Annual LAO Compliance Report for FY 2019-2020 City Administrator

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? |
|---|---------------------------------------|
| Transition to intake reporting for language services. | Yes |
| | |
| | |
| | |

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

| Barriers | Proposed Solutions |
|----------|--------------------|
| No | |
| | |
| | |
| | |

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.

| In pro | gress a | nd ongoin | ıg. | | | |
|--------|---------|-----------|-----|--|--|--|
| ~ | | | | | | |

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).

Continue to be in compliance with the Language Access Ordinance to provide access to limited English proficient population.

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.

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

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 CLI | ENTS I | BY LANGUA | GE (#) ? | | | |
|---------------|-------------|---------|--------|-----------|----------|-----|------|------------|
| (#) | (#) | 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 (#) |
|----------|-----------------|
| | |
| | |
| | |
| | |

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 | | | | | | | | | | |
|---|------------------|---------|-------|-------|-----|-----------------|--------|---------|-------|-----------|
| | Total Clients | | | LEP (| | ts Served #) | at the | Facilit | ty by | |
| | Served at | LEP | | | | | | | | |
| Facility Name/ | Facility | Clients | % | | | | | | | Other |
| Location | (#) | (#) | LEP | CAN | FIL | MDRN | RUS | SPN | VIET | (specify) |
| Office of City Administrator/ City Hall, | | 0 | 0.00% | 0 | 0 | 0 | 0 | 0 | 0 | |

| Room 362 | | | | | |
|----------|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |

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 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Number of Vital Documents | 0 | 0 | 0 | 0 | 0 | 0 | | |

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 | Total | Total Call V | olume by | Langua | ıge | | |
|---------------------------|----------------|--------------|----------|--------|-----|--|--|
| telephonic interpretation | Call Volume | | | | | | |
| interpretation | Volume | | | | | | |

| services were used? | (LEP Clients) | CAN | FIL | MDRN | RUS | SPN | VIET | Other #1 (Specify) | Other #2 (Specify) |
|---------------------|------------------|-----|-----|------|-----|-----|------|-----------------------|-----------------------|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

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)

| | Numb | Number of Times Interpretation Provided, by Language | | | | | | | |
|-------|--|--|---|---|---|---|---|--|--|
| Total | CAN FIL MDRN RUS SPN VIET Other #1 (Specify) (Specify) | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |

| Description (Optional) | |
|------------------------|--|
| Describuon (Obuonan | |
| | |

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 | 0 |
|---|--------------------------------------|
| Total Number of LEP Attendees | 0 |
| Interpretation provided by | Vendors multilingual Employees Other |
| Interpretation provided in | Cantonese |

| (languages) | 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 or Multilingual Staff, by Languages | | | | | | |
|--|--------|--|-----|------|-----|-----|------|-------|
| | Number | CAN | FIL | MDRN | RUS | SPN | VIET | Other |
| Certified Multilingual Public Contact Employee | 0 | | | | | | | |
| Total Multilingual Public Contact Employee | 3 | 1 | | | | | | 2 |
| All Public Contact | 10 | | | | | | | |

Description (Optional)

Public contact staff includes those sitting in the reception area of the City Administrator's Office. Other languages include Thai and Burmese that staff can provide.

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) | |
| Lihmeei Leu | Project Manager | City Hall, Room 362 | Mandarin, Cantonese | No | |
| Lynn Khaw | Executive Assistant to City Administrator | City Hall, Room 362 | Thai, Burmese | No | |
| Kay Phan | Assistant to City Administrator | City Hall, Room 362 | Thai | No | |
| | | | | | |

| 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?

| | DHR multilingual certification | | | | |
|---|--|--|--|--|--|
| | External certification process | | | | |
| ✓ | Other method (describe): Native speakers | | | | |
| ✓ | 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 |
|-----|
|-----|

Language Line Services training. Use of Language Card to assist LEP. The Office of City Administrator provided training to the front desk staff. Our department also attends the OCEIA trainings.

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 Office of the City Administrator is in compliance of the City's Language access Ordinance to provide equal access to the general public including English speaking and limited English Speaking population served by the City and County of San Francisco. |
| 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). | natural disaster |
|---|---|
| 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. | The Office of the City Administrator (ADM) includes over 25 departments and programs that provide a broad range of services to other city departments and the public. Examples of the agency's functions include public safety, internal services, civic engagement, capital planning, asset management, code enforcement, disaster mitigation, tourism promotion, and economic development. In the event of emergencies such as natural disasters, the City Administrator will designate her disaster emergency manager, Nick Majeski to coordinate with the GSA department heads and Department of Emergency Management on logistics for emergency procedures. All non-emergency calls will be directed to 3-1-1 Service, a department overseen by the Office of the City Administrator, to provide multi-lingual services to LEP population should there be any questions or concerns. City Administrator will also instruct the Office of the Civic Engagement and Immigrant Affairs (OCEIA) and other departments overseen by the Office of the City Administrator to have their bilingual staff available for translation and interpretation needs for the LEP population. Should the impacted areas and population be greater than the OCEIA and CAO divisions' bilingual staff can handle, OCEIA has the capacity to coordinate with its network of non-profit organizations to provide support for additional available language services. |

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 | LANGUAGE (Mark all boxes that apply) | | | | | | | |
|---------------------------|--------------------------------------|-----|------|-----|-----|------|-----------------|--|
| RECORDED MESSAGE | CAN | FIL | MDRN | RUS | SPN | VIET | Other (specify) | |
| Office Hours and Location | ✓ | Y | ✓ | | ~ | | | |

| 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)

Adequate

Please explain.

When interacting with LEP clients, depending on available resources, bilingual staff will be the first in line to help the clients. If no bilingual staff is available or no staff speaking the LEP language, the front desk staff will use Language Line.

15. Telephonic Requests for Translation or Interpretation Services

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

When interacting with LEP clients, depending on available resources, bilingual staff will be the first in line to help the clients. If no bilingual staff is available or no staff speaking the LEP language, the front desk staff will use 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)

Adequate

Please explain.

The Office of the City Administrator Main Office does not generally interact with the LEP clients. However, staff are instructed to assess the needs for language needs for LEP clients by using Language Line service.

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.

When interacting with LEP clients, depending on available resources, bilingual staff will be the first in line to help the clients. If no bilingual staff is available or no staff speaking the LEP language, the front desk staff will use 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.

The Office of the City Administrator Main Office does not generally interact with the LEP clients. However, staff are instructed to assess the needs for language needs for LEP clients by using Language Line service.

17. Public Notices of Availability of Language Access Services

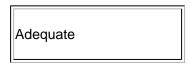
a) For in-person or over-the-counter contacts, please indicate whether there is a notice posted in a public place informing LEP persons of their right to request translation or interpretation, and the languages that this notices is printed in.

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)



Please explain.

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 |
|--|------------------------------------|
| Compensatory pay for multilingual employees who perform multilingual services, excluding regular annual salary expenditures. | \$0.00 |
| Telephonic interpretation services provided by vendors. | \$0.00 |
| 3. Document translation services provided by vendors. | \$0.00 |
| On-site language interpretation services provided by vendors. | \$0.00 |
| 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) | \$0.00 |

18 b. Department's Total Operating Budget

\$16,478,428.00

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 0

Description (Optional)

OCEIA is submitting the budget and expenditures for language services on behalf of City Administrator's Office and all ADM divisions. ADM Budget Office will provide OCEIA all the numbers including operating budget and language services budget.