# Annual LAO Compliance Report for FY 2019-2020 Department of Homelessness and Supportive Housing

# 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<br>Services? |
|--|---------------------------------------|
| Several database systems were              | Yes                                   |
| successfully migrated within the           |                                       |
| department's ONE System database.          |                                       |
| The department has implemented the         | Yes                                   |
| recorded telephonic message system with    |                                       |
| the required threshold languages.          |                                       |
| Office hours are posted at the entrance of | Yes                                   |
| our 440 Turk location in the threshold     |                                       |
| languages.                                 |                                       |
| A Language Line Account was setup for      | Yes                                   |
| the department, so we would not be         |                                       |
| reliant on Human Services Agency's         |                                       |
| account.                                   |                                       |

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

| Barriers   | Proposed Solutions   |
|--|--|
| Due to the delay in our department's move to 440 Turk and our department's response to | The staff interaction log will be implemented by the department. |

| COVID-19, department staff     |  |
|--------------------------------|--|
| have not started tracking      |  |
| interactions with LEP clients. |  |
| The department did not         | The department will actively recruit staff |
| expand the number of           | to become certified bilingual employees    |
| certified bilingual employees  | within the department.                     |
| within the department.         |  |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
|                                |  |

# 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.

- 1. The department has expanded its collection of relevant language information from clients who are entering into the ONE System.
- 2. The department has implemented the recorded telephonic message system with the required threshold languages. HSH has provided information for clients regarding COVID-19 in the threshold languages.
- 3. The department has implemented additional LAO requirements since the FY18-19 report including ... (e.g. posted hours of operation at the entrance, translation department documents, & providing interpreters at public meetings.

### 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).

- 1. Roll out the department's staff interaction log for LEP clients.
- 2. Increase the number of certified bilingual employees within the department.
- 3. The department will post signage regarding available interpretation services at 440 Turk.

# 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)

HSH has brought 3 of the 5 existing data sets created by legacy departments into the ONE System. Shortly, a fourth will be added. The full implementation of the ONE System will ensure LEP data collection.

# 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        |
| 6,856         | 1,480       | 25      | 32     | 11        | 14       | 833 | 12   | 553<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 (#) |
|------------------------------|-----------------|
| Arabic                       | 39              |
| Samoan                       | 9               |
| Tigrinya                     | 6               |
| Amharic                      | 8               |
| Hindi                        | 4               |
| French                       | 4               |
| Japanese                     | 2               |
| American Sign Language (ASL) | 2               |
| Korean                       | 2               |
| Italian                      | 4               |
| Mongolian                    | 4               |
| Urdu                         | 3               |
| Nepali                       | 3               |
| Cambodian                    | 3               |
| Burmese                      | 2               |
| Wolof                        | 2               |
| polish                       | 1               |
| Farce                        | 1               |
| Garifuna                     | 1               |
| Nigerian                     | 1               |
| Portuguese                   | 1               |
| Ayitian                      | 1               |
| Hungarian                    | 1               |
| Thai                         | 1               |
| German                       | 1               |
| Nepal                        | 1               |
| Farsi                        | 1               |
| Zulu                         | 1               |
| Swedish                      | 1               |
| asann-romo                   | 1               |
| Banyangi                     | 1               |
| Tzeltal                      | 1               |
| Punjabi                      | 1               |
| Italian and French           | 1               |
| Client doesn't know          | 7               |
| Mixteco                      | 1               |
| Maya                         | 1               |
| (blank)                      | 219             |

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 ( | Client | s Served | at the | Facilit | y by La | nguage(#)       |
| Facility Name/<br>Location                 |               | LEP Clients (#) |        | CAN   | FIL    | MDRN     | RUS    | SPN     | VIET    | Other (specify) |
| ONE System                                 | 6,856         | 1,480           | 21.60% | 25    | 32     | 11       | 14     | 833     | 12      | 553             |
|  |               |                 |        |       |        |          |        |         |         |                 |
|  |               |                 |        |       |        |          |        |         |         |                 |
|  |               |                 |        |       |        |          |        |         |         |                 |

#### 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<br>#1 (specify) | Description |
|-----------------------------|-----------------|-----|-----|-----|-----|------|-----------------------|-------------|
| All Translated<br>Materials | 76              | 21  | 18  | 4   | 31  | 1    | 1                     | Amharic     |
| 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 |
|--|--|
|--|--|

# 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            |     |     |      |     |     |      |                       |                       |
|------------------------------|------------------|-----|-----|------|-----|-----|------|-----------------------|-----------------------|
| telephonic<br>interpretation | Call<br>Volume   |     |     |      |     |     |      |                       |                       |
| services were used?          | (LEP<br>Clients) | CAN | FIL | MDRN | RUS | SPN | VIET | Other #1<br>(Specify) | Other #2<br>(Specify) |
| HSH Staff                    | 5                | 0   | 0   | 0    | 2   | 3   | 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)

|       | Number of Times Interpretation Provided, by Language |     |      |     |     |      |  |                       |
|-------|--|-----|------|-----|-----|------|--|-----------------------|
| Total | CAN  | FIL | MDRN | RUS | SPN | VIET |  | Other #2<br>(Specify) |
| 12    |  |     |      | 12  |     |      |  |                       |

Description (Optional)

The department did not implement a process to track In-person interpretation services for FY 19/20. However, HSH will utilize the the interaction log for LEP clients for FY 20/21 to track in-person interpretation services.

# 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<br>Interpreted<br>hearings/meetings | 4  |
|---|--|
| Total Number of<br>LEP<br>Attendees           | 5  |
| Interpretation provided by                    | Vendors  multilingual Employees  Other                                     |
| Interpretation<br>provided in<br>(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 Public Contact Employee | 8      |  |     |      |     | 8   |      |       |
|  |        |  |     |      |     |     |      |       |

| Total        |   |  |  |   |  |
|--------------|---|--|--|---|--|
| Multilingual | 8 |  |  | 8 |  |
| Public       |   |  |  |   |  |
| Contact      |   |  |  |   |  |
| Employee     |   |  |  |   |  |
| All          |   |  |  |   |  |
| Public       |   |  |  |   |  |
| Contact      |   |  |  |   |  |

| 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<br>Certified?<br>(Y/N) |  |  |  |
| Sergio<br>Canjura                | 1820 Junior<br>Administrative<br>Analyst         | 440 Turk Street     | Spanish                        | Yes                        |  |  |  |
| Salvador<br>Lopez                | 2932 Senior<br>Behavioral<br>Health<br>Clinician | 440 Turk Street     | Spanish                        | Yes                        |  |  |  |
| Josue<br>Mejia                   | 2587 Health<br>Worker III                        | 2176 Mission Street | Spanish                        | Yes                        |  |  |  |
| Salvador<br>Meza                 | 2587 Health<br>Worker III                        | 520 Jones Street    | Spanish                        | Yes                        |  |  |  |
| Rocio<br>Novoa                   | 2587 Health<br>Worker III                        | 238 Eddy Street     | Spanish                        | Yes                        |  |  |  |
| Roberto<br>Meneses               | 2587 Health<br>Worker III                        | 520 Jones Street    | Spanish                        | Yes                        |  |  |  |
| Cindy<br>Chimal                  | 2587 Health<br>Worker III                        | 520 Jones Street    | Spanish                        | Yes                        |  |  |  |
| Edgardo<br>Esparza               | 2587 Health<br>Worker III                        | 238 Eddy Street     | Spanish                        | Yes                        |  |  |  |

| Please upload your Roster of Multilingual<br>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<br>number of<br>multilingual<br>employees<br>adequate to<br>meet LAO<br>requirements? | If no, indicate the number of additional multilingual employees needed and corresponding language(s)                        |
|--|---|
| No   | The department needs Cantonese and Filipino speakers. In the interim staff continue to utilize Language Line for LEP needs. |

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

HSH has a staff of less than 140 employees and the majority of LEP are Spanish speaking. HSH plans to utilize Language Line and other professional services contractors to meet the requirements of the Language Access Ordinance.

# 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?

| <b>\</b> | 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?

The department has held a training during the FY 19/20 and FY 20/21 regarding the LAO requirements at our All Staff meetings. Language assistance services were discussed and materials were distributed to HSH 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 draft policy covers how The Department of Homelessness and Supportive Housing staff will provide services and information to Limited English Proficient speakers.   |
| c) Please upload your department's full<br>Language Access Policy.  | Your file is uploaded \( \square\)  |
| 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).  | 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. | The department has certified bilingual employees that work within our Adult Housing residential program. In the event that LEP clients are in crisis, HSH's bilingual staff are trained to deal with verbal abuse, threats or actual violence. Staff will utilize the principles described in the Management of Assaultive Behavior training. |

# 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).

| CONTINUE OF         | LANGU<br>(Mark all | AGE boxes that | apply) |  |       |
|---------------------|--------------------|----------------|--------|--|-------|
| CONTENT OF RECORDED |                    |                |        |  | Other |

| MESSAGE  | CAN                    | FIL                    | MDRN        | RUS        | SPN        | VIET       | (spec                                      | cify)       |
|--|------------------------|------------------------|-------------|------------|------------|------------|--|-------------|
| Office Hours and Location                                    |                        |                        |             |            |            |            |  |             |
| Information about<br>Programs and<br>Services                | <b>~</b>               | ✓                      |             |            | <b>Y</b>   |            |  |             |
| Other (please<br>describe)<br>Covid-19<br>Information        | <b>*</b>               | Y                      |             |            | ¥          |            |  |             |
|  | provides<br>ir recorde | essential<br>d telepho | nic messa   | ge. Since  | our office | is current | ndemic in all thres<br>ly closed due to th |             |
| 15. Telephor  a) Describe your Deservices.  Our procedure is | epartment              | s proced               | ures for ha | andling te | lephonic   |            | -  |             |
| b) Assess the quality interpretation service                 |                        | departme               | ent's proce | dures for  | handling   | telephoni  | c requests for tra                         | nslation or |

Please explain.

Adequate

See Guidance, Section IV(b)

Due to the COVID-19 pandemic, the majority of HSH staff are working remotely. HSH staff that have City cell phones are able to utilize Language Line to provide interpretation services to clients over the phone, in addition to provider partners who continue to have access to these services from service/program locations. The Department needs to expand the number of Cantonese and Filipino Certified Bilingual Public Contact Employee to handle phone calls.

# 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.

Our procedure is included in the office Language Access policy.

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

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



#### Please explain.

Due to the Covid-19 pandemic, fewer staff have in-person interactions with clients. However, our Certified Bilingual Public Contact Employees continue to work in our HSH Hotels, providing in-person services. As part of the City's response to COVID-19, HSH staff were deployed as Disaster Service Workers to Alternative Housing Sites as well as to the Emergency Operations Center / COVID-19 Command Center. Interpretation and translation services for these sites are provided through the Emergency Operations Center / COVID-19 Command Center.

# 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)

| Adequate |  |
|----------|--|
|----------|--|

#### Please explain.

At our new location at 440 Turk, hours of operations are posted at the main entrance in Filipino, Cantonese and Spanish. Interpretation Services Available signage will be clearly posted in the lobby area by fall of 2020.

# 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<br>Actual<br>Expenses |
|--|------------------------------------|
| Compensatory pay for multilingual employees who perform multilingual services, excluding regular annual salary expenditures. | \$8,400.00                         |
| Telephonic interpretation services provided by vendors.  | \$3.02                             |
| 3. Document translation services provided by vendors.  | \$8,830.69                         |
| On-site language interpretation services provided by vendors.  | \$2,488.40                         |
| 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)  | \$19,722.11                        |

# 18 b. Department's Total Operating Budget

\$367,690,818.00

# 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 \$20,000

Description (Optional)

HSH plans to spend \$20,000 on language access services in FY20-21 but will allocate additional resources if it is needed.