

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

Section I:
Limited English Proficiency
(LEP) Policy

LIMITED ENGLISH PROFICIENCY (LEP)

I. LIMITED ENGLISH PROFICIENCY (LEP) OVERVIEW3

II. DEFINITIONS4

III. PROCEDURES5

 A. MDHS-DFCS Shall Provide All LEP Clients with any Language Assistance Needs5

 B. Identifying LEP Persons and Their Language6

 1. Documentation6

 2. “I Speak” Cards6

 C. Providing Notice to LEP Persons7

 D. Obtaining a Qualified Interpreter7

 E. Use of Family and Friends as Interpreters8

 F. Providing Written Translations8

 G. Timely, Competent Language Assistance8

 H. Language Assistance Standards9

 I. Monitoring Language Needs and Implementation10

 J. Complaint Procedures10

 K. Prohibition Against Retaliation and Intimidation10

 L. Notice of Non-Discrimination Policy10

 M. Monitoring10

 N. MDHS-DFCS Sub-Recipients and Contractors11

 O. MDHS-DFCS Internal Data Collection12

IV. APPENDICES13

 Appendix A – I Speak Cards14

 Appendix B – Complaint Form (English)15

 Appendix C – Complaint Form (Spanish)17

LIMITED ENGLISH PROFICIENCY (LEP)

The Mississippi Department of Human Services will hereinafter be known as “MDHS” and its Division of Family and Children’s Services hereinafter will be known as “DFCS”.

I. LIMITED ENGLISH PROFICIENCY (LEP) OVERVIEW

Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d

Prohibition against exclusion from participation in, denial of benefits, and discrimination under federally assisted programs on grounds of race, color, or national origin.

No person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity overseen by the Mississippi Department of Human Services (MDHS) and receiving Federal financial assistance.

Mississippi Department of Human Services – Division of Family and Children’s Services (MDHS-DFCS) shall ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of MDHS-DFCS is to ensure meaningful communication with LEP clients and their authorized representatives while they are involved with MDHS-DFCS. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. **(documents applicable to our agency)**. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and clients and their families will be informed of the availability of such assistance free of charge.

Language assistance shall be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretations or translation services, or technology and telephonic interpretation services. All staff shall be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals shall be trained in effective communication techniques, including the effective use of an interpreter.

MDHS-DFCS shall conduct a regular review of the language access needs of our client population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

LIMITED ENGLISH PROFICIENCY (LEP)

II. DEFINITIONS

For the purpose of this policy, the terms listed below shall have the following meaning:

- **Client** is any person who inquires about or is eligible to receive services under any MDHS-DFCS foster care and adoption program or service.
- **Bilingual/ Multilingual Staff** is a MDHS-DFCS staff member who has demonstrated proficiency in English and at least one other language, and who can interpret accurately, impartially, and effectively to and from such language(s) and English using any specialized terminology necessary for effective communication, but whose main job responsibilities are other than interpretation. A MDHS-DFCS staff member who only has a rudimentary familiarity with a language other than English, or who has not demonstrated proficiency in that language and English, shall not be considered “Bilingual/Multilingual Staff” under this agreement.
- **Volunteer** is any individual that performs work or provides services on behalf of MDHS-DFCS without payment for their time or services.
- **Contractor** is any entity that provides services directly to applicants or participants on behalf of MDHS-DFCS under a contractual agreement, which includes monies allocated to MDHS-DFCS as Federal financial assistance from HHS.
- **Frequently-Encountered Language** is any language spoken by a significant number or percentage of the population eligible to be served to likely to be directly affected by MDHS-DFCS’s programs and services.
- **Interpreter** is a person who has demonstrated proficiency in both spoken English and at least one other language; and who can interpret accurately, impartially, and effectively to and from such language and English using any specialized terminology necessary for effective communication; and who understands interpreter ethics and client confidentiality needs. A person who has rudimentary familiarity with a language other than English, or who has not demonstrated proficiency in that language and English, is not to be considered an “interpreter” under this agreement.
- **Language Assistance** is oral and written language services needed to assist LEP individuals to communicate effectively with MDHS-DFCS staff and contractors to provide LEP individuals with meaningful access to, and an equal opportunity to participate fully in the services, activities, programs or other benefits administered by MDHS-DFCS.
- **Limited-English Proficient (LEP) Individual** is an individual who does not speak English as his or her primary language and who has limited ability to read, write, speak or understand English in a manner that permits him or her to communicate

LIMITED ENGLISH PROFICIENCY (LEP)

effectively with MDHS-DFCS and have meaningful access to and participate fully in the services, activities, programs, or other benefits administered by MDHS-DFCS.

- **Participant** is any person who receives services under any MDHS-DFCS foster care and adoption program.
- **Primary Language** is the language that an LEP individual identifies as the language that he or she uses to communicate effectively, and is the language that the individual prefers to use to communicate with MDHS-DFCS.
- **Sub-recipient** is an entity that receives Federal assistance which is received as a pass-through from MDHS-DFCS in order to carry out a federally-funded program for participants in the same manner if MDHS-DFCS if MDHS-DFCS were to administer the program directly, but does not include an individual applicant or participant who is a beneficiary of the program.
- **Mississippi Automated Child Welfare Information System (MACWIS)** is a case management system that allows caseworkers to document casework activities across all stages of service delivery.
- **Vital Documents** shall include, but are not limited to: Documents that must be provided by law; Notices of Privacy Practices; Consent and Release forms; Letters or notices for: visitation with children, Family Team meetings, Reasonable Efforts or Foster Care Review Conferences, referrals for services; Time-sensitive notices, including notices of court appearances, child neglect or abuse investigation and or litigation-related deadlines; Form or written material related to individual rights; Notice of rights, requirements, or responsibilities; and Notices regarding the availability of free language assistance services for LEP individuals.

III. PROCEDURES

A. MDHS-DFCS Shall Provide All LEP Clients with any Language Assistance Needs

Pursuant to MDHS-DFCS policy, MDHS-DFCS is committed to providing competent language assistance at no cost and in a timely manner to LEP individuals to ensure meaningful access to and an equal opportunity to participate fully in the services, activities, programs or other benefits administered by MDHS-DFCS. This includes ensuring effective communication between MDHS-DFCS staff members, contractors, and/or sub recipients and LEP individuals.

MDHS-DFCS also recognizes that child welfare services are necessary for the protection of life and safety of children. To that end, MDHS-DFCS is committed to ensuring that

LIMITED ENGLISH PROFICIENCY (LEP)

children in mixed-status or immigrant households have equal and meaningful access to child welfare programs and services administered by MDHS-DFCS.

B. Identifying LEP Persons and Their Language

MDHS-DFCS shall identify the language and communication needs of the LEP person. Staff will use a language identification card and/or posters to determine the language. If the LEP person does not read or recognize any of the languages included in one of the methods described above, DFCS staff shall use a telephone interpreting service to identify the individual's primary language then contact the MDHS-DFCS interpreter assigned to their specific region for further assistance.

If an LEP individual requests an interpreter, one shall be provided. Under no circumstances shall a staff member deny a request for an interpreter based solely on whether an LEP individual can answer short questions by nodding or through the use of questions to which the answers are simply "yes" or "no". Regardless of the type of language assistance provided, the language assistance provider, bilingual/multilingual staff, contract/volunteer interpreter, language telephone interpreting service and/or community organization, shall be competent to interpret or translate.

1. Documentation

The primary language of each LEP individual shall be documented in MACWIS and in a conspicuous location in the individual's record to alert staff that language assistance services must be provided. In addition, when records are kept of past interactions with clients or family members, the language used to communicate with the LEP person will be included as part of the record. Coordination between all MDHS-DFCS departments concerning language assistance needs will be handled through, but not limited to, telephone, email, or written communication.

2. "I Speak" Cards

To serve as an aid to the LEP population, "I Speak" cards have been developed for Spanish and Vietnamese speaking clients and are available to all county offices and are also posted on the DFCS connection website. These cards may be used by clients to introduce themselves to county staff and indicate their need to have interpreter services. The cards provide the person's name and a reference to Federal regulations regarding language assistance. As LEP clients are served in county offices, workers should provide the cards to these clients for future use when requesting services. *See Appendix A.*

LIMITED ENGLISH PROFICIENCY (LEP)

C. Providing Notice to LEP Persons

MDHS-DFCS will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas of all county offices and other points of entry. Notification will also be provided through one of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations.

D. Obtaining a Qualified Interpreter

1. **The DFCS Interpreter Supervisor and Staff** shall ensure that each LEP individual receives competent oral and written language assistance services necessary to ensure meaningful access to all aspects of MDHS-DFCS foster care and adoption programs.

This includes emergency child protective encounters, in-home contacts, prevention services contacts, child visitation, and office visits. MDHS-DFCS may offer to schedule appointments for LEP individuals at specified times in order to minimize waiting times and to ensure the availability of appropriate qualified language interpreters, provided that the use of an appointment facilitates the provision of the language assistance and does not impede or delay the individual's access to benefits and/or services provided by MDHS-DFCS.

2. **The DFCS Language Assistance Coordinator** shall continue to work with appropriate personnel at each level of the organization (i.e. division, county office, etc.) and coordinate language assistance services for their respective levels. The DFCS Language Assistance Coordinator is responsible for the following, but not limited to:
 - MDHS-DFCS shall maintain an accurate and current list showing names, languages, phone numbers and hours of availability of every language assistance resource available to the workers. This list shall be posted in each county office and made available to all staff;
 - Contacting the appropriate bilingual staff member to interpreter, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;
 - Keeping up to date and accurate lists of outside contract/volunteer interpreters if a bilingual staff interpreter is not available or does not speak the needed language.

LIMITED ENGLISH PROFICIENCY (LEP)

E. Use of Family and Friends as Interpreters

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, an MDHS-DFCS bilingual staff member will assure that competent interpreter services will be provided to the LEP person.

No minor or alleged perpetrator of the abuse and neglect will be used to interpret, if the family member or friend is not competent or appropriate under the circumstances, MDHS-DFCS shall provide interpreter services in place of or, if appropriate, in addition to the person selected by the LEP individual in order to ensure confidentiality of information and accurate communication.

F. Providing Written Translations

1. When translation of vital documents is needed, those documents will be submitted for translation to the Interpreter Program Supervisor at the DFCS state office who will then have them translated into frequently-encountered languages. Original documents being submitted for translation will be in final, approved form with updated and accurate legal information.
2. MDHS-DFCS will set benchmarks for translation of vital documents into additional languages over time.

G. Timely, Competent Language Assistance

The Mississippi Centralized Intake Unit (MCI) shall utilize their on call list of interpreters in order to assist LEP persons who need to make a report of abuse or neglect to MDHS-DFCS. Once the report is taken the MCI worker shall document in the report summary if the client is LEP and that interpreter services will be needed. The area social work supervisor and county worker shall then refer to the interpreter assigned to their region for further assistance.

MDHS-DFCS language assistance coordinator shall ensure that every county office is provided with a list identifying all available language interpreters that shall include their

LIMITED ENGLISH PROFICIENCY (LEP)

contact information, languages for which each interpreter is qualified, regions each interpreter is responsible for, and hours of availability.

H. Language Assistance Standards

MDHS-DFCS shall require that MDHS-DFCS staff interpreters and translators, bilingual/multilingual staff, interpreters from community organizations and contractors providing language assistance services, including interpretation and translation, are capable of competently performing their duties. Competency of language assistance service providers may be established by a variety of means including self-attestation of the interpreter after having reviewed the interpreter competency standards. Whether self-attestation or another means is used to establish competency, MDHS-DFCS shall take reasonable steps to ensure that the individuals providing the interpretation and translation are capable of facilitating effective communication between LEP persons and MDHS-DFCS.

MDHS-DFCS shall require that all applicable sub-recipients and contractors/volunteers are informed of the LEP requirements. MDHS-DFCS shall further ensure that contractors/volunteers who provide services directly to clients and applicants on behalf of MDHS-DFCS complete an individualized assessment corresponding to the requirements herein, including, but not limited to, the provision of language assistance services, training for staff, and complaint procedures. MDHS-DFCS shall provide information to and oversee the applicable sub-recipients and contractors as necessary to monitor compliance with these requirements.

Standards for interpreter competency shall include the following:

1. Communicate in both English and the LEP individual's primary language accurately and effectively;
2. Interpret to and from English and the LEP individual's primary language accurately and impartially;
3. Possess appropriate knowledge of specialized terms and concepts used frequently in the provision of the MDHS-DFCS' services and programs or possess willingness to ask for clarification, as needed, from any or all parties, about unfamiliar terms and concepts;
4. Understand and follow the obligation to maintain confidentiality;
5. Understand the roles of interpreters and the ethics associated with being an interpreter; and

LIMITED ENGLISH PROFICIENCY (LEP)

6. For those providing written translations, have the ability to translate written documents effectively.

I. Monitoring Language Needs and Implementation

On an ongoing basis, MDHS-DFCS will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, MDHS-DFCS will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from community organizations, etc.

J. Complaint Procedures

Information is available to a client regarding complaint procedures. The forms are available in each county office and the DFCS Connection Website at <http://dfcsmacweb/DFCSWEB/> and the MDHS Website at <http://www.mdhs.state.ms.us/>. All questions and complaints will be forwarded to the MDHS-DFCS Language Assistance Coordinator at the DFCS state office for review and response. *See* Appendix B English and Appendix C Spanish.

K. Prohibition Against Retaliation and Intimidation

MDHS-DFCS shall not retaliate, intimidate, threaten, coerce, or discriminate against any person who has filed a complaint, assisted, or participated in any manner in the investigation of matters addressed in this policy.

L. Notice of Non-Discrimination Policy

MDHS-DFCS prohibits discrimination and/or the exclusion of individuals from its facilities, programs, activities and services based on the individual person's race, national origin, color, creed, religion, sex, sexual orientation, age, disability, veteran status, or inability to speak English. A notice of MDHS-DFCS non-discrimination policy will be posted in each county office.

M. Monitoring

To ensure effective language assistance and access to services, the MDHS-DFCS language assistance coordinator shall monitor the provision of language assistance services to LEP individuals. The monitoring program shall include site visits to offices that shall either be randomly selected or shall target offices which produce a

LIMITED ENGLISH PROFICIENCY (LEP)

disproportionate number of complaints about the adequacy of language services. The site visits will determine whether language assistance services are provided to LEP persons when they visit MDHS-DFCS offices or contact an office by telephone.

These site visits shall include:

1. Unannounced site visits conducted every six (6) months; and
2. Review LEP individuals' case records to assess whether primary languages are properly recorded in all case records and whether such persons are provided adequate language assistance services;
3. Assess MDHS-DFCS staff and contractors' knowledge about MDHS-DFCS' language assistance policies and procedure;
4. Review the accuracy of the list(s) containing the availability of bilingual staff, interpreter, and other resources;
5. Request feedback from LEP individuals and advocates;
6. Review the posting of signs in the offices;

On a statewide basis, the monitoring plan shall include:

7. Review complaints filed by LEP individuals to determine adequacy of language assistance services;
8. Review the development and distribution of translated MDHS-DFCS documents.

N. MDHS-DFCS Sub-Recipients and Contractors

MDHS-DFCS shall require that all applicable sub-recipients and contractors are informed of the LEP requirements and shall further ensure that contractors who provide services directly to applicants and participants on behalf of MDHS-DFCS complete an individualized assessment and implement a written policy corresponding to the requirements herein, including, but not limited to, the provision of language assistance services, training for staff, and complaint procedures. MDHS-DFCS shall provide information to and oversee the applicable sub-recipients and contractors as necessary to monitor compliance with these requirements.

LIMITED ENGLISH PROFICIENCY (LEP)

O. MDHS-DFCS Internal Data Collection

MDHS-DFCS shall maintain a centralized record-keeping system that facilitates coordination between MDHS-DFCS programs, divisions, branches, and units and assures the ready availability of data regarding the provision of language assistance services to LEP individuals.

LIMITED ENGLISH PROFICIENCY (LEP)

IV. APPENDICES

Appendix A – I Speak Cards

Appendix B – Complaint Form-English

Appendix C – Complaint Form-Spanish

LIMITED ENGLISH PROFICIENCY (LEP)

APPENDIX A – I Speak Cards

Hello, my name is _____

I speak limited English. I need competent language assistance in Spanish to have full and effective access to your programs. Under Title VI of the 1964 Civil Rights Act, public agencies are obligated to provide competent language assistance to limited-English-proficient individuals. Social and health service agencies may call HHS Office for Civil Rights at 1-800-368-1019 for more information. Food Stamp and WIC agencies may call USDA Office of Civil Rights at 1-888-271-5983. All other agencies may call U.S. Department of Justice, Civil Rights Division, at 1-888-848-5306.

Hola, mi nombre es _____

Hablo muy poco inglés. Necesito ayuda en español para poder tener acceso completo y efectivo a sus programas. Bajo el Título VI del Decreto de Derechos Civiles de 1964, las oficinas públicas están obligadas a proporcionar ayuda competente, en su propio idioma, a las personas con limitaciones en el inglés. Para más información, las oficinas de servicios sociales y de salud pueden llamar a la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos (HHS) al 1-800-368-1019. Las oficinas de estampillas para comida y del Programa de Nutrición Suplemental Especial para Mujeres, Bebés, Niños (WIC) pueden llamar a la Oficina de Derechos Civiles del Departamento de Agricultura de los Estados Unidos (USDA) al 1-888-271-5983. Todas las otras oficinas pueden llamar a la División de Derechos Civiles del Departamento de Justicia de los Estados Unidos al 1-888-848-5306.

LIMITED ENGLISH PROFICIENCY (LEP)

APPENDIX B – Complaint Form (English)



STATE of MISSISSIPPI
Phil Bryant, Governor
Department of Human Service
Richard A. Berry, Executive Director

Civil Rights Complaint Form

To: **Mississippi Department of Human Services**
Civil Rights Compliance Officer
750 North State Street, 6TH floor, Resource Development Unit
Jackson, Mississippi 39202

Complainant’s Name: _____

Complainant’s Contact Information*

Mailing Address:

Phone Number(s):

Home: _____

Work: _____

Cell: _____

E-Mail address: _____

*We will use any information provided to contact you unless you ask us not to.

Date(s) of Unfair Treatment: _____

Tell us how you believe you have been treated unfairly by the Department of Human Services or anybody providing services on behalf of the Department of Human Services. Please state below the basis on which you believe these unfair actions were taken. See page 2, for additional space to respond:

Race/Color: _____

National Origin: _____

Sex: _____

Religion: _____

Age: _____

Disability: _____

Political Beliefs: _____

LIMITED ENGLISH PROFICIENCY (LEP)

APPENDIX C – Complaint Form (Spanish)



ESTADO DE MISSISSIPPI
Phil Bryant, Gobernador
Departamento de Servicios Humanos
Richard A. Berry, Director Ejecutivo

Formulario para queja de derechos civiles

**Para: Mississippi Departamento de Servicios Humanos (Department of Human Services)
Funcionario de cumplimiento de derechos civiles (Civil Rights Compliance Officer)
750 N. State Street, 6th Floor, Resource Development Unit
Jackson, MS 39202**

Nombre del demandante: _____

Información de contacto del demandante*

Dirección de correo:

Números de teléfono:

Casa: _____

Trabajo: _____

Celular: _____

Dirección de correo electrónico: _____

*Usaremos toda la información proporcionada para comunicarnos con usted, a menos que usted no pida lo contrario.

Fecha o fechas del trato injusto: _____

Indique de qué manera considera que recibió un trato injusto del Departamento de Servicios Humanos o de alguna persona que proporcione servicios en nombre de dicho Departamento. Mencione a continuación el motivo por el cual usted considera que se llevaron a cabo las acciones injustas. Siga en la página 2 si necesita más espacio para su respuesta.

_____ **Raza o color:** _____

_____ **País de procedencia:** _____

_____ **Sexo:** _____

_____ **Religión:** _____

_____ **Edad:** _____

_____ **Discapacidad:** _____

_____ **Ideología política:** _____

