

[Third Reprint]

## SENATE, No. 1067

# STATE OF NEW JERSEY

## 221st LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2024 SESSION

**Sponsored by:**

**Senator LINDA R. GREENSTEIN**

**District 14 (Mercer and Middlesex)**

**Senator M. TERESA RUIZ**

**District 29 (Essex and Hudson)**

**Assemblywoman PAMELA R. LAMPITT**

**District 6 (Burlington and Camden)**

**Assemblywoman CAROL A. MURPHY**

**District 7 (Burlington)**

**Assemblywoman HEATHER SIMMONS**

**District 3 (Cumberland, Gloucester and Salem)**

**Co-Sponsored by:**

**Senators Burgess, Diegnan, Singer, McKnight, Zwicker, Mukherji, Gopal, Polistina, Tiver, Moriarty, Stack, Turner, Pennacchio, Schepisi, Holzapfel, Burzichelli, Space, Timberlake, Amato, O'Scanlon, Pou, Henry, A.M.Bucco, McKeon, Assemblymen DePhillips, Sampson, Assemblywomen Quijano, Pintor Marin, Assemblymen Peterson, Calabrese, Assemblywoman Katz, Assemblymen Atkins, Rodriguez, Barlas, Assemblywoman Dunn, Assemblyman Scharfenberger, Assemblywoman Flynn, Assemblymen Auth, DiMaio, Assemblywoman Carter, Assemblymen Bergen, Torrissi, Assemblywoman Matsikoudis, Assemblymen Inganamort, Verrelli, Schnall, DeAngelo, Assemblywoman Hall, Assemblyman Conaway, Assemblywoman Speight, Assemblymen Sauickie, Karabinchak, Assemblywoman Haider, Assemblyman Azzariti Jr., Assemblywoman Ramirez, Assemblyman Marengo, Assemblywomen Peterpaul, Donlon, Tucker, Drulis, Collazos-Gill, Bagolie, Assemblymen Miller, Bailey, Danielsen, Kanitra, Assemblywomen Park, McCann Stamato, Fantasia, Reynolds-Jackson, Assemblyman Clifton, Assemblywomen Swain, Swift, Assemblyman Venezia, Assemblywoman N.Munoz, Assemblymen Myhre, Rumpf, Freiman, Hutchison, Assemblywoman Sumter, Assemblyman McGuckin, Assemblywoman Lopez, Assemblymen Stanley and Moen**

**SYNOPSIS**

Directs DHS to conduct landscape analysis of available mental health services.

**CURRENT VERSION OF TEXT**

As amended on June 2, 2025 by the Senate pursuant to the Governor's recommendations.

(Sponsorship Updated As Of: 2/27/2025)

1 AN ACT concerning access to mental health services for people who  
2 are deaf and hard of hearing <sup>1</sup>[and] <sup>2</sup>[, <sup>1</sup>] <sup>3</sup>[and<sup>2</sup> supplementing  
3 Title 30 of the Revised Statutes] <sup>3</sup> <sup>2</sup>[<sup>1</sup>, and making an  
4 appropriation <sup>1</sup>] <sup>2</sup>.

5  
6 **BE IT ENACTED** by the Senate and General Assembly of the State  
7 of New Jersey:

8  
9 <sup>3</sup>[1. This act shall be known and may be cited as the “Right to  
10 Mental Health for Individuals who are Deaf or Hard of Hearing  
11 Act.”] <sup>3</sup>

12  
13 <sup>3</sup>[2.] <sup>1</sup> <sup>3</sup> The Legislature finds and declares that:

14 a. Individuals who are deaf or hard of hearing, as a group,  
15 represent an underserved population in many respects, particularly  
16 with regard to access to mental health services.

17 b. Individuals who are deaf or hard of hearing often require  
18 highly specialized mental health services because of communication  
19 barriers and other complex needs.

20 c. Research shows that individuals who are deaf or hard of  
21 hearing are subject to significantly more risks to their mental health  
22 than are individuals who are able to hear, for reasons that include, but  
23 are not limited to, issues involving communication access in general,  
24 deficient communication with family members, educators, and treating  
25 healthcare professionals, and access to appropriate educational  
26 services and culturally affirmative and linguistically appropriate  
27 physical and mental health services.

28 d. Some individuals who are deaf or hard of hearing may have  
29 secondary disabilities that affect the type and manner of the mental  
30 health services the individual needs. For example, individuals who are  
31 deaf and blind often have diverse ways of communicating, such as  
32 through the use of tactile sign language.

33 e. Being deaf or hard of hearing affects the most basic human  
34 needs, including the ability to communicate with other human beings.  
35 Many individuals who are deaf or hard of hearing use sign language,  
36 which may be their primary method of communication, while other  
37 individuals who are deaf or hard of hearing receive language orally  
38 and aurally, with or without visual signs or cues. However, some  
39 individuals who are deaf or hard of hearing lack any significant  
40 language skills, may experience language deprivation, or both.

41 f. Individuals who are deaf or hard of hearing frequently possess  
42 highly diverse communication skills and experience highly diverse

**EXPLANATION** – Matter enclosed in bold-faced brackets **[thus]** in the above bill is  
not enacted and is intended to be omitted in the law.

**Matter underlined thus is new matter.**

**Matter enclosed in superscript numerals has been adopted as follows:**

<sup>1</sup>Senate SHH committee amendments adopted March 14, 2024.

<sup>2</sup>Senate SBA committee amendments adopted October 7, 2024.

<sup>3</sup>Senate amendments adopted in accordance with Governor's  
recommendations June 2, 2025.

1 communication challenges. The nature and timing of a hearing loss,  
2 the success of medical or therapeutic remediation efforts, and the  
3 accessibility of sign language or spoken language at home, school, and  
4 in other settings, each shape the way that hearing loss affects an  
5 individual who is deaf or hard of hearing.

6 g. The communication ability of an individual who is deaf or hard  
7 of hearing can vary widely, and can be affected by factors such as the  
8 individual's innate abilities and the degree to which the individual has  
9 been supported in language acquisition. Some individuals who are  
10 deaf or hard of hearing are multilingual, with fluency in more than one  
11 communication method, while others are alingual, with fluency in no  
12 communication methods. However, it is not uncommon for  
13 individuals who are deaf or hard of hearing to have poorly developed  
14 language skills in both sign language and spoken language.

15 h. It is essential that individuals who are deaf or hard of hearing:

16 (1) have access to appropriate mental health services <sup>3</sup>【that are  
17 provided in the primary communication method used by the  
18 individual, as determined by the individual's preference, by the results  
19 of an appropriate communication assessment, or both;

20 (2) have access to services<sup>3</sup> provided by mental health  
21 professionals who <sup>3</sup>【are fluent in the individual's primary method of  
22 communication, understand the unique nature of being deaf or hard of  
23 hearing,<sup>3</sup> possess the knowledge and training to work effectively with  
24 individuals who are deaf or hard of hearing <sup>3</sup>and<sup>3</sup> to provide culturally  
25 affirmative and linguistically appropriate mental health services, and  
26 who can collaborate skillfully with interpreters; <sup>3</sup>and

27 <sup>3</sup>【(3)】(2)<sup>3</sup> have access to mental health professionals who are  
28 familiar with the unique culture and needs of individuals who are deaf  
29 or hard of hearing, as a lack of awareness of the special needs of  
30 individuals who are deaf or hard of hearing or a lack training in  
31 working with individuals who are deaf or hard of hearing can result in  
32 misdiagnosis of a mental health issue <sup>3</sup>【;

33 (4) are involved in determining the scope, content, and purpose of  
34 the mental health services they are provided, which services should be  
35 tailored for delivery to the individual who is deaf or hard of hearing;  
36 and

37 (5) have access to mental health services that provide appropriate  
38 one-on-one access to a full continuum of mental health services,  
39 including all modes of therapy and evaluation, as well as access to  
40 specialized mental health services that are consistent with best  
41 practices and use appropriate curricula, staff, and outreach to support  
42 the unique mental health needs of individuals who are deaf or hard of  
43 hearing<sup>3</sup>】.

44 i. Individuals who are deaf or hard of hearing should have access  
45 to <sup>3</sup>【a resource guide listing the<sup>3</sup> mental health services in this State  
46 that offer the best access and provide the most specialized mental

1 health services for <sup>3</sup>[clients] individuals who are deaf or hard of  
2 hearing<sup>3</sup>.

3 <sup>3</sup>[j. Individuals who are deaf or hard of hearing will benefit from  
4 the development and implementation of State and regional services  
5 designed to address their unique and specialized mental health  
6 needs.]<sup>3</sup>

7

8 <sup>3</sup>[3.] 2.<sup>3</sup> As used in this act:

9 <sup>3</sup>[“Certified mental health professional” means a psychiatrist,  
10 psychologist, advanced practice nurse, therapist, counselor, or social  
11 worker licensed or certified to practice under Title 45 of the Revised  
12 Statutes who is certified by the Division of the Deaf and Hard of  
13 Hearing in the Department of Human Services as: fluent in one or  
14 more primary communication methods; a specialist who is trained and  
15 experienced in working skillfully with interpreters; and knowledgeable  
16 of the cultural needs of clients.]<sup>3</sup>

17 “Client” means an individual who is deaf or hard of hearing and  
18 who is in need of mental health services.

19 <sup>3</sup>[“Communication skills assessment” means the Sign Language  
20 Proficiency Interview assessment and any other communication skills  
21 assessment approved by the Division of the Deaf and Hard of Hearing  
22 in the Department of Human Services.]<sup>3</sup>

23 “Culturally affirmative mental health services” means mental  
24 health services <sup>3</sup>[provided by certified mental health professionals and  
25 support staff, which services] that<sup>3</sup> are sensitive to, and in support of,  
26 the diverse cultural affiliations and needs of clients, including  
27 affiliation with the deaf community and culture.

28 “Deaf” means the condition of having sustained a hearing loss that  
29 is so severe that the individual has difficulty in processing linguistic  
30 information through hearing, regardless of amplification or other  
31 assistive technology, as well as the unique culture, community, and  
32 identity of an individual who is deaf.

33 “English-based manual or sign system” means a sign system that  
34 uses manual signs in English word order, which may include the use of  
35 added affixes that are not present in American Sign Language.

36 <sup>3</sup>[“Fluent” means a sign language communication skills  
37 assessment score of “Advanced,” in the case of a certified mental  
38 health professional, and a sign language communication skills  
39 assessment score of “Intermediate Plus,” in the case of other licensed  
40 and nonlicensed support staff working in a mental health setting.]<sup>3</sup>

41 “Hard of hearing” means the condition of having sustained a  
42 hearing loss, whether permanent or fluctuating, which hearing loss  
43 may be corrected by amplification or other hearing assistive  
44 technology, but which, regardless of correction, presents challenges in  
45 processing linguistic information through hearing.

46 “Interpreter” means an interpreter certified by the New Jersey  
47 Registry of Interpreters for the Deaf.

1 “Linguistically appropriate mental health services” means the full  
2 continuum of mental health services that are made available in the  
3 method of communication preferred by the client or in the method of  
4 communication that is determined to be most effective for the  
5 individual, based on the results of a communication assessment.

6 <sup>3</sup>“Mental health professional” means a psychiatrist, psychologist,  
7 advanced practice nurse, therapist, counselor, or social worker licensed  
8 or certified to practice under Title 45 of the Revised Statutes.<sup>3</sup>

9 “Method of communication” means any of the following systems  
10 of communication used by clients: American Sign Language; an  
11 English-based manual or sign system; a highly visually oriented and  
12 minimal sign language system to communicate, including, but not  
13 limited to, a home-sign-based system, idiosyncratic signs, a sign  
14 system or language of another country, or non-linguistic or semi-  
15 linguistic communication systems designed to meet the needs of  
16 language-deprived or dysfluent individuals; or an oral, aural, or  
17 speech-based sign system.

18 “Oral, aural, or speech-based system” means a communication  
19 system that uses the speech or residual hearing, or both, of an  
20 individual who is deaf or hard of hearing, regardless of technology or  
21 cued assistance.

22 <sup>3</sup>“Primary method of communication” means the method of  
23 communication preferred by an individual who is deaf or hard of  
24 hearing that will be most effective, as determined by the preference of  
25 the individual who is deaf or hard of hearing, by the results of an  
26 appropriate communication assessment, or both.

27 “Telemedicine and telehealth” means the provision of services  
28 using telemedicine and telehealth in accordance with the provisions of  
29 P.L.2017, c.117 (C.45:1-61 et al.).<sup>3</sup>

30  
31 <sup>3</sup>4. a. Each certified mental health professional providing  
32 mental health services to a client shall:

33 (1) offer culturally affirmative mental health services and  
34 linguistically appropriate mental health services to clients in the  
35 client’s primary method of communication; and

36 (2) not deny a client access to culturally affirmative mental  
37 health services or linguistically appropriate mental health services  
38 using the client’s primary method of communication due to the  
39 client’s having:

40 (a) residual hearing ability, whether or not supported by  
41 amplification or other hearing assistive technology; or

42 (b) previous experience with another method of communication.

43 b. Nothing in this section shall be construed to:

44 (1) prevent a client from receiving mental health services in  
45 more than one method of communication; or

1 (2) require a client to receive culturally affirmative mental  
2 health services or linguistically appropriate mental health  
3 services.]<sup>3</sup>

4  
5 <sup>3</sup>[5.] 3. a.<sup>3</sup> The <sup>3</sup>[Division of <sup>1</sup>[Mental Health and  
6 Addiction Services] the Deaf and Hard of Hearing<sup>1</sup> in the  
7 Department] Commissioner<sup>3</sup> of Human Services, in consultation with  
8 the Division of <sup>1</sup>[the Deaf and Hard of Hearing] <sup>3</sup>[Mental Health and  
9 Addiction Services<sup>1</sup> in the Department of Human Services] Consumer  
10 Affairs, the Commissioner of Labor and Workforce Development, and  
11 the advisory committee established pursuant to section 4 of this act,  
12 P.L. , c. (pending before the Legislature as this bill)<sup>3</sup>, shall  
13 <sup>3</sup>conduct a landscape analysis of mental health services available to  
14 clients, which shall include, but not be limited to, the following<sup>3</sup>:

15 <sup>3</sup>[a. implement and maintain culturally affirmative mental health  
16 services and linguistically appropriate mental health services for any  
17 client using the client's primary method of communication;

18 b. recruit, develop, and maintain an adequate number of certified  
19 mental health professionals and other licensed and non-licensed  
20 support staff qualified to work in settings where mental health services  
21 are provided to clients to ensure the delivery of culturally affirmative  
22 mental health services and linguistically appropriate mental health  
23 services one-on-one to any client in the client's primary method of  
24 communication;

25 c. monitor all culturally affirmative mental health services and  
26 linguistically appropriate mental health services to ensure that clients  
27 of all ages are adequately served;

28 d. provide adequate supplemental funding to all culturally  
29 affirmative mental health services and linguistically appropriate  
30 mental health services, as well as incentives to promote recruitment  
31 and retention of certified mental health professionals;

32 e. establish a certification process for mental health professionals  
33 who meet all standards and guidelines, as determined by the  
34 <sup>1</sup>[Division of the Deaf and Hard of Hearing] division<sup>1</sup>, to provide  
35 culturally affirmative mental health services and linguistically  
36 appropriate mental health services to clients; and

37 f. develop and implement strategies for ensuring access to  
38 culturally affirmative mental health services and linguistically  
39 appropriate mental health services by clients in geographic areas  
40 where there is a lack or shortage of certified mental health  
41 professionals, including, but not limited to, the authorization of  
42 treatment:

43 (1) provided by certified mental health professionals in alternative  
44 or non-traditional locations; or

45 (2) using telemedicine and telehealth or other approved remote  
46 technologies that allow certified mental health professionals to provide  
47 clients with culturally affirmative mental health services and

1 linguistically appropriate mental health services】 (1) the current status  
2 of, and future needs for, mental health professionals for clients in each  
3 geographic region of the State, broken down by provider type,  
4 occupation or specialty, education level, and other training,  
5 qualifications, or experience related to the methods of communication  
6 and cultural needs of clients;

7 (2) the current status of, and future needs for, support staff working  
8 with clients in mental health settings in each geographic region of the  
9 State, including interpreters, individuals who are fluent in American  
10 Sign Language, and individuals with other training, qualifications or  
11 experience related to the methods of communication and cultural  
12 needs of clients;

13 (3) the mental health care needs of individuals who are deaf or  
14 hard of hearing, the extent to which those needs are met, patient  
15 satisfaction with currently available mental health services for  
16 individuals who are deaf or hard of hearing, and any barriers to care;

17 (4) a cross analysis of the data or information identified in  
18 paragraphs (1), (2), and (3) of this subsection to identify common  
19 themes and differences across categories;

20 (5) an estimate of the future pipeline of mental health professionals  
21 for clients and support staff working in mental health settings with  
22 clients;

23 (6) the availability of any resources, publications, best practices or  
24 guidance documents concerning culturally affirmative mental health  
25 services and linguistically appropriate mental health services; and

26 (7) the availability of any evidence-based education courses or  
27 training programs concerning culturally affirmative mental health  
28 services and linguistically appropriate mental health services.

29 b. Within one year of the effective date of this act, P.L. , c.  
30 (pending before the Legislature as this bill), the Commissioner of  
31 Human Services shall prepare and submit to the Governor, and  
32 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the  
33 Legislature, a written report setting forth the findings of the analysis  
34 conducted pursuant to subsection a. of this section and any  
35 recommended policies, programs, or initiatives that may be undertaken  
36 to increase the State's workforce of mental health professionals and  
37 support staff working in mental health settings for clients, improve and  
38 promote access to care, and enhance the capacity of mental health  
39 professionals and support staff working in mental health settings for  
40 clients to meet the communication and cultural needs of clients.

41 c. Within six months of issuing a report to the Governor and the  
42 Legislature pursuant to subsection b. of this section, the Commissioner  
43 of Human Services, in consultation with the Division of Consumer  
44 Affairs, shall:

45 (1) identify best practices or recommended approaches for mental  
46 health professionals and support staff working in mental health  
47 settings related to the provision of culturally affirmative mental health  
48 services and linguistically appropriate mental health services;

1       (2) develop or identify an existing evidence-based training or  
2 education program or programs concerning the provision of culturally  
3 affirmative mental health services and linguistically appropriate  
4 mental health services; and

5       (3) make the information required by this subsection available on  
6 its Internet website<sup>3</sup>.

7  
8       <sup>3</sup>6. a. In order to provide culturally affirmative mental health  
9 services and linguistically appropriate mental health services to clients,  
10 the <sup>2</sup>Executive Director of the<sup>2</sup> Division of <sup>1</sup>1**1**Mental Health and  
11 Addiction Services**1** the Deaf and Hard of Hearing<sup>1</sup> in the Department  
12 of Human Services, in consultation with the <sup>2</sup>Assistant Commissioner  
13 of the<sup>2</sup> Division of <sup>1</sup>1**1**the Deaf and Hard of Hearing**1** Mental Health  
14 and Addiction Services<sup>1</sup> in the Department of Human Services, <sup>2</sup>**2**shall  
15 employ a deaf services coordinator, who**2** shall be responsible for  
16 coordinating and overseeing the implementation of culturally  
17 affirmative mental health services and linguistically appropriate  
18 mental health services Statewide.

19       b. At a minimum, the <sup>2</sup>**2**deaf services coordinator employed  
20 pursuant to subsection a. of this section**1** the Executive Director of the  
21 Division of the Deaf and Hard of Hearing<sup>2</sup> shall:

22       <sup>2</sup>**2**(1) be competent and have extensive experience in  
23 providing mental health services to clients;

24       (2) be fluent in American Sign Language and possess a thorough  
25 understanding of the deaf community and culture;

26       (3) have at least three years of experience providing one-on-one  
27 services to clients;

28       (4) possess a master's degree or higher in a behavioral health or  
29 clinical field, as well as the skill, knowledge, and experience in  
30 adapting and developing policies and procedures based on the actual  
31 service needs of individuals who are deaf or hard of hearing; and

32       (5) know and understand applicable State and federal laws  
33 governing the rights of, and services provided to, individuals who are  
34 deaf or hard of hearing.

35       c. The deaf services coordinator employed pursuant to subsection  
36 a. of this section shall:**2**

37       (1) ensure that culturally affirmative mental health services and  
38 linguistically appropriate mental health services are accessible  
39 Statewide and that the provision of appropriate consultation, training,  
40 and technical assistance is accessible to mental health professionals in  
41 various settings, including, but not limited to, inpatient, outpatient, and  
42 residential programs;

43       (2) serve as a professional liaison to other State departments,  
44 divisions, offices, agencies, and boards for the collaboration needed to  
45 maximize the use of State resources and engage in joint planning;

1 (3) develop a model for a Statewide system of care for culturally  
2 affirmative mental health services and linguistically appropriate  
3 mental health services for clients that includes, at a minimum:

4 (a) standards of care for individuals who are deaf or hard of  
5 hearing, including standards for the level of American Sign Language  
6 fluency required to provide care in mental health settings;

7 (b) guidelines to measure the proficiency of a mental health  
8 professional in the methods of communication used by clients; and

9 (c) a partnership with the New Jersey Registry of Interpreters for  
10 the Deaf;

11 (4) collaborate with State and private mental health professionals  
12 throughout the State to assist and ensure compliance with State and  
13 federal laws relating to mental health services for clients;

14 (5) collect and evaluate clinical and programmatic outcome data  
15 from mental health professionals serving individuals who are deaf or  
16 hard of hearing;

17 (6) distribute funds or grants to public and private mental health  
18 professionals to achieve optimum service delivery within the system of  
19 care;

20 (7) prepare and submit <sup>2</sup>[such]<sup>2</sup> reports as <sup>2</sup>[shall be required by  
21 the Division of Mental Health and Addiction Services and the Division  
22 for the Deaf and Hard of Hearing] needed<sup>2</sup>; and

23 (8) <sup>2</sup>[provide] facilitate the provision of<sup>2</sup> clinical and  
24 administrative case consultations to mental health professionals, when  
25 appropriate, regarding the provision of culturally affirmative mental  
26 health services and linguistically appropriate mental health services to  
27 clients.

28 <sup>2</sup>[d.] c.<sup>2</sup> (1) 4. a.<sup>3</sup> The <sup>2</sup>[deaf services coordinator employed  
29 pursuant to subsection a. of this section] <sup>3</sup>[Executive Director of the  
30 Division of the Deaf and Hard of Hearing<sup>2</sup>] Commissioner of Human  
31 Services<sup>3</sup> shall establish an advisory committee to make  
32 recommendations and provide advice and assistance concerning the  
33 implementation of this <sup>3</sup>[section] act, P.L. , c. (pending before the  
34 Legislature as this bill)<sup>3</sup>.

35 <sup>3</sup>[(2)] b.<sup>3</sup> The advisory committee established pursuant to  
36 <sup>3</sup>[paragraph (1) of this]<sup>3</sup> subsection <sup>3</sup>a. of this section<sup>3</sup> shall comprise  
37 <sup>3</sup>[10] 11<sup>3</sup> members appointed by the Commissioner of Human  
38 Services. The membership of the advisory committee shall include at  
39 least six individuals who are deaf or hard or hearing, at least one  
40 parent or legal guardian of an individual who is deaf or hard of  
41 hearing, at least one <sup>3</sup>[certified]<sup>3</sup> mental health professional, at least  
42 one interpreter, <sup>3</sup>at least one person who has experience in or is a  
43 representative of an institution of higher education,<sup>3</sup> and at least one  
44 educator who is licensed in New Jersey to teach individuals who are  
45 deaf or hard of hearing. <sup>3</sup>[The members of the advisory committee

1 shall serve for a term of two years and shall be eligible for  
2 reappointment to the advisory committee.

3 (3) c.<sup>3</sup> The <sup>2</sup>[deaf services coordinator] <sup>3</sup>[Executive Director  
4 of the Division of the Deaf and Hard of Hearing<sup>2</sup>] Commissioner of  
5 Human Services or their designee<sup>3</sup> shall call the first meeting of the  
6 advisory committee no later than 30 days after all <sup>3</sup>[10]<sup>3</sup> members are  
7 appointed to the advisory committee. Thereafter, the advisory  
8 committee shall meet at least quarterly and at the call of the <sup>2</sup>[deaf  
9 services coordinator] <sup>3</sup>[Executive Director of the Division of the Deaf  
10 and Hard of Hearing<sup>2</sup>] Commissioner of Human Services or their  
11 designee<sup>3</sup>.

12 <sup>3</sup>[(4)] d.<sup>3</sup> Members of the advisory committee shall serve without  
13 compensation, but may be reimbursed for travel and other reasonable  
14 expenses incurred in the performance of their duties as members of the  
15 advisory committee, within the limits of funds made available to the  
16 advisory committee for that purpose. To the extent possible, the  
17 <sup>2</sup>[deaf services coordinator] <sup>3</sup>[Executive Director of the Division of  
18 the Deaf and Hard of Hearing<sup>2</sup>] Commissioner of Human Services<sup>3</sup>  
19 shall seek to use technology and other available resources to limit the  
20 travel and related expenses incurred by the members of the advisory  
21 committee.

22 <sup>3</sup>e. The advisory committee shall expire upon the submission of  
23 the report required pursuant to subsection b. of section 3 of this act,  
24 P.L. , c. (pending before the Legislature as this bill).<sup>3</sup>  
25

26 <sup>3</sup>[7. a. Each client who is admitted for mental health treatment  
27 shall have access to culturally affirmative mental health services  
28 and linguistically appropriate mental health services.

29 b. (1) Each mental health professional who provides mental  
30 health services to clients shall work with the <sup>2</sup>[deaf services  
31 coordinator employed pursuant to subsection a. of section 6 of this  
32 act] Executive Director of the Division of the Deaf and Hard of  
33 Hearing<sup>2</sup>, as appropriate, to ensure that culturally affirmative mental  
34 health services and linguistically appropriate mental health services  
35 are made accessible to clients.

36 (2) Each client shall have access to one-on-one culturally  
37 affirmative mental health services and linguistically appropriate  
38 mental health services from a certified mental health professional  
39 who is fluent in the client's primary method of communication, as  
40 determined by the preference of the client, by the results of an  
41 appropriate communication assessment, or both. If one-on-one  
42 culturally affirmative mental health services and linguistically  
43 appropriate mental health services by a certified mental health  
44 professional are not available within a reasonable geographical area  
45 for a client, as determined by the <sup>2</sup>[deaf services coordinator]

1 Executive Director of the Division of the Deaf and Hard of Hearing<sup>2</sup>,  
2 the client shall be offered:

3 (a) an appropriate referral to a certified mental health  
4 professional who can provide culturally affirmative mental health  
5 services and linguistically appropriate mental health services  
6 through telemedicine and telehealth or other approved remote  
7 technologies; or

8 (b) at no cost to the client, culturally affirmative mental health  
9 services and linguistically appropriate mental health services  
10 through the use of an interpreter. If an interpreter cannot be  
11 physically present in a timely manner, the services of an interpreter  
12 may be offered to the client through telemedicine and telehealth or  
13 other approved remote technologies.

14 (3) If an interpreter is offered to a client, the client may  
15 voluntarily decline to accept or use the mental health services  
16 through the interpreter, without a penalty to the client, and shall be  
17 offered any other assistance and services as are required by State  
18 and federal law, including, but not limited to, the use of a different  
19 interpreter or hearing assistive technology.

20 (4) If a client refuses all culturally affirmative mental health  
21 services and linguistically appropriate mental health services that  
22 are offered, the mental health professional shall:

23 (a) secure from the client a signed waiver of the right to receive  
24 culturally affirmative mental health services and linguistically  
25 appropriate mental health services and include the signed waiver in  
26 the client's records;

27 (b) notify the <sup>2</sup>**[deaf services coordinator]** Executive Director of  
28 the Division of the Deaf and Hard of Hearing<sup>2</sup> of the client's refusal  
29 of culturally affirmative mental health services and linguistically  
30 appropriate mental health services; and

31 (c) allow the <sup>2</sup>**[deaf services coordinator]** Executive Director of  
32 the Division of the Deaf and Hard of Hearing<sup>2</sup> to review the culturally  
33 affirmative mental health services and linguistically appropriate  
34 mental health services offered to ensure that the services were  
35 appropriate.]<sup>3</sup>

36  
37 <sup>3</sup>**[8. The Assistant Commissioner of the Division of Mental**  
38 **Health and Addiction Services in the Department of Human**  
39 **Services and the Executive Director of the Division of the Deaf and**  
40 **Hard of Hearing in the Department of Human Services may adopt**  
41 **rules and regulations, pursuant to the "Administrative Procedure**  
42 **Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as necessary to**  
43 **implement the provisions of this act.]<sup>3</sup>**

44  
45 <sup>1</sup>**[9.]** <sup>2</sup>**[10.1]** <sup>3</sup>**[9.2]** <sup>5.</sup><sup>3</sup> This act shall take effect <sup>3</sup>**[180]** <sup>90</sup><sup>3</sup>  
46 days after the date of enactment, except that the <sup>3</sup>**[Assistant]**<sup>3</sup>  
47 Commissioner of <sup>3</sup>**[the Division of Mental Health and Addiction**

**S1067 [3R] GREENSTEIN, RUIZ**

12

1 Services in the Department of Human Services and the Executive  
2 Director of the Division of the Deaf and Hard of Hearing in the  
3 Department of **1**<sup>3</sup> Human Services may take any administrative action  
4 in advance thereof as may be necessary to implement the provisions of  
5 this act.