Annual LAO Compliance Report for FY 2019-2020 Office of Resilience and Capital Planning

SUMMARY OF COMPLIANCE CHANGES

1.FY 2019-2020

1. Please provide a summary of all language access changes in your Department since FY 2019-2020.

SUMMARY OF COMPLIANCE REPORT CHANGES & KEY BARRIERS

A.Explain changes in strategies and procedures, and indicate whether these changes have improved the Departments language access services from the previous year.

Description of Change	Improved Language Access Services?

B. Indicate any key barriers that have prevented your Department from achieving your LAO goals and any proposed solutions.

Barriers	Proposed Solutions

II. DEPARTMENTAL GOALS

2.Assessment of Progress in Meeting Previous Year's Goals

Please provide an update on how your department is meeting your current goals. These are the goals that your department indicated in last year's report.

3.Goals for Fiscal Year 2020-2021

Please provide a description of your department's Language Access Ordinance goals for Fiscal Year 2020-2021 (bullet points).

III.CLIENT INFORMATION

4. Primary/Preferred Language Information

Do you collect and record primary/preferred language data on clients as part of your intake or application process?

5. Data Collection Method

What method did you use to determine the number and percentage of limited English proficient (LEP) persons who actually used your department's services citywide during FY 2019-2020?

See OCEIA Guidance, Section I

* You may measure this information by: 1) analyzing information collected during the Department's intake process for all clients; or 2) conducting an annual survey of all contacts with the public made by the Department during a period of at least two weeks; or 3) analyzing and calculating the annual total number of requests for telephonic translation (interpretation) services.
If you use the survey method, please pro-rate your results to produce estimated totals for the full year. For example: data from a two-week survey should be multiplied by 26; data from a one-month survey should be multiplied by 12.

Please provide the method you used to determine the number LEP persons actually served.

a. ☐ Intake   b. ☐ Annual Survey   c. ☐ Number of telephonic interpretation requests

Description (Optional) | Nothing |

6. Number of LEP Persons who Used Department's Services During FY 2019-2020

a. Please indicate the number and percentage of LEP persons who actually used your department's services city wide during FY 2019-2020:

See Guidance, Section I

* You may measure this information by: 1) analyzing information collected during the Department's intake process for all clients; or 2) conducting an annual survey of all contacts with the public made by the Department during a period of at least two weeks; or 3) analyzing and calculating the annual total number of requests for telephonic translation (interpretation) services.
If you use the survey method, please pro-rate your results to produce estimated totals for the full year. For example: data from a two-week survey should be multiplied by 26; data from a one-month survey should be multiplied by 12.

TOTAL CLIENTS (#)	LEP CLIENTS (#)	LEP CLIENTS BY LANGUAGE (#) ?						
		CAN	FIL	MDRN	RUS	SPN	VIET	Other
	0	0	0	0	0	0	0	0 Other

Key: CAN = Cantonese   FIL = Filipino (Tagalog)   MDRN = Mandarin
      RUS = Russian   SPN = Spanish   VIET = Vietnamese

Please indicate the number of clients served in other languages:

LANGUAGE	LEP CLIENTS (#)

IV. DATA ON TRANSLATION AND INTERPRETATION DURING FY 2019-2020

7. Translated Written Materials

a) Please indicate how many of the Department's materials (e.g. applications, forms, notices of rights, program material, etc.) have been translated into each of the following languages.

See Guidance, Section II (a)

Language	Total Materials	CHN	FIL	RUS	SPN	VIET	Other #1 (specify)	Description
All Translated Materials								
Number of Vital Documents								

b) Please list all of the Department's written materials(e.g. applications, forms, notices of rights, program material, etc.) that have been translated, the language(s) into which they have been translated, and the persons who have reviewed the translated materials for accuracy and appropriateness.

See Guidance, Section II (a)

| Please upload your Translated Materials Log as an Excel file | No file attached ✖
Download Blank Excel Template |
|---|---|

8. Telephone-Based Interpretation Services

Describe any <u>telephone-based interpretation services</u> used for FY 2019-2020 (July 1 through June 30). Please include information on call volumes and language use. If your department uses multiple telephone-based interpretation services, which may include LanguageLine Solutions, other vendors, or internal staff, please indicate each on a separate line.

See Guidance, Section II (b)

What telephonic interpretation services were used?	Total Call Volume (LEP Clients)	Total Call Volume by Language							
		CAN	FIL	MDRN	RUS	SPN	VIET	Other #1 (Specify)	Other #2 (Specify)

9. In-Person Interpretation Services

How many times did multilingual employees provide in-person interpretation services in FY 2019-2020(July 1 through June 30)? Please include information on the number of times in-person interpretation was provided in each language .

See Guidance, Section II (c)

Total	Number of Times Interpretation Provided, by Language							
	CAN	FIL	MDRN	RUS	SPN	VIET	Other #1 (Specify)	Other #2 (Specify)

Description (Optional) [   ]

10. Oral Interpretation at Public Meetings

How often did your department provide oral interpretation at public meetings or hearings during FY 2019-2020? Please indicate the number of meetings/hearings and languages provided and whether vendors or multilingual employees were used.

See Guidance, Section II (d)

Number of Interpreted hearings/meetings	
Total Number of LEP Attendees	
Interpretation provided by	☐ Vendors ☐ multilingual Employees ☐ Other
Interpretation	

provided in (languages)	☐ Cantonese
	☐ Filipino
	☐ Mandarin
	☐ Russian
	☐ Spanish
	☐ Vietnamese
	☐ Other

V.MULTILINGUAL STAFFING AND TRAINING

11. Multilingual Employees

a) How many multilingual public contact employees does your department have, and how many have had their multilingual skills tested and certified by the Department of Human Resources (DHR)? Indicate the language(s) spoken by certified multilingual employees and all multilingual employees.

See Guidance, Section III (a)

	Total Number	Number or Multilingual Staff, by Languages						
		CAN	FIL	MDRN	RUS	SPN	VIET	Other
Certified Multilingual Public Contact Employee	0							
Total Multilingual Public Contact Employee	0							
All Public Contact	0							

Description (Optional) [_____]

Please provide a roster of your department's Multilingual Employees (excluding those employees who are self-designated as competent in a language other than English). Use additional pages as needed. See Roster of Multilingual Employees from OCEIA.

ROSTER OF MULTILINGUAL EMPLOYEES

Name	Title	Office Location	Languages (other than English)	DHR Certified? (Y/N)

Please upload your Roster of Multilingual Employees as an Excel file	No file attached ❌ Download Blank Excel Template

b) Assess the number of additional multilingual employees needed in FY 2019-2020 and beyond to meet the requirements of the Language Access Ordinance.

See Guidance, Section III (b)

Is the current number of multilingual employees adequate to meet LAO requirements?	If no, indicate the number of additional multilingual employees needed and corresponding language(s)

If you have indicated that the number of multilingual employees in your Department is inadequate to meet the requirements of the Language Access Ordinance, please state your Department's plans to meet those requirements

12. Employee Development and Training

See Guidance, Section III (c)

a) Which of the following methods does your Department use to verify the quality of multilingual employees' language proficiency skills?

☐	DHR multilingual certification
☐	External certification process
☐	Other method (describe):
☐	Our Department does not have a method to verify the quality of multilingual employees' language proficiency skills

b) Does your Department offer training for public contact staff on how to provide language assistance services to LEP individuals?

VI.LANGUAGE SERVICE AND COMMUNICATION PROTOCOLS

13. Language Access Policies

Please provide a brief summary of your department's procedures for providing services to LEP persons, using the boxes below.

LANGUAGE ACCESS POLICIES AND PROTOCOLS

a) Does your department have a written Language Access Policy ?	
b) Please provide a brief summary of the policy.	
c) Please upload your department's full Language Access Policy.	No file attached ❌
d) Does your department work with clients in crisis or emergency situations ?	
If yes, please describe the nature of crisis or emergency situations (e.g., fire, natural disaster, domestic violence, other).	
e) Does your department have a protocol for serving LEP persons in crisis or emergency situations?	
If yes, please provide a brief summary of your Department's protocol for serving LEP persons in crisis or emergency situations, including the use of multilingual staff for assisting LEP persons and the translation of any warning signs.	

14. Recorded Telephonic Messages

a) Please list any recorded telephonic messages that are available in languages other than English, and describe the content of recorded messages (e.g. office hours and location; information about programs and services; other types of assistance).

CONTENT OF RECORDED MESSAGE	LANGUAGE (Mark all boxes that apply)						
	CAN	FIL	MDRN	RUS	SPN	VIET	Other (specify)
Office Hours and							

Location	☐	☐	☐	☐	☐	☐	☐	
Information about Programs and Services	☐	☐	☐	☐	☐	☐	☐	
Other (please describe)	☐	☐	☐	☐	☐	☐	☐	

b) Assess the availability and quality of your department's recorded telephonic messages in languages other than English .

See Guidance, Section IV (a)

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Please explain.

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15. Telephonic Requests for Translation or Interpretation Services

a) Describe your Department's procedures for handling telephonic requests for translation or interpretation services.

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b) Assess the quality of your department's procedures for handling telephonic requests for translation or interpretation services.

See Guidance, Section IV (b)

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Please explain.

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16. In-Person Requests for Translation or Interpretation Services

a) Describe your Department's procedures for handling in-person requests for translation or interpretation services.

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b) Assess the quality of your department's procedures for handling in-person requests for translation or interpretation services.

See Guidance, Section IV (c)

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Please explain.

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17. Public Notices of Availability of Language Access Services

a) For in-person or over-the-counter contacts, please indicate whether there is a notice posted in a public place informing LEP persons of their right to request translation or interpretation, and the languages that this notices is printed in.

Public notice posted informing LEP persons of their right to request language access in the following languages:

☐	Filipino
☐	Chinese
☐	Russian
☐	Spanish
☐	Vietnamese
☐	Other

b) Assess the quality of your department's public notices of availability of language access services.

See Guidance, Section IV (d)

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Please explain.

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VII. BUDGET AND EXPENDITURES FOR LANGUAGE SERVICES

18. Language Services Expenditures in FY 2019-2020

Please provide the following information on the annual budget and actual expenses for Language Services provisioning.

See Guidance, Section V (a)

Language Access Services	FY 2019-2020 Actual Expenses
1. Compensatory pay for multilingual employees who perform multilingual services, excluding regular annual salary expenditures.	
2. Telephonic interpretation services provided by vendors.	
3. Document translation services provided by vendors.	
4. On-site language interpretation services provided by vendors.	
5. Other costs associated with providing language access services (e.g., grants, special programs, other.)	
6. Total Language Services Budget (add columns 1-5)	

18 b. Department's Total Operating Budget

19. Projected Language Services Budget in FY 2020-2021

What is your total projected budget to support progressive implementation of your Department's language service plan in FY 2020-2021 ?

See Guidance, Section V (b)

TOTAL

Description (Optional)