</u>
<u>Form NT-3</u> <u>NOTIFICATION OF TRANSFER</u> <u>M.G.L. Chapter 123, Section 3</u>	2005	<u>Chinese, Haitian, Khmer, Portuguese, Spanish, Vietnamese</u>
<b><i>Legal Documents – HIPAA</i></b>		
<u>Authorization for Release of Information (Two-Way)</u>	4/03	<u>Arabic, Chinese, Haitian, Khmer,</u>

**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

		<u>Portuguese, Russian, Spanish, Vietnamese</u>
Notice of Privacy Practices, Version 6 (brochure)	10/2010	<u>Arabic, Chinese, Haitian, Khmer, Portuguese, Russian, Spanish, Vietnamese</u>
Notice of Privacy Practices, Version 5 (full-page)	9/09	<u>Arabic, Chinese, Haitian, Khmer, Portuguese, Russian, Spanish, Vietnamese</u>
Notice of Privacy Practices brochure, Version 4	1/05	<u>Arabic, Chinese, Haitian, Khmer, Portuguese, Russian, Spanish, Vietnamese</u>
<b><i>Legal Documents - Other</i></b>		
<u>Report of Monitor</u>		<u>Spanish</u>
<b><i>Medication Manuals</i></b>		
<u>DMH Medication Information Manual</u>	2008	<u>Haitian, Portuguese, Spanish</u>
<u>Psychoactive Medication for Children and Adolescents: Orientation for Parents, Guardians, and Others</u>	2007	<u>Spanish</u>
<u>Abilify (aripiprazole) – Information Sheet</u>		<u>Portuguese</u>
<b><i>Human Rights</i></b>		
<u>Your Five Fundamental Rights – Brief Overview</u>		<u>Chinese, Haitian, Portuguese, Spanish, Vietnamese</u>
<u>DMH Human Rights Handbook</u>	2005	<u>Spanish</u>
<u>Your Rights – Child/Adolescent Services brochure</u>	2010	<u>Arabic, Cape Verdean, Chinese, Haitian, Khmer, Portuguese, Russian, Spanish, Vietnamese</u>
<u>Standards and Rights in a DMH Adult Community Program</u>	2004	<u>Arabic, Chinese, Haitian, Khmer, Portuguese, Russian, Spanish, Vietnamese</u>
<u>Interpreter Rights, MGL, Chapter 123, Section 23A: 104 CMR 27.18</u> <u>“You have the right to an interpreter at no cost to you.”</u> <u>(Hand-out explaining Interpreter Law)</u>		<u>Arabic, Chinese, Haitian, Khmer, Portuguese, Russian, Spanish, Vietnamese</u>
<u>30 Language Poster:</u> <u>Interpreter Services – You have the right to an interpreter at no cost to you.</u>		<u>Albanian, Amharic, Arabic, Armenian, Bengali, Cape Verdean Creole, Chinese, French, German, Greek, Haitian, Hebrew, Hindi, Hmong, Italian, Japanese, Khmer, Korean, Laotian, Polish, Portuguese, Russian, Serbo-Croatian, Somali, Spanish, Swahili, Tagalog, Thai, Urdu, Vietnamese</u>
<b><i>Facility-Specific/Area-Specific</i></b>		
<u>Patient Rights and Responsibilities Handbook – Dr. Solomon Carter Fuller Mental Health Center Adult Inpatient Unit</u>	2009	<u>Chinese, Spanish</u>
<u>Patient/Family Orientation Guide to the Dr. Solomon Carter Fuller Mental Health Center Adult Inpatient Unit</u>	2009	<u>Chinese, Spanish</u>
<u>Your Guide to Adult Mental Health Services in Western</u>	2009	<u>Khmer, Spanish</u>



**Department of Mental Health**  
**Language Access Plan**  
Monday, January 10, 2011

Massachusetts (brochure)		
Your Guide to Child/Adolescent Mental Health Services in Western Massachusetts (brochure)	2009	Khmer, Spanish
Metro Boston Mental Health Units at Lemuel Shattuck Hospital – Patient Handbook	2008	Chinese, Haitian, Portuguese, Russian, Spanish, Vietnamese
10 North Unit Guidelines (Shattuck)	2007	French, Spanish
Your Rights as a Patient at Dr. Solomon Carter Fuller Mental Health Center – Your Legal Status as a Patient		Spanish
Taunton State Hospital Patient & Family Handbook	2004	Portuguese
Tewksbury Hospital – Fire & Safety Class		Spanish
<b><i>CBFS</i></b>		
<u>CBFS Factsheet</u>	2009	<u>Spanish</u>
<u>CBFS FAQs</u>	2009	<u>Spanish</u>
<u>CBFS (Powerpoint)</u>	2009	<u>Spanish</u>
<b><i>Disaster Response</i></b>		
<u>Mass. State Disaster Behavioral Health Services (brochure)</u>	2010	<u>French, Haitian</u>
American Red Cross (fact sheet)	2010	<u>French, Haitian</u>
Katrina flyer	2005	Chinese, Haitian, Khmer, Spanish, Vietnamese
<b><i>Resources</i></b>		
<u>NAMI Brochure</u>	2010	<u>Haitian, Portuguese, Russian, Vietnamese</u>
<u>OMCA Brochure</u>	2010	<u>Arabic, Cape Verdean, Chinese, Haitian, Khmer, Portuguese, Russian, Spanish, Vietnamese</u>