

Department of Children and Families
Language Access Plan
February 2013 – February 2015

I. Introduction

The Massachusetts Department of Children and Families has prepared this Language Access Plan (“LAP” or “Plan”), which defines the actions to be taken by DCF to ensure meaningful access to agency services, programs and activities on the part of persons who have Limited English Proficiency (LEP). The Department will review and update, on a bi-annual basis, this LAP in order to ensure continued responsiveness to community needs and compliance with the Executive Office of Administration and Finance (“ANF”) Administrative Bulletin #16.

II. Purpose

The purpose of this plan is to ensure that DCF clients who are limited in their English language proficiency have access to meaningful services, programs and activities.

The Department views this Language Access Plan as an important response to ensure we meet out LEP clients’ service 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 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 DCF staff and/or service providers. A client maintains the right to self-identify as a LEP person.

III. Agency Description and Language Access Plan Vision

A. Mission, Vision and Values

Mission and Vision Statement

The Department of Children and Families is charged with protecting children from abuse and neglect and strengthening families where child abuse or neglect has occurred. With the understanding that every child is entitled to a home that is free from abuse and neglect, DCF’s vision is to ensure the safety of children in a manner that holds the best hope for nurturing a sustained, resilient network of relationships to support the child’s growth and development into adulthood.

Agency Core Practice Values

The Department’s Core Values are anchors that ground our practice. DCF is committed to making these values more than words on paper. By strengthening the links between the Department, families and communities, DCF has moved closer to service delivery systems that reflect the core values listed below:

- Child-driven
- Family-centered
- Community-focused

- Strength-based
- Committed to diversity and cultural competence
- Committed to continuous learning/continuous quality improvement (CQI)

B. DCF Diversity Vision and Goals

Agency Diversity Vision

DCF recognizes that issues of identity and diversity are central to children’s welfare and that, to succeed, any comprehensive plan on identity and diversity must be grounded deeply in our work to protect children and support families. As a result, the agency’s diversity vision goes beyond workforce demographics to encompass our connections with families, communities, and providers. The uniquely personal and sensitive nature of our mission requires DCF to create working relationships where in children and families feel safe and supported regardless of their cultural background or linguistic capabilities.

Agency Diversity Goals

DCF seeks to heighten awareness of diversity issues in order to create a learning environment that respects and embraces cultural, racial, ethnic, language, religious, sexual orientation, gender, physical and other differences represented in both our workforce and the families we serve.

Priority Objectives

Safely stabilizing and preserving families; safely reunifying families; and safely creating new families (through kinship, guardianship and adoption).

IV. Language Access Plan:

The DCF 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 the DCF administrative blueprint to provide meaningful access to DCF services, programs and activities on the part of LEP individuals. This Language Access Plan outlines the tasks DCF will undertake to meet this objective.

1) Agency Language Access Coordinator

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 Department of Children and Families
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2) Action Steps

A. Needs Assessment

As of December 31, 2011, a total of 68,337 individuals (adults and children) were being served by DCF. The Department is committed to safely maintaining children in their homes and has worked diligently over the past several years to reduce the number of children requiring placement. There are currently less than 7,000 children under age 18 in foster care across Massachusetts, and more than 35,000 children in all served by the Department.

1) Services and Programs

The Department provides a wide array of services through the following core programs:

- Adolescent Services
- Adoption/Guardianship
- Domestic Violence Services
- Housing Stabilization
- In-Home Supports
- Out-of-Home Placements
- Child-at-Risk Reporting Hotline
- Support and Stabilization Services

Activities to support the mission of the Department include:

- Clinical case management
- Intake and screening of child abuse reports
- Investigations of Child abuse reports
- Initial Family Assessments
- Short Term Stabilization services
- Comprehensive Family Assessments
- Service Planning
- Service referrals
- Foster and Adoptive Parent Recruitment and License Studies
- Placement support
- Continuous Monitoring and Evaluating of Access to Service and Service Delivery

2) Data on Language Makeup of Population Served

The Department is committed to ensuring equal access for all DCF consumers to programs and services regardless of preferred language spoken or English proficiency. The Department will make every effort to provide application forms, notices, letters, service plans and other documents intended for consumers and family resources, in the individual's preferred language if possible

The Department uses a statewide automated child welfare information system for virtually all case management activities, including intake, investigation, assessment, clinical/case management, foster care, adoption, financial, legal and provider services. DCF staff enters case information directly into the electronic case record. The aggregate and consumer-specific data available from this system via reports, extracts, and direct (on-line) access enables DCF to efficiently manage its resources to meet the needs of its clients.

The DCF Quarterly Reports contain statistical tables and graphs which provide a demographic description of DCF consumers and foster care providers as well as placement dynamics, case openings, adoption/guardianship subsidies, child maltreatment reporting, and referrals to District Attorneys.

For the FY'12 third quarter, the Department reports the following findings regarding the preferred language of consumers (Preferred Language of Consumers - DCF quarterly reports FY'12, 3rd. quarter):

The Western and Northern Regions had the highest numbers of Spanish-speaking consumers, 2,187 and 992 consumers, respectively. Haitian Creole was the preferred language of 354 DCF consumers (1% statewide). Khmer-speaking (Cambodian) consumers were mainly concentrated in the North. Other languages and their regions of highest prevalence were Haitian Creole (South/Boston/North), Portuguese (South/North), Cape Verdean Creole (South), Vietnamese (West/Boston), and Lao (North)

From 1987 to 1997, there were substantial increases in consumers whose preferred languages were Khmer, Lao, Haitian Creole, Vietnamese, and Spanish. In the following decade (1997-2007), there were declines in consumers from all of these language groups. Although there was a decline in consumers with these preferred/primary languages, there was not a decline in DCF consumers from these ethnic groups. As with all immigrant groups, their children become fluent in English. The new immigrant communities continue to grow, but as time passes those who are only fluent in their native language make up a smaller proportion of their community.

Comparing DCF consumers by preferred language on June 2007 and March 2012, showed an increase in some language groups and a decrease in others (table below). The most significant changes were: declines in Khmer (-47%) and Vietnamese (-28%); increases in Chinese (83%), Cape Verdean Creole (52%), and Haitian Creole (36%). During this period, the count of total consumers decreased 13%.

These shifts impact the recruitment of bilingual staff and the procurement of language appropriate programs and services for clients.

The two tables below document the shift in languages spoken by DCF clients over time.

STATEWIDE

Primary Language	Consumers Jul. 1987 No.	Consumers Jul. 1997 No.	Consumers Jun. 2007 No.	Consumers Mar. 2012 No.	1987-1997 Change %	1997-2007 Change %	2007- 2012 Change %
English/ Unspecified *	60,784	66,404	71,398	61,396	9%	8%	-14%
Spanish	3,664	6,334	4,516	4561	73%	-29%	1%
Khmer	253	851	356	189	236%	-58%	-47%
Portuguese	530	380	303	303	-28%	-20%	---
Haitian Creole	175	360	260	354	106%	-28%	36%
Cape Verdean Creole	174	247	146	222	42%	-41%	52%
Vietnamese	146	273	167	121	87%	-39%	-28%
Chinese	71	61	54	99	-14%	-11%	83%
American Sign Language	47	23	41	41	-51%	78%	---
Lao	30	74	20	21	147%	-73%	5%
Other	213	310	1,459	1,082	46%	371%	-26%
Total	66,087	75,317	78,720	77,200	14%	5%	

* When a preferred language was unspecified, it was presumed to be English.

The table below shows the current language make-up of the DCF consumer population

Languages and percentage of languages of consumers in DCF as of 2/2/2013

Preferred Language	Actual Consumer Count	Percentage of total population
American Sign Language	59	0.08%
Cape Verdean Creole	248	0.33%
Chinese	91	0.12%
English	58,498	76.86%
French	27	0.04%
German	1	0.00%
Greek	4	0.01%
Haitian Creole	344	0.45%
Italian	4	0.01%
Khmer (Cambodian)	145	0.19%
Lao	17	0.02%
Polish	14	0.02%
Portuguese	308	0.40%
Russian	30	0.04%
Spanish	4,921	6.47%
Thai	3	0.00%
Vietnamese	110	0.14%
Other	1132	1.49%
Unknown	10,153	13.34%
Total	76,109	100%

The “unknown” category is the default when no language value is selected by the person entering the consumer data. The Department is continuing efforts to reduce the number of consumers with a language value of “unknown” to more accurately reflect the language of these consumers

Offices that have a particularly high ‘unknown’ rate are targeted to address this issue and improve the demographic data for their consumers. DCF is already engaged in a similar effort to improve data collection on race and ethnicity.

The data in the table above reflects a point in time. The number of consumers listed as using ASL as their preferred communication is 59. During FY’12, DCF staff requested ASL interpreter services for approximately 81 families.

3) Points of Contact between DCF and Clients

DCF direct service staff most often meet families in their homes, visit children in foster and adoptive homes and in residential and group home facilities. Other points of contact take place in the community, courts, schools, day care centers, medical facilities, service provider agencies and other locations in the community as appropriate.

In addition, there are 36 business points of contact between DCF and our client population. These points of contact are listed below:

- 3.1. Central Office, 600 Washington Street, Boston, MA 02111 - 617-748-2000
- 3.2. Four Regional Offices:
 - Western Regional Office, 141 High Street, 5th Floor, Springfield, MA 01105
 - Northern Regional Office, Everett Mills, 15 Union Street, 2nd Floor, Lawrence, MA 01840
 - Southern Regional Office, 141 Main Street, Brockton, MA 02401
 - Boston Regional Office, 451 Blue Hill Avenue, 2nd Floor, Dorchester, MA 02121
- 3.3. Twenty nine Area Offices strategically located within the 4 regions. These locations are the main business point of contact with the client population.
- 3.4. New Chardon Street Shelter for Women and Children, 41 New Chardon Street, Boston, MA 02114
- 3.5. Child-At-Risk Hotline 1-800-792-5200
- 3.6. Website address: [Department of Children & Families](#)

Other points of contact:

- 3.7 Provider agencies
- 3.8 Foster homes, Adoptive homes, contracted group homes and residential facilities

B. Language Resources Assessment

1) Commitment to Diversified Staff and Management Team

It is a priority for the Department to recruit and hire bilingual, bicultural staff to work more effectively with families served by DCF.

A goal in the Diversity Plan is to increase DCF staff diversity at all levels through recruitment, improved retention, and promotional opportunities.

To more effectively meet the needs of an area office, the DCF management has successfully recruited bilingual social workers and supervisors based on the linguistic needs of the consumers in their local areas.

Cases in DCF are assigned and managed at the local area office. Local area management is constantly reviewing case assignments, and is faced with many challenges in assigning bilingual cases to bilingual staff, while balancing case assignment to bilingual and non-bilingual workers.

Authorized bilingual employees receive differential pay for carrying a caseload/workload with a significant number of LEP consumers that speak the language in which the staff person has proficiency. This enables the Department to assign those cases/families to these workers who are able to provide case management services in the preferred language of the client. The Department acknowledges that working with LEP clients may be more complex than with English speaking consumers, and thus the provision of the pay differential to the employee per the SEIU Local 509 contract. The complexity is related to connecting the client with bilingual service providers, finding interpreters, translating documents for the consumers, and ensuring culturally competent services above and beyond the language capacity. Not all bilingual staff receives the differential pay. As of June 2012, the Department had a total of 562 staff that are authorized to receive bilingual differential pay.

The Department has a small number of direct service employees who are proficient in ASL. As a result, the ability to meet the needs of the deaf and hard of hearing community is a challenge. The Department uses the MCDHH referral services during business hours to provide ASL interpreters for most of these families.

2) Meeting the Linguistic Needs of Families after Business Hours

The Child-at-Risk Hotline provides after-hours access for the community to report suspected child abuse and neglect. The Hotline service is provided by a vendor whose employees takes reports regarding allegations of child abuse or neglect by phone and make determinations on whether an emergency investigation is warranted. The Hotline vendor has some bilingual capacity among the staff (screeners and supervisors) to communicate with reporters in Spanish and Haitian Creole. Most often when a person who has limited English proficiency calls the Hotline, they have someone with them to translate to the hotline staff. The Hotline is staffed in shifts to cover nights, weekends and holidays, which makes it a challenge to always have someone on shift that is bilingual in any language. The Hotline does not have access to a Language vendor at this time.

The Deaf and Hard of Hearing consumers and reporters that call the Hotline use a TTY line. The call comes in to the Hotline as a regular phone call. There is a TTY operator that facilitates these calls.

The Department utilizes on-call DCF social work staff to conduct emergency child abuse investigations during hotline hours. We have a list of bilingual DCF employees who are willing to be contacted after hours for interpretation and translation, including staff with ASL ability. These employees are available to the Hotline investigators just to do the interpretation. Any DCF employee who responds during hotline hours, whether to investigate or interpret, is paid a hotline rate for reimbursement.

3) Community-based resources available to assist agency in meeting language access needs

When a social worker requests services for a family with LEP, they request services in the family's preferred language. The Department utilizes a Lead Agency model to match provider services with client needs. This model allows for services to be more accessible and appropriate for client needs. For consumers with Limited English Proficiency, the social worker would request the service through the Lead Agency, to be provided in the preferred language of the client. The Lead will then check provider resources within the geographic area to find and match a clinician or treatment provider that is bilingual in the language of the consumer. Providers do their best to have staffing capacity to meet the cultural and linguistic needs of the community they serve. Their capacity to provide linguistically appropriate services for clients is challenged by the difficulty to find highly trained and competent bilingual clinicians in the local communities.

4) Protocols to secure language services through existing state contracts

In the event that DCF, through its bilingual staff capacity and the matching to services through the Lead Agencies, is not able to meet the language need of a client, our staff utilizes the OSD approved Master Service Agreement vendors for interpreter and translation services.

For the deaf and hard of hearing consumers, DCF utilizes the interpreter services through the over 400 requests for ASL, CART (Communication Access Real-time Translation) and/or CDI (Certified Deaf Interpreter) interpreter services for approximately 81 families statewide. Funding for MCDHH interpreter services is managed centrally. One of the strategies to achieve this goal is to use the DCF-MCDHH Workgroup to ensure communication access for families involved with DCF and children in DCF custody who are deaf and/or hard of hearing.

5) Meeting Language Access Needs via Procurement and Contract Requirements

The Department plans to review RFR language for new procurements to address the need for provider linguistic capacity for certain language populations. The Department is committed to ensuring our providers provide culturally competent and accessible services to families and children, and will leverage our purchasing power to do so.

C. Language Service Protocols

In-person Interpretation

When a bilingual social worker or service provider is not available in the language of the client, the Department uses the OSD approved vendors for language interpretation and translation services.

Phone interpretation

DCF utilizes the bilingual employees for phone interpretation as needed.

Community-based resources

DCF has contracts with providers that have the capacity to provide counseling and other client services in the preferred language of the client, including community based and congregate care providers that serve particular linguistic communities. This is particularly true for community based providers that serve specific cultural and linguistic communities.

The Department's Language Access Protocols for Providing Interpretation Services

1) Administrative Procedures for Accessing In-Person Language Interpreter Services

Social workers access the in-person language interpreter services with their supervisor's approval. The process is as follows:

- The social worker or investigator identifies the need for language interpreter services, based on the family's preferred language
- The social worker completes a request form provided by the approved vendor and gets it approved by the supervisor.
- Social worker faxes the form to vendor
- The vendor identifies the appropriate interpreter
- The interpreter calls or emails the DCF social worker to set up an agreed upon meeting time with the family.
- The meeting takes place.
- The interpreter bills DCF for a minimum of 2 hours at the approved rate.

The Department does not have much difficulty finding interpreter services for the most common, non-English speaking languages such as Spanish or Portuguese. For less common languages it becomes more difficult to obtain an interpreter in the catchment area or one who is willing to travel, but usually the vendor does its best to meet the needs of the requesting DCF staff. In most instances, the interpreter is available within one week, or sooner depending on the situation.

2) Administrative Procedures for Accessing ASL Service

When a need for interpreter services is identified by DCF social workers, the following steps must be taken:

The social worker must contact the Central Office designee to request funding. This should be done via email. The email should contain the following information:

- Dates Interpreter Needed
- Time
- Duration (2 hr minimum)
- Address/location of assignment
- Names of deaf and hard of hearing persons
- Communication preference, if known (ASL, CDI etc)
- Requested Interpreter (if consumer has a preference MCDHH will try to accommodate where possible)
- Description of need/situation (51A investigation, foster care review, monthly home visit)
- Total number of participants
- The DCF designee will notify MCDHH via email to approve the funding. A copy of the email will be sent to the social worker who made the request.
- Upon receipt of email confirmation, the social worker would then call MCDHH @ 617-740-1600. MCDHH will request additional information from the social worker to determine the level of expertise needed by the Interpreter. MCDHH will contact the social worker when an assignment has been confirmed or if there is a need to negotiate another date.
- Upon completion of the services, the vendor/interpreter bills DCF directly.
- Each session equals a two-hour minimum charge. MCDHH will determine if more than one interpreter is needed.
- MCDHH requires a two day (48 business hours) notification of cancellation. Otherwise full charges will be assessed to this account.

D. Language Services

The client will access the resources through referrals by the social worker for in-person interpreter services, and through referrals to provider agencies with the specific language capacity, as identified by the Lead Agencies.

E. Document Translation

The Department has identified 76 DCF letters and forms that need to be translated into at least 5 languages: Spanish, Portuguese, Haitian-Creole, Khmer (Cambodian) and Russian, based on the percentage of consumers who use these languages as their preferred language.

The plan is to have all the required forms for the client population translated depending on Bargaining Unit policy negotiations and funding availability. Due to budget constraints the Department has not been able to have all forms translated into languages regularly encountered, however the Department remains committed to make every effort to provide translated forms to consumers as requested.

F. Interpretation (Oral Translation)

The Department has over 560 bilingual staff, the majority of whom are direct service social workers who assist clients in the oral translation of documents whenever possible. Our staff utilizes contracted interpreters whenever a client indicates a need for the services including to provide oral translation. The challenge is to meet the language interpretation needs of new

immigrant populations in certain areas of the Commonwealth of Massachusetts that may not have approved vendor resources for the languages spoken by that population.

G. Website content

ANF is working with ITD to streamline website and communications for all agencies.

H. The Massachusetts Office for Refugee and Immigrants

The Department will consult with ORI on developing a training program for DCF staff to meet the needs of non-English speakers and LEP populations.

I. Stakeholder Consultations

The Department's plan is to identify stakeholders and provide opportunities for input to the LAP.

J. Training

All newly hired employees are required to attend new worker training. The training includes a module in which a parent speaks to the class regarding their experience with DCF. The parent voice also provides first hand exposure to the diversity of our family's cultural and linguistic needs. The Department plans to strengthen the new worker training by adding a segment on the Language Access Protocols for new employees. DCF will consult with ORI on developing training for staff.

K. Notice

DCF staff is expected to inform clients of language assistance during the investigation or initial assessment process. If a family's case is opened for services, the assigned social worker will seek to provide language access to the family through resources available to DCF.

L. Monitoring

A key element to an effective Language Access Plan is to monitor the plan. To that end, on a bi-annual basis DCF shall at a statewide, regional and area office level:

- Evaluate progress in improving data collection on the preferred language of consumers.
- Review the language needs of DCF consumers and whether existing services are meeting the needs
- Assess whether staff is knowledgeable about the Language Access Plan, protocols and procedures and how to access services
- Assess whether the language resources are still current and viable.

M. Complaints

Language Access Complaint Procedure

Individuals may file a complaint with the Agency Language Access Coordinator or the Office of Access and Opportunity if they believe they have been denied the benefits of this Plan. The complaint must be filed within 6 months of the alleged denial. The complaint must be in writing. To file a complaint with the Language Access Coordinator, submit the written complaint to:

Beryl Domingo
Department of Children and Families
600 Washington Street
Boston, MA 02111
Email Address: Beryl.domingo@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 for Administration and Finance
State House, Room 373
Boston, MA 02133
Email Address: Ronald.Marlow@state.ma.us

Angelo McClain, Commissioner
Department of Children and Families
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Secretary John W. Polanowicz
Executive Office of Health and Human Services
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