

# *Annual LAO Compliance Report for FY 2019-2020*

## *District Attorney's Office (DAT)*

### **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.

| <b>Description of Change</b>  | <b>Improved Language Access Services?</b> |
|---|---|
| Our current service number with SF311 is 12936704 and the status is in progress.  | Yes                                       |
| The Consumer & Hate Crimes multilingual hotline went into service. Languages available are English, Spanish, Cantonese, Mandarin & Tagalog.   | Yes                                       |
| To push 2020 census participation, the SFDA reached out to OCEIA for multi-language resources to update websites, newsletters, social media, and signature lines for the multilingual communities we serve. | Yes                                       |
| The SFDA posted multilingual COVID signage throughout our office space and provided information pamphlets on testing, social distancing, and personal protection in areas with public access.               | Yes                                       |

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

| <b>Barriers</b>  | <b>Proposed Solutions</b>   |
|--|---|
| Funding is our primary barrier; the cost to translate materials and hire translators | Continue to seek out alternative funding sources and work with the CFO on budget allocation for language needs. |

|   |   |
|---|---|
| for community events is sometimes more than the office can take on.   |   |
| Data collection on translations and transcription services from multiple vendors and tracking language-related payments continues to be a challenge for our finance team. | Add a drop-down menu in the new financial system indicating the type of service, language, and translated materials. Incorporating the drop-down menu in the new financial system would allow CCSF departments to run accurate reports collecting detailed info |
|   |   |
|   |   |

## 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.

We explored introducing i-pads through the Language Line to better connect with the Deaf community through virtual sign language. The cost for i-pads wasn't an expense we could take on this year, but we did find an alternative. We issued laptops to staff and have Chrome books available through IT that will allow us to contact the Language Line for a visual sign language interpreter. We posted the Language Line instruction on our internal SharePoint site to ensure every employee had access to the user guide. Unfortunately, with the onset of COVID-19, we have been unable to get our Victim Services Kiosk up and running for LEP clients.

### 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).

The District Attorney's office is committed to providing limited English proficient (LEP) San Franciscans meaningful access to the Department's direct public services and program information. The Department's strategy for providing meaningful access for those with LEP includes: recruiting bilingual staff, training existing staff on the language access tools available to them, translating vital forms and informational documents, forming partnerships with community groups for outreach and programs suited for our LEP clientele, providing all COVID related materials and signage in multiple languages.

## 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?

Yes

## 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)

Our office collects data through an intake process, an annual two-week survey, and Language Line. The numbers reflect significant changes from last year due to COVID 19 Shelter in Place.

## 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<br>(#) | LEP CLIENTS<br>(#) | LEP CLIENTS BY LANGUAGE (#) ? |     |      |     |       |      |              |
|----------------------|--------------------|-------------------------------|-----|------|-----|-------|------|--------------|
|                      |                    | CAN                           | FIL | MDRN | RUS | SPN   | VIET | Other        |
| 20,563               | 2,442              | 586                           | 31  | 179  | 18  | 1,443 | 35   | 150<br>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 (#) |
|------------------------|-----------------|
| Portuguese             | 20              |
| Mongolian              | 31              |
| Arabic                 | 17              |
| Hindi                  | 5               |
| Thai                   | 4               |
| Korean                 | 9               |
| American Sign Language | 2               |
| Cambodian              | 1               |
| Urdu                   | 5               |
| Amharic                | 1               |
| Burmese                | 5               |
| Farsi                  | 3               |
| German                 | 5               |
| Indonesian             | 1               |
| Italian                | 0               |
| Japanese               | 7               |
| Khmer                  | 9               |
| Laotian                | 1               |
| Nepali                 | 8               |
| Punjabi                | 3               |
| Tigrigna               | 6               |
| Toishanese             | 3               |
| Turkish                | 1               |
| Ukranian               | 2               |

b. If you used information from the Intake process (if you checked "a" in #5 above) , please provide a breakdown of the number of LEP persons served at each Covered Department Facility.

| LEP CLIENTS BY COVERED DEPARTMENT FACILITY |   |                       |       |   |     |      |     |     |      |                    |
|--|---|-----------------------|-------|---|-----|------|-----|-----|------|--------------------|
| Facility Name/<br>Location                 | Total<br>Clients<br>Served<br>at<br>Facility<br>(#) | LEP<br>Clients<br>(#) | % LEP | LEP Clients Served at the Facility by Language(#) |     |      |     |     |      |                    |
|  |   |                       |       | CAN   | FIL | MDRN | RUS | SPN | VIET | Other<br>(specify) |

|                                      |       |       |         |     |   |    |   |     |   |  |
|--------------------------------------|-------|-------|---------|-----|---|----|---|-----|---|--|
| Victim Services/350 Rhode Island     | 8,944 | 1,168 | 13.00%  | 158 | 5 | 23 | 5 | 943 | 4 | 34 Portuguese; Mongolian; Arabic; Hindi; Thai; Korean; American Sign Language; Cambodian; Urdu |
| Consumer Mediation/ 350 Rhode Island | 1,879 | 333   | 18.00%  | 240 | 0 | 76 | 0 | 17  | 0 |  |
| FOPP / 350 Rhode Island              | 83    | 20    | 24.00%  | 7   | 0 | 2  | 0 | 10  | 0 | 1 Urdu   |
| Neigh. Courts/ 350 Rhode Island      | 51    | 51    | 100.00% | 15  | 0 | 10 | 1 | 20  | 2 | 2 Portuguese; Korean   |

#### 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  | 15              | 15  | 15  | 15  | 15  | 15   |                    |             |
| 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 | Your file is uploaded <br><a href="#">Download Blank Excel Template</a> |
|--|--|

### 8. Telephone-Based Interpretation Services

***See Guidance, Section II (b)***

## 9. In-Person Interpretation Services

*See Guidance, Section II (c)*

[illegible]

|       |     |   |    |   |     |   |   |   |
|-------|-----|---|----|---|-----|---|---|---|
| 1,147 | 158 | 5 | 23 | 5 | 943 | 4 | 9 | Cambodian;<br>Hindi; Korean;<br>Mongolian;<br>Portuguese; Thai,<br>Urdu |
|-------|-----|---|----|---|-----|---|---|---|

Description (Optional)

Our office collects data through an intake process, an annual two-week survey, and Language Line. The numbers reflect significant changes from last year due to COVID 19 Shelter in Place.

## 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 | 4  |
| Total Number of LEP Attendees           |  |
| Interpretation provided by              | <input checked="" type="checkbox"/> Vendors<br><input type="checkbox"/> multilingual Employees<br><input type="checkbox"/> Other   |
| Interpretation provided in (languages)  | <input checked="" type="checkbox"/> Cantonese<br><input type="checkbox"/> Filipino<br><input checked="" type="checkbox"/> Mandarin<br><input type="checkbox"/> Russian<br><input checked="" type="checkbox"/> Spanish<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> 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 |
| <b>Certified Multilingual Public Contact Employee</b> | 24           | 3  |     | 2    |     | 18  | 1    | 6     |
| <b>Total Multilingual Public Contact Employee</b>     | 61           | 5  |     | 3    | 4   | 25  | 3    | 18    |
| <b>All Public Contact</b>                             | 85           |  |     |      |     |     |      |       |

Description (Optional)


Nineteen members of the SFDA workforce are multilingual.

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

Your file is uploaded 

[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) |
| Yes  |  |

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?

|                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | DHR multilingual certification   |
| <input type="checkbox"/>            | External certification process   |
| <input type="checkbox"/>            | Other method (describe):   |
| <input type="checkbox"/>            | 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?

|     |
|-----|
| Yes |
|-----|


Our public contact employees have a readily available list of bilingual staff and undergo training on Language Line services on the phone and the computer. User guides for the Language Line services are available to all staff.

# 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 ?   | Yes  |
| b) Please provide a brief summary of the policy.  | The department's policy is to provide services to any limited-English speaking person to the best of their ability using available resources. We are committed to attaining the goals of this ordinance and strive to increase our ability to serve limited-English speaking people with each new hire and resource we obtain.   |
| c) Please upload your department's full Language Access Policy.   | Your file is uploaded   |
| d) Does your department work with clients in crisis or emergency situations ?   | Yes  |
| If yes, please describe the nature of crisis or emergency situations (e.g., fire, natural disaster, domestic violence, other).  | domestic violence  |
| e) Does your department have a protocol for serving LEP persons in crisis or emergency situations?  | Yes  |
| 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. | It is the San Francisco District Attorney's Office, hereafter referred to as Department, policy to grant access to services and programs to every person irrespective of any limitations on that person's ability to speak, understand, read or write English. In furtherance of this policy, the Department takes reasonable steps to provide LEP persons with meaningful access to language and culturally appropriate services and programs that are not unreasonably restricted, inferior, or substantially delayed as compared to others. |

## 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<br>(Mark all boxes that apply) |                                     |                                     |                          |                                     |                          |                          |  |
|---|---|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
|   | CAN                                     | FIL                                 | MDRN                                | RUS                      | SPN                                 | VIET                     | Other (specify)          |  |
| Office Hours and Location               | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Information about Programs and Services | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Other (please describe)                 | <input type="checkbox"/>                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |

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

*See Guidance, Section IV (a)*

Adequate

**Please explain.**

The SFDA is in the process of relocating offices and switching to VOIP services. Our CIO is working on updating all telephonic messages in the new system.

## 15. Telephonic Requests for Translation or Interpretation Services

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

Employees would first reach out to one of our bilingual employees from a published roster. If the language needed or personnel is not available, staff would utilize the handset provided to the public to communicate via Language Line.

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

*See Guidance, Section IV (b)*

Excellent

**Please explain.**

All staff members have access to assist LEP from their desks using their computers, desk phones, or cell phone. User guides for Language Line are available to all on our intranet site.

## 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.

Employees would first reach out to one of our bilingual employees from a published roster. If the language needed or personnel is not available, staff would utilize the handset provided to the public to communicate via Language Line.

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

***See Guidance, Section IV (c)***

Adequate

**Please explain.**

Eighty-five of our staff members are bilingual or multilingual and, when available to assist. We are in the process of moving our entire staff to one location, which will make in-person translation and interpretation by a DA representative on site easier.

## 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:

|                                     |            |
|-------------------------------------|------------|
| <input checked="" type="checkbox"/> | Filipino   |
| <input checked="" type="checkbox"/> | Chinese    |
| <input checked="" type="checkbox"/> | Russian    |
| <input checked="" type="checkbox"/> | Spanish    |
| <input checked="" type="checkbox"/> | Vietnamese |
| <input type="checkbox"/>            | Other      |

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

*See Guidance, Section IV (d)*

Adequate

**Please explain.**

The DA's office posts the availability of language access services in all threshold languages at public entry points in the DA's office.

## 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. | \$40,200.00                  |
| 2. Telephonic interpretation services provided by vendors.  | \$5,839.00                   |
| 3. Document translation services provided by vendors.   | \$57,581.00                  |
| 4. On-site language interpretation services provided by vendors.  | \$6,030.00                   |
| 5. Other costs associated with providing language access services (e.g., grants, special programs, other.)                      | \$0.00                       |
| 6. Total Language Services Budget (add columns 1-5)   | \$109,651.00                 |

### 18 b. Department's Total Operating Budget

\$73,590,411.00

## 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 | 95000 |
|-------|-------|

Description (Optional)