# Annual LAO Compliance Report for FY 2019-2020 311 (Customer Service)

# 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?
Continued the practice of hiring qualified candidates with bilingual capabilities for customer interfacing positions	Yes

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

Barriers	<b>Proposed Solutions</b>
N/A	

# 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.

Continued to provide LEP clients with exceptional customer service.	

#### 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 provide LEP clients with exceptional customer service.

Continue to make every effort to hire qualified candidates with bilingual capabilities for customer interfacing positions.

# **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?

l Yes			
1 200			

#### 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
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Description (	(Optional)	

# 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	EEI CEIEITIS	LEP CLI	ENTS F	BY LANGUAO MDRN	GE (#) ? RUS	SPN	VIET	Other
(#)	18,028	5,646	38	1,142	168	10,688	66	280 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 (#)
Korean	73
French	40
Portuguese	32
Japanese	29
Arabic	20
German	14
Toishanese	12
Thai	10
Czech	8
Italian	8
Farsi	7
Nepali	5
Indonesian	5
Turkish	4
Mongolian	3
Cambodian	1

Hindi	1
Pashto	1
Polish	1
Portuguese Br.	1
Romanian	1
Tamil	1
Ukrainian	1
Urdu	1
Uzbek	1

#### 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	4	1	1	1	1			
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  Download Blank Excel Template
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# 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 Volume by Language							
telephonic interpretation services were used?	Call Volume (LEP Clients)		FIL	MDRN	RUS	SPN	VIET	Other #1 (Specify)	Other #2 (Specify)
Language Line	6,876	2,759	38	558	168	3,007	66	280	Arabic, Cambodian, Czech, Farsi, French, German, Hindi, Indonesian, Italian, Japanese, Korean, Mongolian, Nepali, Pashto, Polish, Portuguese, Portuguese Br., Romanian, Tamil, Thai, Toishanese, Turkish, Ukrainian, Urdu, Uzbek
Bilingual Employees	11,152	2,887	0	584	0	7,681	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)

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

Description (Optional)	N/A
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### 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	
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 or Multilingual Staff, by Languages							
	Number	CAN	FIL	MDRN	RUS	SPN	VIET	Other	
Certified Multilingual									
	12	4		4		8			

Public Contact Employee						
Total Multilingual Public Contact Employee	16	5	2	4	9	
All Public Contact	16					

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.

ROSTE	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
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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	If no, indicate the number of additional multilingual employees needed and corresponding language(s)

adequate to meet LAO requirements?  Yes	
	gual employees in your Department is inadequate to meet nce, please state your Department's plans to meet those
12. Employee Development and See Guidance, Section III (c)	d Training
a) Which of the following methods does your lemployees' language proficiency skills?	Department use to verify the quality of multilingual
✓ DHR multilingual certification	
External certification process	
Other method (describe):	
Our Department does not have a method to language proficiency skills	o verify the quality of multilingual employees'
b) Does your Department offer training for puservices to LEP individuals?	ablic contact staff on how to provide language assistance
Yes	
Language Line Instructions "Hold Please" training kit	
VI.LANGUAGE SERV COMMUNICATION I	,
13. Language Access Policies	
Please provide a brief summary of your department the boxes below.	ent's procedures for providing services to LEP persons, using
LANGUAGE ACCESS POLICIES AND PROT	OCOLS
a) Does your department have a written Language Access Policy?	Yes
11	II II

b) Please provide a brief summary of the policy.	The San Francisco 3-1-1 Customer Service Center understands and is sensitive to people of all cultures and all abilities, offering assistance in over 170 languages. Language Line policies and procedures are covered during new hire initial training.
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?	No
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?	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.	We immediately transfer emergency related calls to a prioritized confidential number at 911.

# 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		her cify)
Office Hours and Location							11111	
Information about Programs and Services								
Other (please describe) Language selection, public service announcements,	¥		<b>*</b>	~				

emergency announcements and messaging					
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.					
Limited telephonic messages required.					
15. Telephonic Requests for Translation or Interpretation Services  a) Describe your Department's procedures for handling telephonic requests for translation or interpretation services.					
Attempt to route non-English calls to bilingual customer service rep. If a bilingual rep is not available, the call is routed to a non-bilingual customer service rep. The non-bilingual customer service rep will engage Language Line to interpret.					
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.					
Combination of bilingual customer service reps and Language Line meets/exceeds expectations.					
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.					
N/A					

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

Se	e Gu	uidance, Section IV (c)	
Pl€	ease e	explain.	
17		bublic Notices of Availability of Language Access Servi	ices
pla	ce inf	n-person or over-the-counter contacts, please indicate whether there is a notice posted forming LEP persons of their right to request translation or interpretation, and the lan is printed in.	
	blic no	notice posted informing LEP persons of their right to request language access in the fores:	ollowing
		Filipino	
		Chinese	
		Russian	
		Spanish	
		Vietnamese	
		Other	
ŕ		ss the quality of your department's public notices of availability of language access se $vidance$ , $Section\ IV\ (d)$	ervices.
Ple	ease e	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.	\$10,400.00
Telephonic interpretation services provided by vendors.	\$59,057.00
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)	\$69,457.00

# 18 b. Department's Total Operating Budget

\$17,263,406.00

# 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 75000

Description (Optional)

Bilingual employee componsation and Langauge Line interpretation services