**Section 111.25 Services to individuals in Department facilities who are non-English or limited-English speaking**

All individuals in Department facilities shall be provided with adequate and humane care and services pursuant to an individualized service (treatment or habilitation) plan in accordance with Sections 2-102(a), 3-209 and 4-309 of the Code [405 ILCS 5/2-102(a), 3-209 and 4-309]. In accordance with Sections 2-102(a), 3-204, 3-205 and 4-305 of the Code [405 ILCS 5/2-102(a), 3-204, 3-205 and 4-305] no individual shall, on the basis of an inability to communicate in the English language, be denied the benefits of, or be subjected to discrimination by, a Department facility.

a) Definitions

For the purposes of this Section, the following terms are described:

"Code." The Mental Health and Developmental Disabilities Code [405 ILCS 5].

"Department." The Department of Human Services.

"Individual." A recipient of mental health or developmental disabilities services, as defined by Sections 1-111 and 1-128 of the Code [405 ILCS 5/1-111 and 1-128].

"Interpreter." A person fluent in English and in the native language of the recipient who can accurately speak, read, and readily interpret the necessary second language. This interpreter shall be approved by the Department's Statewide Coordinator of Services for People who are Non-English or Limited-English Speakers.

"Limited-English speaker." A person whose English vocabulary consists of 100 to 400 words. Such a person has usually mastered most expressions necessary to function marginally in an English speaking environment. However, words used to express feelings and other emotionally charged material are lacking.

"Non-English speaker." A person who has no command or understanding of the English language.

"Qualified staff." Mental health or developmental disability professionals, e.g., psychiatrists, psychologists, social workers, psychiatric nurses, and other mental health or developmental disability paraprofessionals who meet the definition of interpreters, as defined in this subsection (a).

b) Service provision

1) Prior to admission or during the admission process, intake staff shall determine whether a person presenting for admission is a non-English or limited-English speaker and, if so, the person's native language. Intake staff shall document interpreter services required on the intake and treatment summaries. The provision of the interpreter services shall be defined as a part of active treatment.

2) Interpreter services in the individual's native language shall be available in accordance with Sections 3-204, 3-205, and 4-205 of the Code [405 ILCS 5/3-204, 3-205, and 4-205] for the treatment or habilitation staff to provide services to non-English or limited-English speaking individuals. Staff shall document in the individual's clinical record that an interpreter was used to provide information.

3) Each facility shall maintain a list of interpreters employed by or under contract to the facility and what language(s) they speak. In addition, each facility shall maintain a list of community interpreter resources. The facility director shall be responsible for distributing the list to the appropriate staff and updating it at least annually.

4) Facilities shall provide interpreters during admission, when denying admission, during intake, or specifically during all assessments or evaluations while the individual is being interviewed or tested by a psychologist, psychiatrist or physician. Additionally, interpreters are to be used during therapy, when care and treatment information is being conveyed, when information is being conveyed regarding the individual's discharge, transfer, objection to discharge or transfer, or the individual's rights, when the individual is being examined for involuntary admission or certification at the request of the individual's family or guardian, or whenever necessary to provide effective treatment or habilitative services to the individual.

5) Qualified staff who speak the individual's native language may be used as interpreters or the facility may contract for the services of interpreters. The facility shall pay for the cost of the interpreters. Family members of the individual shall not be used as interpreters. Family members may inform the individual that an interpreter has been contacted and the expected time of arrival. The family may participate in the intake and treatment process with the interpreter provided by the facility.

c) Facility plan

Facilities shall establish a written implementation, monitoring and evaluation plan for interpreter services to non-English and limited-English speaking individuals. This plan, which shall be a part of the facility quality assessment and improvement program, shall include but not be limited to the following areas:

1) Designation of personnel within the facility responsible for implementing the plan, monitoring the provision of interpreter services and conducting an annual evaluation of services provided;

2) Establishing a list of interpreters on the facility's staff or on contract from the community, the languages they speak and their availability. In addition, insure that postings that advise individuals and their families of the availability of interpreters, the procedures for obtaining interpreters, and the telephone number to call to file a complaint are posted in conspicuous places in the facility;

3) Defining an effective process to implement the Department's procedures for identifying the individual's level of functioning in English and his or her native language and accurately recording this information in the individual's clinical record and the Department's data systems and based on new assessments or information updating them as indicated; and

4) Training facility staff in the unique aspects of providing services to individuals who are non-English or limited English-speaking and in procedures to assist the individual in submitting the complaint form.

(Source: Added at 21 Ill. Reg. 15579, effective November 25, 1997)