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**DIVISION OF MENTAL HEALTH SERVICES**  
**ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM**

April 8, 2009

**SUBJECT: Administrative Bulletin 7:24**  
**Linguistic Competency Services for Consumers Admitted to**  
**State Psychiatric Hospitals and Their Families**

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this order is responsible for being familiar with the content and ensuring that all affected personnel adhere to it.

  
Jonathan S. Poag  
Acting Assistant Commissioner

JSP:pjt

Division of Mental Health Services

Administrative Bulletin # 7:24

Effective Date: April 8, 2009

**SUBJECT: Linguistic Competency Services for Consumers Admitted to State Psychiatric Hospitals and Their Families**

I. Purpose

To ensure that all consumers admitted to state psychiatric hospitals and their families have access to treatment, services, information and programs in their preferred language via the creation of a Linguistic Competency Team in each hospital.

II. Scope

This Bulletin applies to all state psychiatric hospitals.

III. Authority

This Bulletin is being issued in accordance with Section 504 of the Rehabilitation Act of 1973, 29 U.S.C., Section 794, and the Equal Protection Clause of the Fourteenth Amendment to the Constitution of the United States, and the Civil Rights Act 42, U.S.C. 1983.

IV. Policy

It is the policy of the Division to ensure that all consumers admitted to state psychiatric facilities and their families and significant others have access to treatment, services and programs in their preferred language. All relevant hospital treatment entities and operational units will implement the necessary policies and procedures to ensure consumers have access to treatment and services in their language of preference and that ultimately all aspects of their mental health treatment including their discharge goals will be available in the language of their choice. Staff designated as the Linguistic Competency Team will provide interpretive services to consumers and their families and also serve as a resource for each hospital regarding linguistic competency. The Linguistic Competency Team, as well as staff who volunteer as interpreters, will undergo a standardized qualification process which includes assessment of their competencies, training, and yearly reassessment.

This policy is closely aligned to Administrative Bulletin 7:17, "Multicultural Services for Clients Admitted to State Psychiatric Hospitals", which focuses on ensuring that both treatment and services address the cultural and linguistic needs of consumers admitted to state psychiatric hospitals.

V. Definitions

The following terms and words, when utilized in this Bulletin, shall have the following meanings:

**Accommodated Services** are services that are specific to consumers with diverse ethnocultural backgrounds which are equal to the quality of services generally available to other consumers similarly situated.

**Bilingual** refers to the ability to speak two languages with nearly equal facility.

**Hospital Language Bank** is a roster of foreign languages speaking staff employed at any of the state psychiatric hospitals designated to be utilized for consumer translation and/or interpretation.

**Interpreter** is a person who provides assistance to two or more people speaking different languages to communicate orally with one another<sup>1</sup>.

**Multilingual Document/Form** is text that is written in the native language of the user to enable non-English speaking consumers to comprehend information, understand rights, or obligations.

**Non-English-Speaking Consumer** is a person receiving mental health services who 1) is unable to readily understand or communicate in the English language, 2) is unable or appears to have limited ability to speak English or to comprehend what others say in English, 3) is unable to use English effectively as a functional tool of communication for giving and receiving information, and 4) prefers to communicate in their native language despite command of the English language.

**Translator** is a person who can convert written information from one language into another.

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<sup>1</sup> National Council of Interpreting in Health Care Working Paper Series. "Guide To Initial Assessment Of Interpreter Qualification". Guide produced under contract between the Department of Health and Human Services Office of Minority Health and the National Council on Interpreting Health Care and with support from the Illinois Department of Human Services, Bureau of Refugee and Immigrant Services through the Jewish Federation of Metropolitan Chicago April 2001.

## VI. Procedures

### A. Linguistic Competency Teams

Each hospital will have a Linguistic Competency Team composed of a supervisor and other staff. The purpose of this team is to provide interpretative services to consumers and their families. The team shall coordinate, organize, and develop all specific interpretation and translation services, including insuring that all hospital staff are fully aware of interpretation services and how to access them 24 hours, seven (7) days per week, through the use of interpreters, language lines, and Language Bank. The Linguistic Competency Team is also responsible for coordinating and organizing hospital volunteers who are willing to serve as interpreters. For languages spoken and needed other than those of the Linguistic Competency Team, each hospital will utilize an approved vendor in the community. Each Linguistic Competency Team shall serve as a resource for the facility providing cultural information, including training, knowledge, the acquisition of needed resources, and providing technical assistance. All hospital staff will be oriented and trained regarding accessing and providing interpretation services for consumers and their families.

The Linguistic Competency Teams shall conduct a yearly needs assessment focusing on the demographic, organizational, administrative, training and other important aspect of each hospital where linguistic competency will impact. The Linguistic Competency Teams shall also conduct routine performance improvement activities focused on consumer, family and staff satisfaction. The Linguistic Competency Teams shall also monitor the quality and effectiveness of services as well as the interpretive and/or translation services provided by vendors. Given our focus on collaboration with our surrounding communities, it is also important to obtain and monitor feedback regarding our efforts from community providers.

The results of both the Needs Assessment and performance improvement monitoring shall routinely be shared with all units and levels of staff in the hospital. The information shall also be reviewed and become a part of all aspects of the hospital's planning, regulatory oversight and preparation, program development, workforce development and quality improvement.

### B. Qualification Process for Linguistic Competency Team and Volunteer Staff

All staff who provides interpretive services to consumers and their families shall meet minimum competency in verbal and written communication in language preferences of consumers and their

families. Staff who are designated as part of the Linguistic Competency Team shall meet the language variant capacity through written and/or oral examination by the Department of Personnel and the NJ Civil Service Commission. They will also be required to attend a training program that will focus on a number of essential conceptual areas for interpreters, including the following:

- Ethics and Confidentiality
- Cultural Issues
- Integrated Interpreting Skills
- Mental Health Terminology

At least one member of the team, preferably the supervisor, shall also participate in a "train the trainer" session so that they may be able to provide training to new staff. As part of their yearly competency assessment, all team members will undergo a review process of their interpretive and written translation skills. They will also participate in training programs.

Staff who serve as volunteers will participate in a qualification process, including an assessment of their language proficiency and attendance in a training program that focuses on the major conceptual areas in interpreting, including the following:

- Ethics and Confidentiality
- Cultural Issues
- Integrated Interpreting Skills
- Mental Health Terminology

Professional staff who volunteer as interpreters and meet the standard may be expected to provide interpreter and translation with regards to programming, rehabilitation, clinical and medical issues. Paraprofessional staff who volunteer as interpreters, which may include clerical and other entry level staff, can be used to provide interpreting in areas related to completion of basic forms, basic needs, (i.e., food, clothing, shelter, medical needs,) and casual conversation.

Both language and written competencies of the Linguistic Competency Team and volunteer interpreters shall be assessed and recorded on a yearly basis.

The review process to approve or disapprove the qualifications of both Linguistic Competency Team members and staff serving as volunteers shall exist within the executive leadership of the hospital, including the Chief Executive Officer, Medical/Clinical Director, Director of Human Resources, Director of Training and immediate supervisor.

C. Relevant Admission Procedures

During the screening process, the language preferences of the consumer will be discussed with the referring agency and documented in the screening record. Upon admission to a state psychiatric hospital, a consumer's language preference shall be assessed; if indicated, language assistance must be provided at no cost to the consumer or their family member.

If the need for interpretative service is indicated, staff from screening and/or admissions shall initiate contact with the Linguistic Competency Team. In the absence of a member of the Linguistic Competency Team, staff shall utilize the approved vendor for telephone interpreting. A functional telephone with the appropriate technology for interpreting shall be available in all consumer interview areas, including areas where treatment team meetings take place.

Documentation of the consumer's language preference shall be clearly indicated in their medical record and communicated to all staff responsible for the consumer's care. Interpretive services will be provided to the extent possible during all hours of operation. This includes use of the language line, Language Bank, and interpreters. Relatives of consumers, as well as friends, shall not be utilized to provide interpretative services (unless specifically requested by the consumer).

All staff completing discipline-specific assessments and other clinical documentation needed for the Comprehensive Treatment Plan shall utilize interpretive services. Specialized efforts are to be employed in assigning consumers to staff who have been qualified to speak their language. All efforts are to be utilized in addressing any identified barriers to effective communication between staff, consumers and their families.

D. Treatment Programs, Medical Procedures and Recreation/Leisure Activities

Consumers and their families will be provided with linguistic access to all treatment programming, medical procedures, as well as leisure and/or recreational activities. This includes the consumer's and/or family member's active participation in Treatment Team meetings, where interpretive services will be provided. Provisions shall be made to have staff that are linguistically competent in a particular language assigned to consumers who speak that particular language. This may require an interpreter to accompany a consumer to a medical facility so that effective communication can occur.

E. Availability of Translated Documents for Patients and Families

It is essential that all patients and their families receive written materials translated into their language of choice to promote full access to treatment, services and relevant information. While each treatment team has full responsibility in helping patients and their families receive written translated information, the Linguistic Competency Team shall provide assistance in this endeavor. To that end, the Linguistic Competency Team shall maintain an inventory of routine forms and information and provide easy access to treatment teams. Both the Director of Multicultural Affairs and the Assistant Director of Workforce Development shall provide technical assistance and support regarding these efforts.

F. De-escalation and Creating a Safe, and Trauma-Informed Environment

To enforce the Division's focus on Wellness and Recovery and the importance of creating a trauma-informed system of care, it is essential that both qualified interpreters and the materials translated in the consumer's language of choice be available to promote recovery. To the extent reasonably possible, the use of qualified interpreters, language access devices, and translated materials will be utilized to promote a preventive and problem-solving approach designed to decrease violence and promote a problem-solving approach based on consumer strengths.

In the event a consumer who requires interpretive services begins to escalate symptomatically; linguistic services must be accessed to the most reasonable possible extent to prevent further escalation. If restraint and/or seclusion are initiated, efforts must be made to utilize interpretive services and/or assistive linguistic access devices, including during the debriefing process with the consumer. If a consumer is placed on one-to-one or heightened observation, the services of a qualified interpreter and/or assistive linguistic access device shall be utilized so that treatment interventions will continue. If indicated, translated materials shall also be offered to enhance treatment modalities.

When a consumer who has not been previously assessed to need interpretive services but in the course of clinical presentation begins to revert to their native language, interpretive services shall be immediately accessed and utilized.

G. Relationship between Linguistic Competency Team and Multicultural Services Liaison

In a number a various venues, the relationship between language and culture have been inextricably linked, with boundaries that are often not sufficiently defined. Therefore, the relationship between language and culture must be clearly recognized to avoid fragmentation and ultimate ineffective treatment outcomes. In Administrative Bulletin 7:17, "Multicultural Services for Clients Admitted to State Psychiatric Hospitals", as well as individual hospital policies and procedures, the definition and role of the Multicultural Services Liaison has been operationalized. It is essential that the role and function of the Multicultural Services Liaison and the Linguistic Competency Team create a collaborative, consistent and structured programmatic identity in each hospital. To facilitate that goal, the following collaboration shall take place at each hospital:

- On a regular and ongoing basis, but at least once a month, the Multicultural Services Liaison and Linguistic Competency Team shall hold formalized meetings with established agendas and recorded minutes.
- Copies of the agendas and minutes shall be forwarded to the Director of Multicultural Affairs, the Assistant Division Director for Workforce Development, as well as appropriate clinical, administrative and training venues within each hospital.
- The meetings shall focus on the work, role, and responsibilities of both units, as well as new initiatives, regulations, research, and promising and best practices.
- At regular intervals, both groups shall participate in the Multicultural Advisory Council to share and receive essential information.

4/8/09

Date

  
Jonathan S. Poag  
Acting Assistant Commissioner, DMHS