



## Limited English Proficiency & Access (LEPA) Policy

### Overview

Enlace Comunitario's (EC) genesis in 2000 occurred, in part, to bridge a gap in services for domestic violence (DV) survivors whose primary language was not English or who had limited English proficiency (LEP)—specifically Spanish-speaking Latinx immigrants. As such, EC is committed to providing meaningful access to our integrated DV intervention and prevention services for all DV survivors regardless of language ability or proficiency, especially as it relates to the English language. EC also is committed to ongoing LEPA policy enhancements as it relates to supporting DV survivors with disabilities. Our LEPA Policy is an integral part of EC's Inclusion, Diversity, Equity, and Access (IDEA) Policy.

For the purposes of this policy, "Limited English Proficiency" (LEP) is defined as follows: "The inability to speak, read, write, or understand the English language at a level that permits individuals to interact effectively with EC staff and convey their service needs." (Given that all of EC's services are client directed, we have emphasized the latter half of the definition to underscore the importance of clients being able to relay what they need, how and when they need it, and any specifics related to their requests.)

EC embeds accessibility within our trauma-informed methodology. As the only culturally specific service provider for Spanish-speaking Latinx immigrant DV survivors in Central New Mexico, EC ensures our intervention and prevention staff members provide free, linguistically appropriate services to immigrant DV survivors. EC works to provide clients who request in-person access to our services with transportation assistance (e.g., bus passes, rideshare reimbursement, or gas cards) as funding allows—so that they can reach our facility.

### Accessible Services for LEP Clients & Clients with Disabilities

EC's intervention and prevention teams are fully bilingual and offer all services in Spanish. Moreover, as part of EC's comprehensive client case management process, EC offers limited translation and interpretation services to ensure clients can communicate with other (external) case-related professionals who are monolingual English speakers (e.g., judges, attorneys, school personnel, psychiatrists, nurses, and social workers). For non-Spanish-speaking clients, EC leverages our community partners' linguistic expertise and *never* requests minors to provide interpretation services of confidential information.

Should DV survivors not wish to seek services with EC's partner agencies (see below), or if they cannot due to conflicts of interest, EC will make every effort to serve them regardless of language or language ability.

***Linguistic Services for Non-Spanish Speakers.*** Despite the fact that the vast majority of EC's clients speak Spanish as their first language, EC provides our integrated services to *anyone* requesting support—including non-Spanish speakers. Based on our most recent client



demographic data, 88% of our client base self-identifies as Latinx/Hispanic, with the remaining 12% self-identifying as follows: white (4%); Black/African American (2%); Asian/Asian Pacific Islander (2%); Native American (2%); and Multi-Racial/Other Racial Identity (2%). In order to accommodate clients who request services in languages other than Spanish, EC's Crisis Intervention Specialist and reception team will refer the client to partner agencies (unless, as specified above, they request that their services be provided in-house with EC). EC's staff refers clients of Asian descent whose first language is not Spanish (e.g., Mandarin, Cantonese, Arabic, Farsi/Dari, Korean, Japanese, Thai, Vietnamese, Tagalog, or Urdu) to the New Mexico Asian Family Center (505-717-2877). EC's staff refers clients whose first language is English to the Albuquerque Family Advocacy Center (505-243-2333).

For clients who do not speak a language covered by our partners, EC's Crisis Intervention Specialist, reception staff, and intervention and prevention staff use a language phone line through LanguageLine Solutions (formerly Pacific Interpreters). LanguageLine has an interpreter line (inclusive of video) operated 24 hours a day/seven days a week in over 240 languages (800-752-6096). Since budgets are a concrete reflection of organizational values, we dedicate a budget line to this service annually.

***Services for Deaf and Hard of Hearing Clients, Deaf-Blind Clients, and Clients with Developmental or Intellectual Disabilities.*** Based on nationwide data (e.g., [NCADV statistics](#)), people with disabilities experience violence at an exponentially higher rate than people without disabilities. When an individual's speech, cognition, or mobility are affected by their disability, these rates increase markedly—while response rates by law enforcement decrease, thereby contributing to further isolation and predation by the survivor's abuser.

EC endeavors to ensure our integrated services are intersectional in nature—and include accommodations for deaf and hard of hearing DV survivors, Deaf-Blind survivors, and survivors with intellectual or developmental disabilities.

For coordinating service for deaf and hard of hearing clients and Deaf-Blind clients, EC staff members contact the Community Outreach Program for the Deaf-New Mexico (COPD-NM) by submitting a request via email or phone ([interpreterscheduling@copdnm.org](mailto:interpreterscheduling@copdnm.org) or 505-255-7636) and also leverage the New Mexico Commission for Deaf & Hard of Hearing ([nmcdhh.info@state.nm.us](mailto:nmcdhh.info@state.nm.us); 505-228-7710, voice; 505-435-9319, VP for sign language users).

EC also recognizes the barriers DV survivors with developmental or intellectual disabilities can encounter when accessing DV resources. EC continually assesses our physical space to determine how we can augment and make our facilities increasingly accessible; at present, our primary, public-facing facilities are ADA compliant, and we are exploring options to add additional components to further accommodate clients (and staff) who use mobility, assistive, or service aides. As part of our prevention-focused outreach and education, we underscore the importance of individuals being peer advocates in supporting friends, family members, or other



folx in their lives who may be experiencing abuse; this is especially important for friends of DV survivors with intellectual or developmental disabilities who may have limited means of accessing services. For prospective EC clients who have disabilities, EC is committed to working in a trauma-informed, proactive fashion to ensure clients with disabilities (and any accompanying friends or care coordinators helping to facilitate their access to DV resources) are provided with support. EC is working to frame referral channels between us and local nonprofits/service providers whose mission-driven programs support people with disabilities—to ensure interorganizational feedback loops support DV survivors with disabilities.

### LEPA Frequently Asked Questions (FAQs)

1. **What is EC's process for identifying LEP individuals who need language assistance?** The majority of EC's clients are Spanish speakers. EC staff members answer telephones in Spanish. When callers or walk-in clients speak a language other than Spanish or English, EC staff members leverage LanguageLine (see above: "Linguistic Services for Non-Spanish Speakers").
2. **What percentage of LEP persons is within EC's eligible service population?** Approximately 88% of EC's adult clients and 70% of child clients are LEP individuals. Despite the fact that the majority of EC's clients speak Spanish as their primary language, a small percentage are fully bilingual (Spanish-English).
3. **What is the frequency with which LEP individuals come into contact with EC's services or programs?** EC serves LEP individuals every single day—both in person and via phone/virtual platforms.
4. **What are the resources EC provides to LEP individuals?** EC's mission is predicated upon language accessibility and culturally competent DV intervention and prevention services. All intervention and prevention staff are fully bilingual, and the majority of EC's Board and volunteers are bilingual; all resources are provided in Spanish and English.
5. **What are the language assistance resources EC provides?** See EC's full LEPA policy.
6. **How are EC staff members trained to serve LEP individuals?** As mentioned above (see #4), all direct service staff are fully bilingual (Spanish-English) and are trained to provide trauma-informed best practices that address, honor, center, and respect clients' experiences, fears, needs, and hopes related to their case considerations (e.g., immigration status and language access). As part of staff onboarding, each new staff member is provided with EC's LEPA Policy and all staff are retrained annually.
7. **What is the status of LEP policy development within your organization?** EC crafted and fully adopted the first version of this policy in 2014. EC's LEPA is reviewed annually, and all affiliated contact information is updated accordingly. As we refine and enhance our



services, we update our LEPA policy accordingly (e.g., as we work to streamline our inter-organization communication and outreach channels to better support DV survivors with disabilities).

8. ***How does EC provide information about EC's services to LEP individuals?*** As New Mexico's only culturally and linguistically specific DV service provider, EC is recognized as a local and national leader in providing holistic, linguistically accessible, and trauma-informed DV survivor support.

EC's integrated services address DV through two programmatic arms: prevention and intervention. EC's trauma-informed methodology informs how our intervention and prevention staff members provide free, culturally and linguistically appropriate services to immigrant DV survivors—the vast majority of whom are low-income Latinx, Spanish-speaking women and their dependent children living in Bernalillo, Sandoval, and Valencia Counties (based on 2021 data, approximately 85% of our clients self-identify as women, 15% as men, and ~1% as transgender/nonbinary).

EC's intervention services involve direct, culturally competent engagement with DV survivors, which includes providing services in Spanish. EC's comprehensive, culturally and linguistically appropriate services for survivors and their children include: crisis intervention; safety planning; case management; therapy; housing assistance; life skills and parenting classes; financial capability training; and legal services.

EC's prevention services operate at community and household levels—to inculcate equitable, gender-affirming praxis among parents, youth, and their extended community; doing so mitigates the likelihood of DV-affiliated behaviors being expressed by parents and replicated by affected children, thereby increasing the behavioral health of household members longitudinally. EC's intergenerational prevention programs include: Voces Unidas, a non-therapeutic support group open to the public that provides participants with a safe, affirming environment to connect and share space with DV survivors and individuals who are not yet comfortable identifying as a DV survivor; Youth Leaders, through which youth and adolescent clients/witnesses to DV (ages 13-17) train as peer educators to mitigate peer involvement in DV-affiliated behaviors (e.g., dating abuse or gang activity); Promotoras<sup>1</sup> (community health workers), through which DV survivors build leadership skills to become community-embedded liaisons and health advocates; and prevention classes, including Healthy Relationships (focused on fomenting healthy relationships between intimate partners) and Incredible Years (focused on strengthening parent/caregiver-child bonds). A primary tenet of EC's programming is that DV survivors are the most equipped and knowledgeable experts to

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<sup>1</sup> A "Promotora" is a community educator. The Promotora model is based on a popular train-the-trainer education model that emerged in South America in rural and poor urban areas that typically did not receive services. Although promotoras often promote public health, the model is also used to educate the community about their rights.



lead DV prevention engagement strategies. As frontline EC community ambassadors, Promotoras and Youth Leaders expand EC’s programmatic reach into systemically underserved, high-need communities (e.g., Albuquerque’s South Valley and Westgate communities). Promotoras and Youth Leaders distribute EC’s bilingual outreach materials, including a quarterly newsletter, brochures, and posters.

As part of EC’s strategic communications plan, EC’s website is fully bilingual. Moreover, all of our internal and public-facing collateral is bilingual. As EC works to raise our public profile, we will leverage Spanish language-focused media (e.g., radio, TV, and newspaper) and enhance our community partnerships to facilitate necessary cross-referrals for non-duplicative services to our Spanish- and non-Spanish-speaking clients.

**9. *Have the COVID-19 pandemic and escalating global conflicts affected EC’s LEPA Policy or the way in which EC serves clients?*** Within the context of the pandemic, EC pivoted creatively to formalize a hybrid service provision model that dovetails in-person and virtual engagement with clients; client-focused feedback informed this pivot (in the fall of 2021). Moreover, due to escalating global conflicts that have contributed to record inflation and protracted socioeconomic hardships, EC has received an influx of referrals from partner agencies whose staff capacity has been reduced (due to budgetary reasons or mass resignations)—including many clients who are not LEP individuals. As referenced in “Overview,” we work to assist clients who prefer in-person services with transportation assistance (e.g., bus passes, rideshare reimbursement, or gas cards) to reach our facility. As with all of our services, the services we provide virtually or telephonically are guided by our LEPA Policy. EC also is cognizant that escalating global conflicts (e.g., in 2022) have exacerbated COVID-compounded systemic socioeconomic and health inequities—especially for our LEP clients. EC continues to leverage our integrated services to meet the needs of all of our clients, while recognizing the additional barriers to resources that our LEP clients and clients with disabilities encounter.