

SAMHSA

Substance Abuse and Mental Health
Services Administration

LANGUAGE ACCESS PLAN



**Substance Abuse and Mental Health Services Administration
(SAMHSA)**

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U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Office of Behavioral Health Equity and Office of Communications

Language Access Plan

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Message from the Assistant Secretary for Mental Health and Substance Use, U.S. Department of Health and Human Services

I am pleased to present the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Language Access Plan (LAP). The LAP is a roadmap that outlines SAMHSA’s commitment to providing meaningful access for people and communities with limited English proficiency (LEP), across all programs, services, and activities provided by this Agency. While the LAP is developed in accordance with the 2023 HHS Language Access Plan, the elements and action steps that are included in the LAP are aligned with SAMHSA’s priority areas and core principles to better meet the behavioral health needs of the nation, including underserved communities and vulnerable populations. Meeting the behavioral health needs of LEP communities through language assistance services will be essential in reducing the incidence, prevalence, and mortality related to substance use, overdose, mental illness, suicide, and fostering recovery. It will also help to ensure resources are available to develop, support, promote, and sustain resilience in children, youth, and families.

The LAP outlines our policies, responsibilities, and strategies for providing language assistance services to persons with Non-English language preference (NELP). To deliver the most effective language assistance services, we will continue to identify ways to effectively engage with and, assess the linguistically diverse communities we serve. It is vital for SAMHSA leadership and staff to take action to deliver on the promise of this LAP. Furthermore, the LAP will continue to evolve as the Department assesses the outcomes of our interactions with persons with NELP and as best practices in the field emerge—including technology-supported advances.

We are committed to carrying out the LAP at all levels of SAMHSA so that we can remove barriers to access for persons with NELP—for all America’s communities and across all of the Agency’s programs, services, resources, and activities.

Sincerely,

Miriam E. Delphin-Rittmon, PhD

Assistant Secretary for Mental Health and Substance Use
U.S. Department of Health and Human Services

TABLE OF CONTENTS

Introduction	6
Language Access Policy and Implementation	9
SAMHSA Language Access Plan	12
Elements and Action Steps	14
ELEMENT 1: Assessment: Needs and Capacity	15
ELEMENT 2: Interpretation Language Assistance Services	17
ELEMENT 3: Written Translations	19
ELEMENT 4: Policies, Procedures, and Practices	21
ELEMENT 5: Notification of the Availability of Language Assistance at No Cost	22
ELEMENT 6: Staff Training	23
ELEMENT 7: Assessment & Accountability: Access, Quality, Resources, Reporting	25
ELEMENT 8: Consultations with Behavioral Health Partners	26
ELEMENT 9: Digital Information	27
ELEMENT 10: Grant Assurance and Compliance by Recipients of HHS Funding	29
APPENDIX A: Definitions	34
APPENDIX B: Language Access Related Resources	41

INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) joins the U.S. Department of Health and Human Services (HHS) Operating and Staff Divisions in releasing an **agency**¹ Language Access Plan (LAP) that aligns with the [2023 HHS LAP](#). The 2024 SAMHSA LAP is a road map toward **language justice**—an environment where individuals can communicate in their **preferred language** without a dominant language negatively defining their communication or sense of belonging. Advancing a language justice framework that welcomes and embraces multilingual spaces, reflects SAMHSA’s commitment to the provision of high-quality mental health and substance use services and information for all, regardless of one’s language preference. This roadmap will guide SAMHSA in improving access to information, opportunities, and services, especially to individuals with **limited English proficiency** (LEP).²

The 2024 SAMHSA LAP is a road map toward language justice—an environment where individuals can communicate in their preferred language without a dominant language negatively defining their communication or sense of belonging.

In this LAP, SAMHSA uses the term “**language access**” and “LEP” in accordance with the Department’s LAP, while acknowledging the importance of moving toward a language justice framework. The language justice framework may include the use of non-deficit-based terms, such as “Non-English language preference (NELP)” or “language other than English (LOE)” instead of “LEP” as proposed by some advocates. As a crucial first step to SAMHSA’s commitment to

language justice, this LAP encompasses a comprehensive approach to addressing language access issues pertinent to SAMHSA and the communities it serves. This LAP includes input from SAMHSA’s Centers and Offices as well as feedback from healthcare, human services, and community partners. This LAP lays the foundation for SAMHSA to develop and implement a language access strategy that advances the long-term goal of language justice.

Households That Speak a Language Other Than English and With LEP in the U.S.

Data from the U.S. Census Bureau’s latest report on language use in the U.S., *Language Use in the United States: 2019* show increasing language diversity in the U.S. population, with variations by age, race, Hispanic ethnicity, nativity, and educational attainment.³ In 2019, the five most spoken languages at home in the U.S., other than English, in order of largest percentage of the languages other than English population listed first, were Spanish (61.6 percent), Chinese (5.2 percent), Tagalog (2.6 percent), Vietnamese (2.3 percent), and Arabic (1.9 percent).⁴ The number of people who spoke a language other than English at home in 2019 had tripled compared to what it was in 1980, outpacing the overall growth of the general population which grew by one-half in the same time period. Furthermore, in 2019, of households that spoke a language other than English, nearly 20 percent were considered limited-English speaking households,⁵ which represents 4 percent of all U.S. households. Of households with limited-English speakers, the



three languages that had the highest percentage of limited-English speaking households were Chinese (33 percent, including Mandarin and Cantonese), Korean (32 percent), and Vietnamese (31 percent). This suggests that about one-third of Chinese, Korean, and Vietnamese-speaking households have speaker(s) with LEP.

LEP and Behavioral Health

Research indicates that individuals with LEP are more likely than the general population to experience **behavioral health** and healthcare disparities.^{6,7,8} Key issues experienced by individuals with LEP include misunderstandings due to language barriers that lead to misdiagnosis and inappropriate treatment in behavioral health. For example, a systematic review of the impact of the use of interpreters in psychiatric care for individuals with LEP, found that inaccurate mental health assessments may occur when conducting evaluations in a patient’s non-preferred language.⁹ It also found that use of interpreters in psychiatric care may have positive and negative effects, dependent on the training, experience, and qualifications of the interpreter. Untrained interpreter errors may have more significant negative clinical impacts compared to trained interpreters, and the use of professional interpreters may improve care overall. This research demonstrates that language—an integral part of **culture**—adds a layer of nuance to understanding the behavioral health needs and help-seeking behaviors of an individual with LEP.

Research indicates that individuals with LEP are more likely than the general population to experience behavioral health and healthcare disparities.

Behavioral Health Considerations

Being misunderstood in any health setting in the U.S. is not uncommon among individuals with LEP—especially those who are from racially and culturally diverse communities—and may deter help-seeking. Research indicates that in behavioral health, some cultures may not have terminology for Western mental health and substance use words and concepts.¹⁰ Similarly, **culture-bound syndromes**¹¹ may be present and may not be understood by a behavioral health provider without knowledge of specific cultures which can lead to mistranslation. A lack of racially and culturally diverse behavioral health providers may impact an individual’s perception of whether they will be understood when seeking care. In addition, the stigma and shame associated with behavioral health that is common within many cultures may prevent individuals from seeking care. These issues raise unique challenges in language access for the behavioral health field.

Research indicates that in behavioral health, some cultures may not have terminology for Western mental health and substance use words and concepts.

Help seeking behaviors are further complicated for people experiencing multiple types of discrimination (e.g., ageism, anti-LGBTQI+ bias, racism etc.) and the limited availability of culturally appropriate behavioral health approaches. Identities based on race/ethnicity, language proficiency, and disability status are critically important in impacting an individual’s communication. For example, research shows that racial/ethnic minority status, LEP status, and low health and digital literacy are correlated with low quality patient-clinician communication.¹² Furthermore, for persons

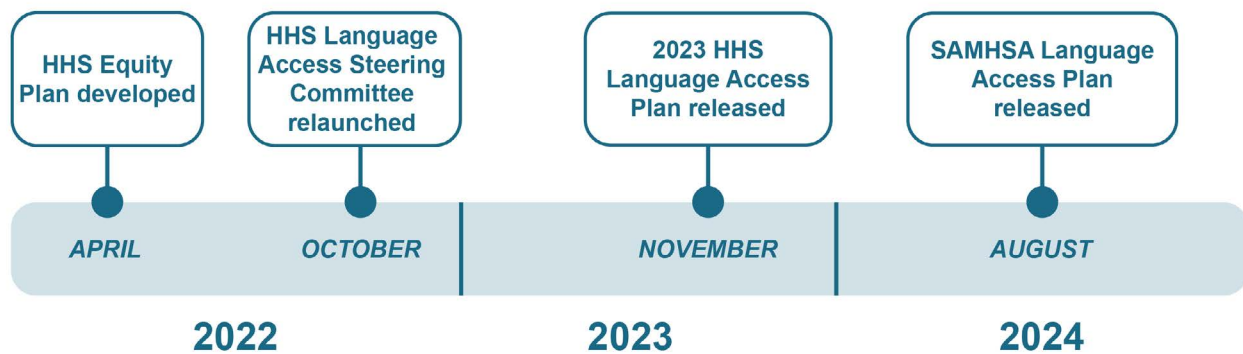
with disabilities, the COVID-19 pandemic highlighted communication challenges related to telemedicine, and that communication impacts outcomes.¹³ Research on the intersection of race/ethnicity, language preference, disability status, and behavioral health is needed to achieve **behavioral health equity**.¹⁴

The language diversity in the U.S.—coupled with the racial and ethnic diversity—make addressing behavioral health needs unique and complex. Behavioral health providers should take race, ethnicity, culture, and language into consideration to effectively meet the needs of the diverse individuals and communities they serve and ensure they are treated in a culturally and linguistically appropriate manner throughout the continuum of care.

Prioritizing Language Access: Federal Policy Drivers

Language is a central feature of culture and identity, and both are integral components to understanding and appreciating **equity**—a priority of the Department and SAMHSA. Several key Executive Orders (EOs)^{15, 16, 17, 18, 19} support the importance of ensuring language assistance and **meaningful access** to care.

In April of 2022, in response to EO 13985, the Department developed the [HHS Equity Action Plan](#), which identifies language access objectives, goals, and requirements for the Department. In October of 2022, HHS relaunched the Language Access Steering Committee (LASC), tasked with incorporating the language access deliverables of the Equity Action Plan into an updated HHS LAP, and to lead Departmental efforts to fully implement this new HHS LAP. SAMHSA provided senior staff to participate on the LASC and its subcommittees.²⁰ In November of 2023, [HHS released the 2023 HHS LAP](#) through the support of the LASC. The 2023 HHS LAP serves as the model for SAMHSA’s LAP.



LANGUAGE ACCESS POLICY AND IMPLEMENTATION

a. Goal

To better reach **underserved communities**, SAMHSA will ensure access to timely, quality **language assistance services (LAS)** for individuals with LEP.²¹

b. Purpose and Authority

HHS enforces Title VI of the Civil Rights Act of 1964 (Title VI)²² and Section 1557 of the Affordable Care Act.²³ SAMHSA is an operating division of HHS and abides by these laws.

These laws prohibit covered entities, including entities receiving federal financial assistance and state and local government entities, from discrimination on the basis of, among other things, race, color, national origin, and disability. Accordingly, reasonable steps must be taken to provide meaningful access to people with LEP.²⁴ The Plain Writing Act of 2010 requires that federal agencies use clear government communication that the public can understand and use; Executive Orders 12866, 12988, and 13563 emphasize the need for **plain language**.

This LAP is designed to ensure meaningful access for individuals with LEP to programs and activities administered and funded by SAMHSA in accordance with Title VI of the Civil Rights Act and Section 1557 of the Affordable Care Act, Executive Orders 13166, 13985, 13995, 14031, and 14091, and the HHS Equity Action Plan issued in April 2022. Collectively, these authorities set overarching goals for HHS and SAMHSA to improve access to its programs and activities for persons with LEP and ensure that entities funded by SAMHSA also take reasonable steps to provide meaningful access for persons with LEP.²⁵

Although this LAP is primarily intended to promote meaningful access to SAMHSA's programs and activities for individuals with LEP, many aspects of this LAP apply to ensuring that agencies are communicating effectively with persons with disabilities.²⁶ In accordance with Section 504, the Department is required to ensure that it communicates effectively with people with disabilities who require language assistance to communicate. This includes people who are deaf, hard of hearing or have speech-related disabilities who communicate using **sign language**, and persons who are blind, have low vision, or other disabilities. This LAP does not contain an exhaustive list of requirements to comply with Section 504 and other disability rights laws, but the Department and its components must comply with the requirements for **effective communication** with persons with disabilities under the Americans with Disabilities Act,²⁷ Section 504 of the Rehabilitation Act,²⁸ and Section 1557 of the Affordable Care Act. The Department and its agencies must also comply with Section 508 of the Rehabilitation Act of 1973 (Section 508),²⁹ which requires federal agencies to ensure that their electronic and information technology, including websites, electronic documents, and software applications, are accessible to individuals with disabilities.

c. Policy Statement

The policy of SAMHSA is to provide individuals with LEP meaningful access to SAMHSA-conducted and funded programs and activities. This will contribute to improved health outcomes and reduced **health disparities** for underserved communities identified in Executive Orders 13985. This includes, to the extent feasible, requiring SAMHSA **grantees** and **contractors** to adhere to the principles and requirements described in this LAP.

d. Plan Development and Implementation

To ensure multiple perspectives were incorporated into the development of the 2024 SAMHSA LAP, many individuals and organizations were given the opportunity to contribute. SAMHSA established an agency-wide language access workgroup with key representatives across the Centers and Offices of SAMHSA. Workgroup member roles include:

- Assist in developing the public-facing SAMHSA LAP that generally describes the Agency’s policies, procedures, and strategy using a long-term framework.
- Assist in developing an internal-facing implementation plan.
- Ensure respective Centers and Offices are doing their part of the language access strategy as defined in the implementation plan.
- Assist in data collection and reporting on the progress of SAMHSA’s implementation of the LAP.

e. Update SAMHSA Language Access Plan

The SAMHSA Language Access Workgroup will work with SAMHSA Centers and Offices to develop and track implementation methods for measuring improvements in language access in individual programs and activities and take steps to ensure that information, including qualitative and quantitative, as well as **intersectional** and **disaggregated data**, are collected in a manner that increases comparability, accuracy, and consistency across programs and activities. The SAMHSA Language Access Workgroup will lead SAMHSA’s efforts to compile data for the HHS annual report on language access that will be submitted to the HHS Secretary. The compiled data will account for SAMHSA’s annual progress made on the SAMHSA LAP. The HHS annual report on language access will describe the progress of all operating and staff divisions of HHS in advancing language access and will make recommendations to the Secretary for improving language assistance services available to LEP **consumers** of HHS programs and activities.

f. Develop Methods to Record SAMHSA Progress

With assistance from the SAMHSA Language Access Workgroup, SAMHSA will annually request data from SAMHSA Centers and Offices through a data call or survey. These data will be reported to HHS for possible inclusion in their annual report which may include recommendations for agencies. The data call or survey will request information essential for measuring progress made to implement action steps under each element of the LAP, including disaggregated and intersectional demographic data. It will also request information about SAMHSA’s expected budget request for providing and/or funding language assistance services in coming years. The annual language access data call will be sent to all SAMHSA Centers and Offices by March 31 of each year so that SAMHSA has time to include budget justifications to the Assistant Secretary for Financial Resources (ASFR).

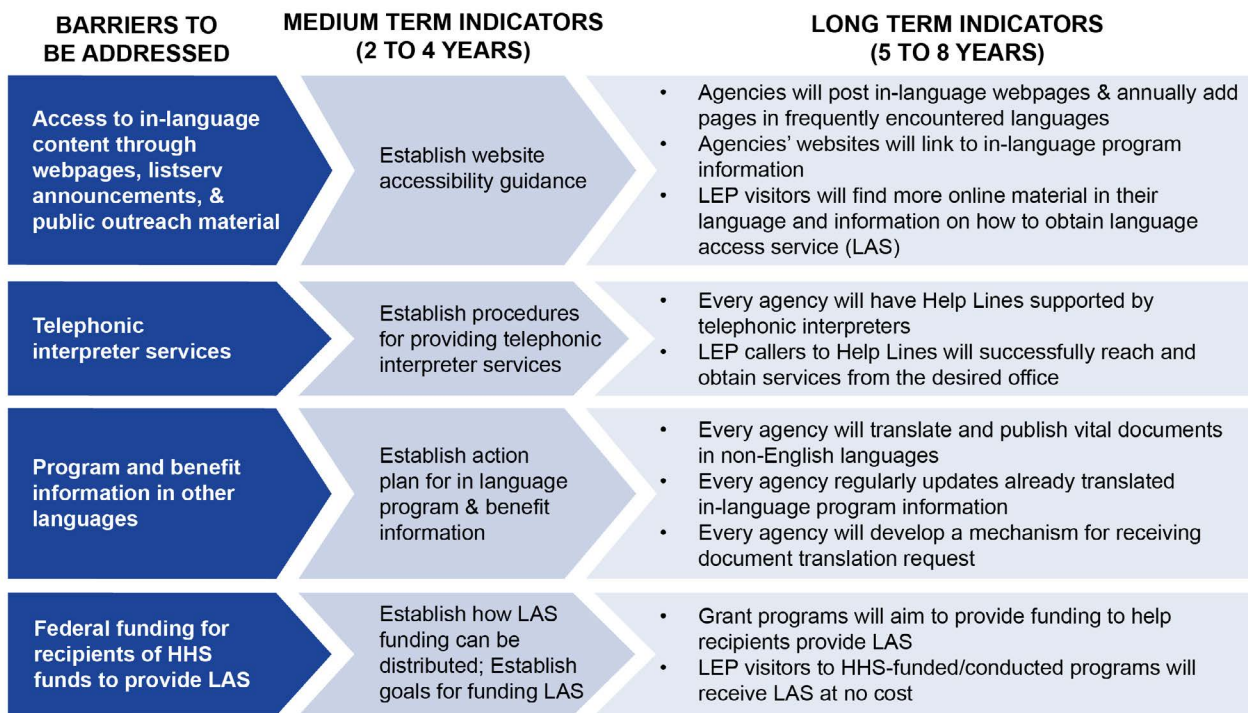
g. Draft Annual Progress Report and Recommendations

On an annual basis, the SAMHSA representatives on the HHS LASC will notify and assist, as needed, SAMHSA’s Language Access Workgroup in obtaining the appropriate information from the data call from all SAMHSA Centers and Offices. These SAMHSA representatives will ensure that SAMHSA completes the departmental data call request on time. To the extent possible and practical, the HHS report will disseminate data to help HHS components facilitate organization-wide learning and coordination, collaboration on high impact outreach, and/or developing cross-cutting audience appropriate and culturally competent responsive messaging to mutual consumer communities.

h. Short- and Long-term Benchmarks

To ensure HHS makes progress in the four major areas identified by the 2022 HHS Equity Action Plan, this LAP incorporates short-term action steps designed to significantly enhance HHS’s capacity to provide: 1) webpages primarily in languages other than English (or easily and accurately translatable to such languages); 2) telephonic and video or virtual interpreting services; 3) program and benefit information in languages other than English; and 4) federal funding for language assistance services. Benchmarks for measuring progress that were issued in the 2022 HHS Equity Action Plan are illustrated below.³⁰ SAMHSA prioritizes these four major areas in alignment with the HHS LAP and the 2022 HHS Equity Action Plan and will work toward SAMHSA specific benchmarks within the four major areas.

Figure 1. Chart of Benchmarks Established in the 2022 HHS Equity Action Plan



NOTE: Although the benchmark indicators of the 2022 HHS Equity Action Plan range from two to eight years, the HHS Language Access Steering Committee will promote quicker implementation of the LAP action steps as resources and circumstances permit. SAMHSA’s long-term indicators will cascade from the HHS Equity Action Plan benchmarks, to the extent feasible.

These 2022 HHS pre-established goals and benchmarks are incorporated into the attached LAP, to the extent feasible. The four major areas coincide with four elements of this LAP. The four elements are: Element 2) Interpretation Language Assistance Services, which include procedures for providing effective telephonic interpreting services; Element 3) Written Translations, which provide an action plan for developing written program, activities, and benefit information in various spoken languages; Element 9) Digital Information, which includes developing in-language webpages of guidance, policies, procedures, and other tools in an efficient and consistent manner; and Element 10) Grant Assurance and Compliance by Recipients of Federal Funding, which focuses on providing resources to provide effective language assistance services to funded SAMHSA entities.

In addition to the HHS Equity Action Plan goals, SAMHSA will incorporate guiding principles, priorities, and goals identified in the [SAMHSA Strategic Plan](#), the [National Culturally and Linguistically Appropriate Services Standards \(National CLAS Standards\)](#), [CLAS Behavioral Health Implementation Guide](#), and [Social Determinants of Health \(SDoH\)](#), to align with the goals of the LAP.

SAMHSA LANGUAGE ACCESS PLAN

SAMHSA’s mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster **recovery** while ensuring equitable access and better outcomes. SAMHSA envisions that people with, affected by, or at risk for mental health and substance use conditions receive care, achieve well-being, and thrive. Described in SAMHSA’s Strategic Plan, SAMHSA focuses on five priorities: 1) Preventing Substance Use and Overdose; 2) Enhancing Access to Suicide Prevention and Mental Health Services; 3) Promoting Resilience and Emotional Health for Children, Youth, and Families; 4) Integrating Behavioral and Physical Health Care; and 5) Strengthening the Behavioral Health Workforce with four guiding principles (Figure 2). These four principles are equity, **trauma-informed approaches**, recovery, and commitment to data and evidence. The Strategic Plan articulates the pivotal role of equitable access in achieving its desired goals; language access is a key component in ensuring that all people, regardless of race, ethnicity, culture, place of origin, or language preference, have the opportunity to thrive and attain well-being.

Figure 2. SAMHSA’s Priorities and Guiding Principles



SAMHSA's LAP complements the SAMHSA Strategic Plan. It also ensures that National CLAS Standards 5-8 on Communication and Language Assistance are being considered in SAMHSA's work, including its grants. SAMHSA makes available to its grantees the National CLAS Standards, a set of fifteen standards to advance equity and inclusion of underserved populations. Standards 5-8 focus on Communication and Language Assistance that similarly aligns with SAMHSA's LAP. These specific standards are noted below.

National CLAS Standards Theme 2: Communication and Language Assistance (Standards 5-8)

Standard 5: Offer language assistance to individuals who have LEP and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Standard 6: Inform all individuals of the availability of language assistance services clearly, and in their preferred language, verbally and in writing.

Standard 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Standard 8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

The LAP is organized by 10 elements in alignment with the HHS LAP. The purpose of this LAP is to establish practical goals, policies, and action steps to improve meaningful language access to grants and programs funded by SAMHSA and other outward-facing initiatives, campaigns, educational materials, and activities. The elements also provide recommendations to help SAMHSA improve their effective communication with individuals with disabilities.³¹ This LAP serves as a road map toward reaching meaningful access to SAMHSA's programs and activities and does not guarantee that SAMHSA will successfully be able to implement all actions. The action steps set forth in each element are currently identified as feasible future actions for SAMHSA's programs and activities. Effective implementation of this LAP will require time, financial and staff resources, ongoing input from communities, and continued leadership support within SAMHSA, HHS, and the Administration.

SAMHSA has flexibility in how these steps are implemented and will report on their demonstrated progress by each element annually. In alignment with SAMHSA's "equity" core principle, SAMHSA will incorporate its language assistance goals, including outreach to **behavioral health partners**, in their annual budget justifications to enhance their capacity for serving persons with LEP and the capacity of those they fund.

The implementation of the LAP is a collaborative cross-agency effort. Within six months of the issuance of this LAP, SAMHSA will designate an Office or official responsible for implementing each of the elements below. Whenever possible and appropriate, the actions in this LAP should be implemented in conjunction with other SAMHSA initiatives to increase access to behavioral health care and services, improve health quality, and reduce behavioral health and healthcare disparities. The 10 elements of the LAP should be implemented holistically and in a complementary manner. To the extent practicable, action steps should occur in tandem and best practices should be shared widely. For questions, concerns, and support, please contact LanguageAccess@samhsa.hhs.gov.

ELEMENTS AND ACTION STEPS

This LAP represents the SAMHSA's language access policy and strategy for improving access for persons with LEP to programs and activities funded and administered by SAMHSA. This LAP identifies specific steps to ensure full implementation of SAMHSA's policy at the program level. This LAP will be reviewed, on an annual basis, to ensure consistency with SAMHSA's priorities and capabilities.



ELEMENT 1:
Assessment:
Needs and Capacity



ELEMENT 6:
Staff Training



ELEMENT 2:
Interpretation Language
Assistance Services



ELEMENT 7:
Assessment &
Accountability: Access,
Quality, Resources, Reporting



ELEMENT 3:
Written Translations



ELEMENT 8:
Consultation with
Behavioral Health
Partners



ELEMENT 4:
Policies, Procedures,
and Practices



ELEMENT 9:
Digital Information



ELEMENT 5:
Notification of the
Availability of Language
Assistance at No Cost



ELEMENT 10:
Grant Assurance and
Compliance by Recipients
of HHS Funding

ELEMENT 1



Assessment: Needs and Capacity

Communities and populations for whom English is not the primary spoken language often face significant barriers to accessing essential behavioral health services and supports. In this sense, the provision of language assistance is not only a civil right, but a necessary component of high quality, equitable care. SAMHSA's commitment to behavioral health equity is directly aligned with this LAP and is an important part of the Agency's efforts to ensure that every individual has the opportunity to attain their highest level of health. This LAP includes actions to create a culture of acceptance and empowerment among the individuals and communities SAMHSA serves by avoiding discriminatory, prejudicial, or stigmatizing language that is often associated with behavioral health concerns. Furthermore, communication needs in behavioral health vary by language proficiency, age, disability status, technology skills, health literacy, and cultural understanding. Thus, this LAP will consider the intersectionality of individuals with LEP when examining preferred modes of communication. In all, providing language assistance services is important when it comes to access by underserved racial and ethnic communities to behavioral health services, including mental health promotion, substance misuse prevention, and treatments and supports which foster recovery.

DESCRIPTION:

SAMHSA will, on an ongoing basis, assess the language assistance needs of current and potential consumers to inform policy, processes, and budgeting necessary to increase awareness of, and implement language assistance services that increase access to their respective programs, activities, and services for persons with LEP. This assessment should include identifying 1) the non-English languages of the populations to be served including American Sign Language (ASL) or other sign languages and 2) the barriers that hinder provision of effective **interpretation** and written communication with individuals with LEP.

SAMHSA's commitment to behavioral health equity is directly aligned with this LAP and is an important part of the Agency's efforts to ensure that every individual has the opportunity to attain their highest level of health.

Action Steps:

- a. Within 180 days of issuance of this LAP, designate an Office or official responsible for conducting annual assessments and overseeing implementation of agency-wide language assistance efforts as outlined in this LAP.
- b. Identify existing capacity to provide language assistance services, obtain community feedback, and identify any gaps where services are inadequate to meet needs.
- c. Share needs and capacity data across SAMHSA Centers and Offices, and the Department as appropriate, including data identifying staff with expertise in delivering culturally and linguistically appropriate services to consumers.
- d. Consult, on an annual basis, with internal experts, advocacy and community-based organizations,



individuals with LEP, subject matter experts, and applicable research to determine effective practices for assessing and implementing language assistance needs of current and projected consumers with respect to all public interface mechanisms, including, but not limited to: marketing and outreach; technical assistance; face-to-face, video, audio-only, and over-the-phone consumer service; clearinghouses; ombudsman activities; websites; and multilingual surveys and other consumer assessment instruments.

- e. Participate in at least one listening session hosted by SAMHSA, or HHS as a whole, to learn about challenges and opportunities for improvement in the Agency’s language access efforts on an annual basis, or as often as reasonably practicable, and consult subject matter experts and community-based organizations to determine whether the Agency’s current language access program is effective and complies with Section 1557, as well as this LAP.
- f. Participate regularly or on at least one inter- and/or intra- agency language access working group to identify methods for improving Agency proficiency in providing language assistance services, such as hiring and equitably supporting **qualified bilingual and multilingual** staff, and staff proficient in ASL, to provide **direct “in-language” communication** and also ensuring the availability and effective use of contract interpretation and **translation** services.

SAMHSA staff should not make assumptions about an individual’s primary spoken or written language based on race, color, national origin, or disability status. Individuals who are deaf or hard of hearing may not communicate using ASL and may have limited proficiency in written and spoken English. They may require a different **auxiliary aid or service**, such as support in a sign language from another region or country or the procurement of a Deaf or Certified Deaf interpreter. Additional considerations when identifying language include asking about the individual’s region, municipality, village, or specific community, to ensure the correct identification of language needs.

Cost Estimate: Specific costs to implement this action step will be identified on a yearly basis. SAMHSA will annually identify and assess the language assistance needs of its current and potential consumers, and its capacity to address these identified needs, and develop a budget and personnel request to meet anticipated language assistance needs for the coming year.

ELEMENT 2



Interpretation Language Assistance Services

DESCRIPTION:

As stated in the [SAMHSA's Strategic Plan](#), the availability of behavioral health services, does not guarantee that all populations will be aware of or use them. Consequently, it is critical to embed equity continuously and consistently into every SAMHSA service and program to promote accessibility and awareness. For populations with deep-seated mistrust of healthcare systems, engagement strategies with the community and community gatekeepers will be essential to facilitating trust and use of these services. Offering in-language services builds trust and is essential in crisis situations for communities where English is not the preferred or primary language, especially since underserved communities experience great difficulty accessing substance use and mental health preventive and treatment services.



To the extent possible, and by leveraging available HHS resources, SAMHSA aims to provide oral language assistance in face-to-face and/or, telephone encounters—including 988 Suicide & Crisis Lifeline, SAMHSA's National Helpline and Disaster Distress Helpline—while also considering substance use confidentiality and privacy regulations such as the Health Insurance Portability and Accountability Act and 42 CFR Part 2.³² SAMHSA will work towards providing oral language assistance to its consumers while being inclusive and reflective of the cultural and linguistic needs of every community the Agency serves.

To differentiate from “interpretation,” note that “translation” refers to online and digital text as well as written and print items.

Actions Steps:

- a. Within 180 days of issuance of this LAP, designate an Office or official responsible for establishing agency-wide procedures for providing interpreting services in a manner that ensures timely communication between persons with LEP and SAMHSA Offices and Centers as well as people with disabilities and SAMHSA Offices and Centers. Procedures must address the various methods for providing interpreter services, including procedures that ensure provision of effective remote voice and video interpreter services.
- b. Identify SAMHSA staff or Office responsible for managing an interpretation contract and share their contact information with SAMHSA managers and staff who communicate with the public to improve access to Agency programs and activities. Include provisions for ensuring that interpretation services are culturally appropriate, include proficiency in behavioral health language, and are accessible to individuals with disabilities, including those who are deaf or hard of hearing or who have other communication-related disabilities, including providing sign language interpreting, captioning, or additional accessible communication support, as well as assessing barriers—including resource barriers—that hinder the provision of effective interpretation with individuals with LEP.

- c. Assess SAMHSA’s remote voice and video interpreting program, consult with subject matter experts, make recommendations for improving the effectiveness of the program, and provide a budget justification for actions that improve the program.
- d. Develop methods for tracking, reporting, and evaluating interpretation services. Establish a matrix such as the number of requests for interpretation services, the type of interpretation requested, the languages requested, and the response time in which interpretation was provided. This also includes, but is not limited to number of cases, matters, or outreach initiatives where language assistance was provided, the primary language(s) requested or provided, the type of language assistance services provided, or the cost of any language assistance services provided.
- e. Adopt criteria from HHS for assessing bilingual staff to determine ability to provide services in languages other than English and to provide competent interpreter services for SAMHSA’s external facing activities such as presentations and engagements with the public, and ensure such employees are compensated appropriately if they are called to provide interpretation services. Only staff who have been assessed to have advanced language proficiency (according to HHS’s definition of bilingual/multilingual staff) may formally communicate with persons with LEP or people with disabilities who require sign language interpretation. Consistent with Departmental policies and requirements, SAMHSA also may consider taking into account bilingual- and multilingual proficiency in hiring decisions for positions that require bilingual or multilingual proficiency, understanding that extensive reliance on staff volunteers in lieu of utilizing professional interpreters is often not ideal.
- f. Identify positions appropriate for making bilingual skill a selection criterion for employment, include such criterion in the position description and job announcement, and determine **applicants’** language skills before making hiring decisions.
- g. Establish a list of all contacts and other resources available to the Agency and qualified in providing on-site interpreting (OSI), over-the-phone interpreting (OPI), and video remote interpreting (VRI) to LEP individuals and people with disabilities who require sign language interpretation seeking information on or access to Agency programs and activities.
- h. Submit a budget justification for message dissemination to raise awareness of available interpretation services on an annual basis.

Cost Estimate: Specific costs to implement this action step will be identified on a yearly basis. SAMHSA will explore the most cost-effective means of delivering competent and accurate interpretation.

ELEMENT 3



Written Translations

DESCRIPTION:

SAMHSA aims to lead efforts to reduce barriers and enhance equitable, culturally, and linguistically appropriate access to its programs and activities to the communities that need it most, including communities where English is not the preferred or primary language to build and maintain trust and thus, improving and impacting behavioral health treatment, prevention, and recovery for communities most in need. To that end, it is important to consider the delicate interplay of culture and translation to eliminate the use of harmful stereotypes and stigmatizing terms which do not fully respect an individual's cultural background. SAMHSA will identify and develop a plan to translate and make **vital documents** primarily intended for patient, family, and consumer audiences available, at a minimum, in another language other than English and in accordance with assessments of need and capacity.

For these purposes, a vital document is a paper or electronic written material that contains information that is critical for a consumer/member of the public to access a SAMHSA resource, program, or activity. Each SAMHSA Office and Center will identify its vital documents that need translation.

Machine translation or other **artificial intelligence** applications, or software designed to convert written text from one language to another, should not be utilized without the involvement of a qualified human translator before the text reaches the intended audience.

Individuals with LEP and/or who have certain communication disabilities who want to access Department services may not be literate in their country of origin's prevalent written language, or their languages might not have a written form such that translated material will not be an effective way of communicating with them. For such individuals with LEP, components may want to consider **sight translation**, interpretation, or audio/video communication. For individuals with disabilities that affect communication, components should inquire about the preferred method to deliver information that is typically available in written form.

Action Steps:

- a. Within 180 days of issuance of this LAP, designate an Office or official responsible for developing a program that ensures individuals participating or attempting to participate in programs and activities funded or administered by SAMHSA are provided written language assistance services in accordance with the Agency's needs, capacity, assessment, and this LAP.
- b. Identify SAMHSA staff or Office responsible for managing a translation contract and share their contact information with SAMHSA managers and staff who communicate with the public to improve access to Agency programs and activities.
- c. Identify and create a list of materials already translated and any newly translated documents in non-English languages, including American Sign Language and post the list to an internal website available to SAMHSA staff. Revise materials, as needed, to ensure quality and plain language and update the list accordingly.
- d. Consider using a qualified third-party or internal subject matter experts (SMEs) to review translations for accuracy, readability, usability, and cultural responsiveness and to pilot the translations with native speakers in the community.

- e. Identify SAMHSA service and program areas that regularly serve LEP communities. Identify which documents qualify as vital documents and ensure vital documents are provided in the preferred languages for the LEP communities served (starting with at least one language other than English at a minimum) and produce materials in other languages when requested or otherwise appropriate. Each SAMHSA Office and Center is responsible for identifying its vital documents for translation, updating translations as needed, and posting vital documents online so that they may be readily available. Written documents, including text and images, should be evaluated and piloted by the community to ensure their effectiveness and appropriateness.
- f. Offer translated written materials (starting with at least one language other than English at a minimum) in other formats such as audio, video with captions, subtitles, video with sign language, infographics, etc., for persons with LEP or disabilities.
- g. Identify associated costs for translating vital documents using qualified, professional translators and budget resources accordingly, in order to offer translated written materials in other formats such as audio, video with captions, subtitles, video with sign language, infographics, etc., for persons with LEP or disabilities.
- h. Ensure that all online translated content shall comply with Section 508 of the Rehabilitation Act.

Cost Estimate: Specific costs to implement this action step will be identified on a yearly basis. SAMHSA will explore the most cost-effective means of delivering competent and accurate language services.

ELEMENT 4



Policies, Procedures, and Practices

SAMHSA will annually review and, as necessary, update, and implement its written policies and procedures to ensure it is taking reasonable steps to provide individuals with LEP meaningful access to Agency programs and activities.

DESCRIPTION:

As SAMHSA leads public health efforts to advance the behavioral health of the nation, it is important to establish and maintain an infrastructure designed to implement and improve language assistance services within the Agency. The results of the assessment from Element 1 should be used to inform the development of policies, procedures, and practices appropriate for the Agency to promote accessibility for individuals with LEP that they serve or are likely to serve.

Action Steps:

- a. Within 180 days of issuance of this LAP, designate an Office or official responsible for developing and implementing written language access policies and procedures to ensure each element of the HHS LAP is implemented among Agency's programs and activities.
- b. Within 180 days of issuance of this LAP, designate an Office or official responsible for developing and implementing written language access policies and procedures to ensure each element of the HHS LAP is implemented among Agency's programs and activities.
- c. Develop policies and procedures for receiving and addressing language assistance concerns or complaints from consumers with LEP and consumers with disabilities who require auxiliary aids or services for effective communication of programs and activities that are funded or administered by HHS and establish policies and procedures to improve services.
- d. Ensure policies, procedures, and all language assistance activities are developed and implemented in alignment with the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#) and [CLAS Behavioral Health Implementation Guide](#).
- e. Continually collect and share metrics to monitor implementation and efficacy of the LAP.

Cost Estimate: Specific costs to implement this action step will be identified on a yearly basis. SAMHSA will explore the most cost-effective means to establish policies, procedures, and practices to provide individuals with LEP meaningful access to Agency programs and activities.



ELEMENT 5



Notification of the Availability of Language Assistance at No Cost

To address the needs noted in Element 1, SAMHSA shall proactively inform individuals with LEP that language assistance is available at no cost.

DESCRIPTION:

SAMHSA takes reasonable steps to ensure meaningful access to its behavioral health programs and activities by persons with LEP and persons with disabilities, including notifying current or potential consumers about the availability of language assistance at no cost. Notifications may include, but are not limited to, information on the SAMHSA website and social media platforms.

SAMHSA shall proactively inform individuals with LEP that language assistance is available at no cost.

Action Steps:

- a. SAMHSA takes reasonable steps to ensure meaningful access to its behavioral health programs and activities by persons with LEP and persons with disabilities, including notifying current or potential consumers about the availability of language assistance at no cost. Notifications may include, but are not limited to, information on the SAMHSA website and social media platforms.
- b. SAMHSA shall distribute and make available resources, such as the Department's [*Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*](#) (HHS LEP Guidance)³³ and Federal Plain Language Guidelines, over the internet and its Notice of Funding Opportunity (NOFO).
- c. Provide ongoing training and technical assistance necessary to make entities funded by HHS aware that language assistance services must be provided at no cost to those in need of language assistance services provided in order to comply with Title VI and Section 1557.
- d. Each fiscal year, submit a budget justification for message development and dissemination to raise awareness of available language assistance services. Consider provisions for determining threshold languages and development of guidance pertaining to it.

Utilize various methods and networks, including public service announcements, non-English media, and community-and faith-based resources to ensure that LEP communities served by the Agency are aware that language assistance services are provided at no cost to them. In addition, find opportunities to inform behavioral health partners and individuals with LEP that the HHS LEP Guidance is also available in languages other than English.

Develop and prominently display appropriate language **taglines** on vital documents, web pages currently available in English only, or only available in a limited number of non-English languages, technical assistance, and outreach materials, as well as other documents notifying intended audiences that language assistance is available at no cost and how it can be obtained.

Cost Estimate: Specific costs to implement this action step will be identified on a yearly basis. SAMHSA will explore the most cost-effective means to notify its consumers of the availability of language Assistance at no cost to them.

ELEMENT 6



Staff Training



SAMHSA will commit resources and provide employees training as necessary to ensure management and staff understand and can implement the policies and procedures of the SAMHSA LAP. SAMHSA should ensure its employees have access to performance-related expectations and training opportunities that support their capacity and capability to provide meaningful communication to individuals with LEP. Online training should be available to all employees and new hires on a regular basis.

DESCRIPTION:

SAMHSA provides training to its employees to understand the Agency's responsibilities of providing language assistance services to individuals with LEP and people with disabilities.

Action Steps:

- a. Within 180 days of issuance of this LAP, designate an Office or official responsible for developing, implementing, and committing resources necessary to train agency-designated employees to implement elements of this LAP that address delivery of language assistance services as well as regularly monitor the efficacy of language assistance training provided to managers and public facing staff.
- b. Develop a process that ensures overall employee awareness of the SAMHSA LAP. This process will include, but is not limited to, ensuring the SAMHSA LAP is provided to all new staff during the new hire onboarding process, shared with all staff during a SAMHSA All Hands quarterly staff meeting, and published on the SAMHSA employee intranet.
- c. Work with SAMHSA's management and communications Offices to notify employees that SAMHSA provides language assistance and informs employees on how to provide assistance or otherwise contact the Office or official responsible for ensuring the provision of language assistance services. This may include greater promotion across the Agency in disseminating information on [SAMHSA's Language Assistance Services](#).
- d. Disseminate training materials related to providing culturally and linguistically appropriate services, whether newly developed or pre-existing, that assist management and staff in procuring and providing meaningful communication for individuals with LEP. The federal learning management system (LMS) could be a useful resource to consult for training materials regarding, for example, [Plain Writing Act of 2010, Section 508](#), and the [National CLAS Standards](#). Staff also may be supported in taking training through other appropriate governmental or non-governmental programs to strengthen their understanding of language access.

- e. Develop a dedicated resource webpage on the intranet that can serve as a repository of Standard Operating Procedures (SOPs), guidance documents, materials, training opportunities, and other resources.

Cost Estimate: Specific costs to implement this action step will be identified on a yearly basis. SAMHSA will explore the most cost-effective means to provide employees with language access-related training.

ELEMENT 7

**Assessment & Accountability:
Access, Quality, Resources, Reporting**

SAMHSA will regularly assess the accessibility and quality of language assistance services available to individuals with LEP and individuals with disabilities, maintain an accurate record of language assistance services provided by the Agency, document financial and staff resources dedicated to providing language assistance, and annually report progress made to fully implement this LAP.

DESCRIPTION:

To increase availability and quality of language assistance services, SAMHSA will designate an Office or official to establish an infrastructure to annually assess SAMHSA's language assistance services and make recommendations for improvements. Specifically, the designated Office or official will assess the availability and quality of services provided to individuals with LEP and people with disabilities.

Action Steps:

- a. Within 180 days of issuance of this LAP, designate an Office or official responsible for developing, implementing, and committing resources necessary to regularly monitor and annually assess relevant practices and procedures, focusing on progress made by SAMHSA to improve and ensure the quality and accuracy of language assistance services provided to individuals with LEP and people with disabilities, while also addressing challenges.³⁴
- b. Implement methods for measuring improvements in language access in individual programs and activities and take steps to ensure that such information is collected in a manner that increases comparability, accuracy, consistency across programs and activities and takes into consideration guidance provided by the HHS Language Access Steering Committee.
- c. Implement a SAMHSA-wide process to annually report to the HHS Language Access Steering Committee on Agency progress implementing each element of this LAP, effective practices, and barriers to improving their language access program, in accordance with the HHS Language Access Steering Committee reporting timelines.
- d. Address, in accordance with policies and procedures developed under Element 4, complaints received regarding language assistance services and products, or other services provided by SAMHSA, in a timely manner, and retain a record of any resolution of such complaints. Whenever feasible, resolutions and agreements should be made public.

Cost Estimate: Specific costs to implement this action step will be identified on a yearly basis. SAMHSA will explore the most cost-effective means to engage and consult with behavioral health partners.

ELEMENT 8



Consultations with Behavioral Health Partners

SAMHSA shall plan ahead to: 1) engage in robust dialogue with behavioral health partners, such as behavioral health service providers, federal financial recipients such as behavioral health grantees or contractors, community-based organizations, consumers, academicians, and persons with lived experience to identify language assistance needs of individuals with LEP; 2) implement appropriate language access strategies to ensure individuals with LEP have meaningful access in accordance with assessments of consumer need and Agency capacity; and 3) evaluate progress on an ongoing basis.

DESCRIPTION:

SAMHSA shall obtain insight from behavioral health partners. This information may be critical for conducting needs assessments, capacity, and accessibility under Elements 1 and 7. Behavioral health partners can provide qualitative and first-hand data to help SAMHSA address the needs of individuals with LEP.

Consultations can take many forms, from gathering information through town hall style webcasts, (video) conference calls, letters, and in-person meetings with behavioral health partners, to posting information to Agency websites for public comment.

Action Steps:

- a. Within 180 days of issuance of this LAP, designate an Office or official responsible for identifying and developing opportunities to include partners in the development of policies and practices that enhance access to SAMHSA programs and activities for persons with LEP and people with disabilities.
- b. Inform partners of this LAP and coordinate conversations with partners on a regular basis to assess the accessibility, accuracy, cultural appropriateness, and overall quality of the Agency's language assistance services.
- c. Share HHS and SAMHSA LAPs and resources with appropriate partners in an accessible manner and solicit their feedback to inform SAMHSA's LAP.
- d. Look for opportunities to organize a partner engagement activity to learn about challenges and opportunities for improvement in the Agency's language access program. The partner engagement activity should result in concrete action steps by the Agency.
- e. Post Agency LAPs and resources on the SAMHSA website in accessible formats, and in multiple languages, as well as contact information to submit questions and comments.

Cost Estimate: Specific costs to implement this action step will be identified on a yearly SAMHSA will explore the most cost-effective means to engage and consult with behavioral health partners.

ELEMENT 9



Digital Information

DESCRIPTION:

Executive Order 13166 also applies to SAMHSA's web materials content and activities. SAMHSA will take reasonable steps to translate public website content and electronic documents containing vital information about SAMHSA programs and services in a culturally appropriate manner, with inclusion of multicultural images, as laid out on the LAP's Element 3 section (Written Translation).

SAMHSA Centers and Offices shall determine which electronic documents contain vital information, identify the appropriate languages for translation and translate the vital information, starting with a language other than English at a minimum. The Agency will maintain web pages accessible to the general public, which should also include information describing the availability of language assistance. For example, website home pages or other points of access should link in languages other than English to web pages in those same non-English languages.



When evaluating existing and emerging technologies, SAMHSA considers language access needs, the resources available to meet those needs, and the effect technology can have on the access communities have to SAMHSA materials, resources, and behavioral health services. To ensure access to **digital information** by all the communities it serves, SAMHSA continues to explore cost-effective options to improve the accessibility of translated and culturally adapted materials on its website.

Action Steps:

- a. Within 180 days of issuance of this LAP, designate an Office or official responsible for, and capable of, establishing and maintaining an infrastructure that effectively distributes in-language information online in a manner that promotes meaningful access for individuals with LEP, and regularly monitor efficacy, quality, readability, and accessibility of translated materials.
- b. Prominently display links on the SAMHSA website to the SAMHSA LAP and to other documents available in non-English languages.
- c. Develop procedures for creating, posting, and updating multilingual web content, digital materials, and social media posts that are accessible to all audiences.
- d. Leverage social media, email dissemination, and/or text message services to increase awareness and utilization of Agency programs, activities, language assistance services, and products available in non-English languages by individuals with LEP and people with disabilities.
- e. Use and promote the resources on www.lep.gov by providing links to the LEP.gov website on the SAMHSA website. Leverage [HHS digital policies](#) and [U.S. Web Design Standards](#) for guidance on multilingual display guidance and options for SAMHSA's website and SAMHSA-funded websites.

- f. Regularly monitor the efficacy, quality, readability, and accessibility of translated materials provided online to promote ease of use and access. Regularly consider and evaluate advancements in technology such as artificial intelligence, including machine learning, to expedite translation while committing qualified human translators and editors for review.
- g. Ensure all electronic technology is compliant with Section 508 of the Rehabilitation Act of 1973.
- h. Provide attendees the option to request auxiliary aids and services or reasonable modifications in the meeting invitation so that individuals with disabilities may take part in the meeting. In practice, this will generally amount to requests for captioning and/or sign language interpreters so that attendees with disabilities may participate.

Cost Estimate: Specific costs to implement this action step will be identified on a yearly basis. SAMHSA will explore the most cost-effective means to translate public website content and electronic documents containing vital information about SAMHSA programs and services.

ELEMENT 10



Grant Assurance and Compliance by Recipients of HHS Funding

SAMHSA will ensure that federal financial award recipients, including its grantees and contractors, understand and comply with their obligations under civil rights statutes and regulations enforced by HHS that require them to provide language assistance services. Further, SAMHSA shall strive to provide direct funding specifically for language access, to increase the resources needed to reach the goals and benchmarks herein. To the extent feasible, SAMHSA will provide technical assistance and training on this requirement to their federal financial recipients.

SAMHSA will ensure that federal financial award recipients, including its grantees and contractors, understand and comply with their obligations under civil rights statutes and regulations enforced by HHS that require them to provide language assistance services.

DESCRIPTION:

Recipients of federal funds must comply with federal civil rights laws and provide written notice of their legal obligation and compliance with regulations as they relate to language access. Program reviews can present opportunities for reviewers to determine if recipients are complying with program and civil rights regulations. To help ensure recipients of SAMHSA funding meet their program and civil rights obligations, civil rights guidance and increased compliance monitoring should be included in grant announcements, requirements, and policies. Complaints should be addressed in a timely and reasonable manner.

Action Steps:

- a. Within 180 days of issuance of this LAP, designate an Office or official responsible to work with SAMHSA's Office of Financial Resources, and as applicable, HHS's Office of the Assistant Secretary for Financial Resources (ASFR) to ensure: 1) development of a mechanism for funding language assistance services provided by recipients; and 2) establishment of a reasonable schedule for providing language assistance services funding depending on the recipient's size, service population, and capacity for covering costs for language assistance services through non-federally funded resources.
- b. Designate an Office or official responsible for ensuring recipients: 1) are aware of their language access obligations under Title VI and Section 1557; 2) have plans for serving persons with LEP and persons with disabilities that ensure their programs and activities are capable of complying with the assurances they give in exchange for HHS funds;³⁵ 3) understand the process for including budget lines in their proposals for providing language assistance services;³⁶ 4) annually report the amount and type of language assistance services provided to their consumers and the languages in which the services were provided.³⁷ 5) receive, resolve and document complaints in a timely manner; and 6) follow guidance and technical assistance provided by SAMHSA.

- c. In consultation with the SAMHSA grants, including state block grants, and contracts divisions: develop and incorporate LEP requirements or best practices in funding opportunity announcements and contract solicitations, e.g., requiring applicants to submit language access procedures or policies with their applications and proposal, including a quality control and improvement plan for language assistance services; providing notices of the availability of language assistance services at no cost; providing vital program documents in the top languages spoken by the communities they serve; including budgets in their applications to provide language assistance services; and demonstrating the ability to serve communities with LEP and people with disabilities. assistance services; providing notices of the availability of language assistance services at no cost; providing vital program documents in the top languages spoken by the communities they serve; including budgets in their applications to provide language assistance services; and demonstrating the ability to serve communities with LEP and people with disabilities.
- d. Train SAMHSA staff who communicate with HHS-funded entities about the requirements of Title VI and Section 1557 and offer training resources to promote awareness of the HHS LEP Guidance. Ensure SAMHSA program staff can make current and prospective recipients of Agency funds aware of their obligations under federal civil rights statutes and regulations, especially obligations under Title VI and Section 1557 with respect to LEP accessibility, including ensuring persons with LEP can utilize language assistance services.
- e. Incorporate questions about language accessibility and meaningful communication in SAMHSA onsite program reviews, questionnaires, or surveys designed to determine compliance with grant obligations.
- f. Ensure civil rights compliance language and guidance is included in SAMHSA's program outreach materials to the extent feasible, including ensuring compliance by the grant recipient's program staff, **sub-recipients**, and contractors.
- g. Develop SAMHSA grantee-oriented and contractor-oriented materials explaining recipient responsibilities for compliance with federal civil rights statutes and regulations with links to relevant guidance and civil rights complaint forms in multiple languages and multimedia formats.
- h. Provide and promote links to resources and technical assistance documents on SAMHSA's program webpage(s).
- i. Create an email address for the public to file a complaint to SAMHSA when SAMHSA's federal financial award recipient fails to comply with SAMHSA language access policy.

ENDNOTES

1. Terms that are bolded are included in the glossary in Appendix A.
2. This plan is primarily focused on meaningful access for individuals with LEP, however, the Department recognizes the requirements for effective communication with persons with disabilities under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and Section 1557 of the Affordable Care Act. While this plan does not primarily focus on effective communication with individuals with disability, many aspects of this plan also apply to ensuring that agencies are communicating effectively with persons with disabilities and, therefore, the plan makes reference to some, but certainly not all, effective communication requirements.
3. U.S. Census Bureau American Community Survey Reports, Language Use in the United States: 2019 (Aug. 2022), <https://www.census.gov/content/dam/Census/library/publications/2022/acs/acs-50.pdf>
4. U.S Census Bureau. What languages do we speak in the United States? (Dec 2022), <https://www.census.gov/library/stories/2022/12/languages-we-speak-in-united-states.html>
5. Households in which there are no members aged 14 or over who speak only English or speak English “very well” are considered “limited English-speaking” households.
6. Bauer, A. M., Chen, C., Alegria, M. English language proficiency and mental health service use among Latino and Asian Americans with mental disorders (2010) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3135417/pdf/nihms299968.pdf>
7. Sentell, T., Shumway, M., & Snowden, L. Access to mental health treatment by English language proficiency and race/ethnicity (2007) <https://link.springer.com/article/10.1007/s11606-007-0345-7>
8. Garcia, M. E., Hinton, L., Gregorich, S. E., Livaudais-Toman, J., Kaplan, C., & Karliner, L. Unmet Mental Health Need Among Chinese and Latino Primary Care Patients: Intersection of Ethnicity, Gender, and English Proficiency (2020) <https://link.springer.com/article/10.1007/s11606-019-05483-9>
9. Bauer, A. M., & Alegria, M. The impact of patient language proficiency and interpreter service use on the quality of psychiatric care: A systematic review (2010) <https://ps.psychiatryonline.org/doi/epdf/10.1176/ps.2010.61.8.765>
10. Gopalkrishnan N. Cultural diversity and mental health: Considerations for policy and practice (2018) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6018386/>
11. The American Psychological Association (2023) APA Dictionary of Psychology. <https://dictionary.apa.org/culture-bound-syndrome>
12. Pérez-Stable, E. J., & El-Toukhy, S. Communicating with diverse patients: How patient and clinician factors affect disparities (2018) <https://www.sciencedirect.com/science/article/abs/pii/S0738399118305676>
13. Annaswamy, T. M., Verduzco-Gutierrez, M., & Frieden, L. Telemedicine barriers and challenges for persons with disabilities: COVID-19 and beyond (2020) https://www.sciencedirect.com/science/article/pii/S1936657420301047?ref=pdf_download&fr=RR-7&rr=856145ab8c293ade
14. Takayama, K., & Crowe, T. Deaf and hard of hearing Asian consumers of the Maryland behavioral health service system (2024) <https://nsuworks.nova.edu/jadara/vol56/iss1/1/>
15. EO 13166 directs federal agencies to improve access to federally funded programs and activities by persons with LEP, and to implement a system by which limited English proficient persons can meaningfully access the agency’s services. Executive Order (EO) 13166, Improving Access to Services for Persons With LEP (Dec. 12, 2000).
16. EO 13985 requires each agency to “produce a plan for addressing any potential barriers that underserved communities and individuals may face to enrollment in and access to benefits and services in Federal programs.”
17. EO 13995 established the COVID-19 Health Equity Task Force, which is directed to make recommendations for agencies to provide effective, culturally aligned communication, messaging, and outreach to underserved communities.
18. EO 14031 directs Secretary Becerra to co-chair the White House Initiative on Asian American, Native Hawaiians, and Pacific Islanders (WHIAANHPI), a federal interagency working group directed to “advance equity, justice, and opportunity for AA and NHPI communities by coordinating Federal interagency policymaking and program development efforts to eliminate barriers to equity, justice, and opportunity faced by AA and NHPI communities.” Language access is one of three key issues that impact the health and well-being of AA and NHPI communities.

ENDNOTES

19. EO 14091 requires agencies to “consider opportunities to . . . improve accessibility for people with disabilities and improve language assistance services to ensure that all communities can engage with agencies’ respective civil rights offices, including by fully implementing EO 13166 of August 11, 2000 (Improving Access to Services for Persons with LEP).”
20. Mem. from OCR Dir. Melanie Fontes Rainer to Heads of Operating and Staff Divisions (Oct. 7, 2022) (on file with OCR).
21. This Language Access Plan intends only to improve the internal management of SAMHSA and does not create any right or benefit, substantive or procedural, enforceable at law or equity by a party against the United States, its agencies, its officers or employees, or any person.
22. Title VI of the Civil Rights Act of 1964, as amended (42 USC § 2000d), prohibits discrimination on the basis of race, color, or national origin (including LEP) in programs and activities receiving federal financial assistance. See 45 C.F.R. § 80.
23. Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. § 18116) prohibits discrimination on the grounds of race, color, national origin (including LEP), sex, age, or disability in any health program or activity that receives Federal financial assistance from HHS or is administered by HHS.
24. Specifically, these laws require reasonable steps must be taken to provide meaningful access to LEP individuals (Section 1557; Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68 Fed. Reg. 47311, 47320 (Aug. 8, 2003)), and individuals must be provided with an equal opportunity to participate in and benefit from programs (Title VI, Section 1557).
25. Under Title VI of the Civil Rights Act of 1964 and implementing regulation, failure of a recipient of federal financial assistance to take reasonable steps to provide meaningful access for persons with LEP to covered programs and activities could violate Title VI.
26. There are different legal standards for communicating with individuals with LEP and those with disabilities, i.e., “effective communication “ and “meaningful access,” so we are keeping them distinct throughout.
27. Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. §§ 12131-12134), as amended by the ADA Amendments Act of 2008 (ADA Amendments Act) (Pub. L. 110-325, 122 Stat. 3553 (2008)), prohibits discrimination on the basis of disability by public entities. The ADA regulations generally designate HHS as the agency with responsibility for investigating complaints of discrimination in “programs, services, and regulatory activities relating to the provision of health care and social services.” 28 C.F.R. § 35.190(b)(3).
28. Section 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), prohibits discrimination against otherwise qualified individuals on the basis of disability in programs and activities receiving financial assistance from HHS (45 C.F.R. § 84), and programs or activities conducted by HHS (45 C.F.R. § 85).
29. Section 508 of the Rehabilitation Act of 1973 (29 USC § 794(d)) prohibits discrimination on the basis of disability in information and communication technology as they relate to programs and activities conducted by HHS.
30. Though these benchmarks specifically address language access barriers for individuals with LEP, effective communication and accessibility obligations for individuals with disabilities may also apply. The Department and its components must take appropriate steps to ensure that its communications with individuals with disabilities are as effective as its communications with others.
31. The Department is obligated to take appropriate steps to ensure effective communication with individuals with disabilities under Federal nondiscrimination laws, including Section 504 of the Rehabilitation Act and Section 1557 of the Affordable Care Act. This Language Access Plan includes some recommendations to help advance effective communication but does not cover every effective communication obligation required by law.
32. See <https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/index.html>
33. 68 Fed. Reg. 47311 (Aug. 8, 2003).
34. See Interagency Working Group on LEP’s Foreign Language Services Ordering Guide, [https://www.gsa.gov/system/files/Foreign_Language_Services_\(1\).pdf](https://www.gsa.gov/system/files/Foreign_Language_Services_(1).pdf)

ENDNOTES

35. All recipients of HHS funds must sign a form [HHS 690](#) that states they will comply with federal civil rights laws; Title VI and Section 1557 include LEP requirements and are included on the HHS 690. However, recipients of financial assistance from HHS often do not fully understand their LEP obligations under these laws.
36. Designated offices or officials will need to coordinate with ASFR on this deliverable.
37. Offices or officials responsible for implementing Element 10 will need to coordinate with the office or official responsible for implementing Element 7.

APPENDIX A: DEFINITIONS

Note: Any related definitions that may be issued under Section 1557 will complement or supersede the broad working definitions set forth below.

DOCUMENT TERMINOLOGY	TERMINOLOGY DEFINED
Agency	Agency refers to HHS Operating Divisions (such as CDC, FDA or NIH) and Staff Divisions (such as the Office for Civil Rights or the Office of the Assistant Secretary for Public Affairs). Operating Divisions focus on specific programs and activities as authorized by Congress. Staff Divisions are part of the Office of the Secretary and serve in a coordinating role for the Department.
Applicant	Any person who inquires about, or submits, an application for public assistance benefits under any program or service.
Artificial Intelligence	A machine-based system that can, for a given set of human-defined objectives, make predictions, recommendations or decisions influencing real or virtual environments.
Auxiliary Aids and Services	Tools or assistance provided to communicate with people who have communication disabilities.
Behavioral Health	Public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.
Behavioral Health Equity	The right to access high-quality and affordable healthcare services and supports for all populations, including Black, Latino, and Indigenous and Native American persons; Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.
Behavioral Health Partner	Behavioral health advocates and allies external to SAMHSA, including, but not limited to, persons with lived experience in behavioral health; family members, friends and caregivers, federal financial recipients such as contractors, vendors, and grantees; community-focused organizations such as advocacy groups, religious institutions, non-governmental organizations; behavioral health service providers such as community health clinics, hospitals, health insurers, and independent behavioral health practitioners; behavioral health language access representatives such as behavioral health translators and interpreters; and disability rights advocates etc.

DOCUMENT TERMINOLOGY	TERMINOLOGY DEFINED
<p>Bilingual/Multilingual Staff</p>	<p>A staff member who has advanced proficiency (e.g., proficiency at or above the Federal Interagency Language Roundtable (https://www.govtilr.org) level 3 in listening, reading, and speaking or above the American Council on the Teaching of Foreign Languages “Superior” level in listening, reading, and speaking) in English and at least one other language and has knowledge of and experience with specialized terminology necessary for meaningful communication. A staff member who only has a rudimentary familiarity with a language other than English shall not be considered Bilingual/Multilingual Staff.</p> <p>Bilingual/Multilingual Staff should not interpret or translate unless they have separately met the requirements of being a qualified interpreter or translator. Bilingual/Multilingual Staff must be given clear roles and expectations regarding whether they are performing their job duties in-language or serving as qualified interpreters or translators.</p> <p>A distinction should be made between Bilingual/Multilingual Staff who provide services directly in a non-English language (e.g., call center staff) and those who interpret, as the assessment and skills required for each differ.</p>
<p>Contractor</p>	<p>Any entity that performs work or provides services on behalf of an agency or division under a contractual agreement with reimbursement.</p>
<p>Culture</p>	<p>A Blueprint for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care defines culture as the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics. Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetimes.</p>
<p>Culture-Bound Syndrome</p>	<p>A pattern of mental illness, distress, and/or symptoms that is unique to a specific ethnic or cultural population and does not conform to standard classifications of psychiatric disorders. Culture-bound syndromes include, among others, amok, amurakh, bangungut, hsieh-ping, imu, jumping Frenchmen of Maine syndrome, koro, latah, mal de pelea, myriachit, piblokto, susto, voodoo death, and windigo psychosis. It is also called culture-specific syndrome and cultural concepts of distress.</p>
<p>Consumer</p>	<p>Individuals, businesses, and organizations that interact with an HHS agency or program. The term consumer is inclusive of beneficiaries and behavioral health partners.</p>

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Digital Information	Information, as defined in OMB Circular A-130, which the government produces and provides digitally to help individuals access HHS conducted programs and activities for which they are individually eligible to participate. OMB Circular A-130 defines digital information as any communication or representation of knowledge such as facts, data, or opinions in any medium or form, including textual, numerical, graphic, cartographic, narrative, or audiovisual forms.
Direct “in-language” communication	Monolingual communication in a language other than English between a multilingual staff and a person with LEP (e.g., Korean to Korean).
Disaggregated Data	Data that separates out subgroups to provide the most descriptive and detailed information possible; for example, rather than using data about “Asian languages” or “Native American languages,” disaggregated data would indicate which specific languages are spoken by an individual or at the community level. Disaggregated data may also include information about varied dialects, as well as more specific national origin information.
Effective Communication	For communication disabilities, it refers to aids and services to ensure that communication with people with disabilities, such as people who are deaf or hard of hearing, is as effective as communication as for people without disabilities. Auxiliary aids and services must be provided when needed to achieve effective communication.
Equity	Executive Order 13985 defines “equity” as the consistent and systematic, fair, just, and impartial treatment of all individuals, including those who belong to underserved communities that have been denied such treatment.
Grantee	A non-Federal entity that receives a SAMHSA Notice of Award to carry out activities under a SAMHSA grant program. The Notice of Award notifies the non-Federal entity that their application for funding to a SAMHSA grant program has been approved and details the expectations of the grantee to receive the award. Grantees are also called grant recipients.
Health Disparities	A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

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<p style="text-align: center;">Interpretation</p>	<p>The act of listening, understanding, analyzing, and processing a spoken communication in one language (source language) and then accurately orally rendering it into another spoken language (target language) while retaining the same meaning. For individuals with certain disabilities that affect communication, this can include understanding, analyzing, and processing a spoken or signed communication in the source language and faithfully conveying that information into a spoken or signed target language while retaining the same meaning.</p>
<p style="text-align: center;">Intersectional Data</p>	<p>Data that combines or otherwise includes information about more than one demographic or other characteristic; for example, intersectional data would include data regarding national origin and LEP status, and/or data regarding Native American women (thus analyzing data about the intersection of race and gender). It may also include data about literacy rates, poverty rates, familial status, or other characteristics relevant to social determinants of health.</p>
<p style="text-align: center;">Language Access</p>	<p>The ability of individuals with LEP to communicate with HHS employees and contractors, and meaningfully learn about, apply for, or participate in HHS programs, activities, and services.</p>
<p style="text-align: center;">Language Assistance Services</p>	<p>All oral, written, and signed language services needed to assist individuals with LEP and people with disabilities to communicate effectively with HHS staff and contractors and gain meaningful access and an equal opportunity to participate in the services, activities, programs, or other benefits administered by HHS.</p>
<p style="text-align: center;">Limited English Proficiency (LEP)</p>	<p>An individual who does not speak English as his or her preferred language and who has a limited ability to read, write, speak, or understand English in a manner that permits him or her to communicate effectively with HHS and have meaningful access to and participate in the services, activities, programs, or other benefits administered by HHS. Individuals with LEP may be competent in English for certain types of communication (e.g., speaking or understanding), but have limited proficiency in English in other areas (e.g., reading or writing). LEP designations are also context-specific; an individual may possess sufficient English language skills to function in one setting (e.g., conversing in English with coworkers), but these skills may be insufficient in other settings (e.g., addressing court proceedings). An individual who is deaf or hard of hearing may also have limited proficiency in spoken or written English.</p>

DOCUMENT TERMINOLOGY	TERMINOLOGY DEFINED
Language Justice	A state of existence where individuals and communities can communicate in their preferred language without a dominant language negatively defining—for some—the structures, systems, and spaces of society.
Machine Translation	Automated translation that is text-based and provides instant translations between various languages, sometimes with an option for audio input or output. Machine translations are not a substitute to translations accomplished by a qualified translator, and often miss important nuance and meaning of the original text—especially within technical or culturally-bound texts. Accordingly, they should never be used for important communications or final products without involvement of a qualified translator.
Meaningful Access	Language assistance that results in accurate, timely, and effective communication at no cost to the individual with LEP needing assistance. Meaningful access denotes access that is not significantly restricted, delayed, or inferior as compared to programs or activities provided to English-proficient individuals.
Plain Language	Plain language as defined in the Plain Writing Act of 2010 is writing that is “clear, concise and well organized.
Preferred/Primary Language	The language that LEP individuals identify as the preferred language that they use to communicate effectively.
Qualified Interpreter or Translator	A bilingual/multilingual person who has the appropriate technical and cultural training and experience or demonstrated ability to fully understand, analyze, and process and then faithfully render a spoken, written, or signed message in one language into a second language and who abides by a code of professional practice and ethics. In the context of disabilities, a qualified interpreter is one who is able to interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. A child shall not be considered a qualified translator or interpreter, nor shall a family member or employee who does not meet the minimum qualifications specified above.
Recovery	SAMHSA defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. This definition is realized through four major dimensions: <ol style="list-style-type: none"> 1. Health: overcoming or managing one’s disease(s) or symptoms, and making informed, healthy choices that support physical and emotional well-being. 2. Home: having a stable and safe place to live. 3. Purpose: conducting meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society. 4. Community: having relationships and social networks that provide support, friendship, love, and hope.

DOCUMENT TERMINOLOGY	TERMINOLOGY DEFINED
Sight Translation	The oral or signed rendering of written text into spoken or signed language by an interpreter without change in meaning based on a visual review of the original text or document.
Sign Languages	Languages that people who are deaf or hard of hearing use in which hand movements, gestures, and facial expressions convey grammatical structure and meaning. There is no universal sign language. Different sign languages are used in different countries or regions. For example, British Sign Language (BSL) is a different language from ASL, and Americans who know ASL may not understand BSL.
Sub-recipient	An entity that, on behalf of and in the same manner as a recipient of federal financial assistance, provides services to and has contact with applicants to and participants in a program administered by a recipient of federal financial assistance, but does not include an individual applicant or participant who is a beneficiary of the program.
Tagline	Brief message that may be included in or attached to a document. Taglines in languages other than English are used on documents (including websites) written in English that describe how individuals with LEP can obtain translation of the document or an interpreter to read or explain the document. Section 1557 and Title VI will prescribe the languages that must be included in such tagline notices but covered entities may also add more languages.
Translation	The process of converting written text from a source language into an equivalent written text in a target language as fully and accurately as possible while maintaining the style, tone, and intent of the text, while considering differences of culture and dialect.
Trauma-Informed Approaches	<p>A guiding principle that recognizes and intentionally responds to the lasting adverse effects of experiencing traumatic events, defined through six key principles:</p> <ol style="list-style-type: none"> 1. Safety: participants and staff feel physically and psychologically safe. 2. Peer support: peer support and mutual self-help are vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing lived experience. 3. Trustworthiness and transparency: decisions are conducted with the goal of building and maintaining trust. 4. Collaboration and mutuality: importance is placed on partnering and leveling power differences. 5. Cultural, historical, and gender issues: cultural and gender-responsive services are offered while moving beyond stereotypes/biases. 6. Empowerment, voice, and choice: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.

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<p>Underserved Communities</p>	<p>Population groups that experience greater obstacles to health, based on characteristics such as, but not limited to, race, ethnicity, religion, income, geography, gender identity, sexual orientation, and disability.</p>
<p>Vital Document</p>	<p>Paper or electronic written material that contains information that is critical for accessing a component's programs or activities or is required by law. Vital documents include, but are not limited to: critical records and notices as part of emergency preparedness and risk communications; online and paper applications; consent forms; complaint forms; letters or notices pertaining to eligibility for benefits; letters or notices pertaining to the reduction, denial, or termination of services or benefits that require a response from an individual with LEP; written tests that evaluate competency for a particular license, job, or skill for which knowing English is not required; documents that must be provided by law; and notices regarding the availability of language assistance services for individuals with LEP at no cost to them.</p>

APPENDIX B: LANGUAGE ACCESS RELATED RESOURCES

Federal Government

- **Agency for Healthcare Research and Quality**
<https://www.ahrq.gov/teamstepps-program/resources/additional/check-back.html>
<https://www.ahrq.gov/teamstepps-program/resources/additional/cus-words.html>
- **Americans with Disabilities Act**
<https://www.ada.gov/topics/intro-to-ada>
- **CMS Guide to Developing a Language Access Plan**
<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan.pdf>
- **Department of State Office of Language Services:**
 Frequently Asked Questions - United States Department of State
<https://www.state.gov/frequently-asked-questions-office-of-language-services/>
- **Federal Interagency Working Group on LEP**
www.lep.gov
- **Federal Plain Language Guidelines**
<https://www.plainlanguage.gov/media/FederalPLGuidelines.pdf>
- **Health Literacy Online: A Guide to Writing and Designing Easy-to-Use Health Web Sites**
https://health.gov/healthliteracyonline/2010/Web_Guide_Health_Lit_Online.pdf
- **Interagency Language Roundtable**
www.govtilr.org/
- **National Action Plan to Improve Health Literacy**
<https://health.gov/our-work/national-health-initiatives/health-literacy/national-action-plan-improve-health-literacy>
- **Office for Civil Rights: Language Access Resources**
www.hhs.gov/lep
- **Office of Minority Health**
<https://thinkculturalhealth.hhs.gov/clas>
<https://minorityhealth.hhs.gov/clas-behavioral-health-implementation-guide>

SAMHSA

- **African American Behavioral Health Center of Excellence**
<https://www.samhsa.gov/african-american-behavioral-health-center-of-excellence>
- **American Indian and Alaska Native Behavioral Health Center of Excellence**
<https://www.samhsa.gov/american-indian-alaska-native-behavioral-health-center-excellence>
- **Asian American, Native Hawaiian, and Pacific Islander 'Ohana Behavioral Health Center of Excellence**
<https://www.samhsa.gov/aanhpi-coe>
- **Hispanic/Latino Behavioral Health Center of Excellence**
<https://www.samhsa.gov/hispanic-latino-behavioral-health-coe>
- **LGBTQ+ Behavioral Health Equity Center of Excellence**
<https://www.samhsa.gov/lgbtq-plus-behavioral-health-equity>
- **National Network to Eliminate Disparities in Behavioral Health (NNED)**
<https://www.samhsa.gov/behavioral-health-equity/nned>

Non-Governmental Entities

- **American Translators Association**
<https://www.atanet.org/>
- **Certification Commission for Healthcare Interpreters**
<https://cchicertification.org/>
- **International Organization for Standardization:**
Standards for Translation, interpreting and related technology (ASTM F43, ISO/TC 37/SC 5)
<https://www.iso.org/committee/654486.html>
- **National Board of Certification for Medical Interpreters**
<https://www.certifiedmedicalinterpreters.org/>
- **National Council on Interpreting in Health Care**
<https://ncihc.memberclicks.net/>

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

1-877-SAMHSA -7 (1-877-726-4727) | 1-800-487-4889 (TDD) | www.samhsa.gov

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Substance Abuse and Mental Health
Services Administration