# Annual LAO Compliance Report for FY 2019-2020 Public Health (DPH)

# 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?
We developed a tracking mechanism to track the most used foreign languages needed from our clients and how we proceed for the interpretation	Yes
	No

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

Barriers	Proposed Solutions
SFDPH does not provide document translation services so we have to pay a vendor for this service out of our budget.	Allocated budget towards language translation.

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 you 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).
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.

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

Description (Optional)	
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# 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 FIL	BY LANGUA MDRN	GE (#) ? 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			LEP (	Client	s Served	at the	Facilit	ty by La	anguage(#)
	Clients									
	Served									
	at	LEP								
Facility Name/	Facility	Clients	%							Other
Location	(#)	(#)	LEP	CAN	FIL	MDRN	RUS	SPN	VIET	(specify)
ZSFG		8,773								
										Arabic,French,

Jail Health Services	,		4.00%	69	0	19	6	332	'	Korean, Mongolian, Romanian
Adult Immunization and Travel Clinic	4,816	27	5.60%							

#### 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	389	121	42	26	161	26	13	Korean, Arabic, French, Italian, Urdu, Nepalese, Polish, Thai, Samoan
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 Total Call Volume by Langu									
telephonic interpretation services were used?	Call Volume (LEP Clients)		FIL	MDRN	RUS	SPN	VIET	Other #1 (Specify)	Other #2 (Specify)
Language Line Solutions - Population Health Division	936	107	8	41	1	768	11	29	Nepali, Arabic, Burmese, Urdu, Tigrinya, Amharic, Thai, Hungarian, Portuguese, Farsi
AITC Language Line	5	0	0	0	2	1	0	2	Italian
Language Line Solutions - Jail Health	444	69	0	19	6	332	7	11	Arabic, Mongolian, Romanian, Korean, French
ZSFG Language Line	275,089	60,080	3,339	8,507	7,628	166,170	10,183	19,182	Toishanese, Arabic, Korean, Thai, Nepali, Portuguese, Mogolian, Khmer, Amharic, Tigrigna, Urdu, Hindi, Burmese, Punjabi, Samoan, Bengali, Japanese, Farsi, Laotian, Indonsian, Gujarati, French, Armenian, Turkish, Bosnian, Italian, Uzbek, Pashto, Tongan,etc

# 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)

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

Descripti	(0	1	
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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	170
Total Number of LEP Attendees	
Interpretation provided by	<ul><li>✓ Vendors</li><li>multilingual Employees</li><li>✓ Other Consultant</li></ul>
Interpretation provided in (languages)	✓ Cantonese  Filipino  Mandarin  Russian ✓ Spanish  Vietnamese ✓ Other  Thai

# 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				
Total				
Multilingual				
Public				
Contact				
Employee				
All				
Public				
Contact				

Description	(0 ( 1)	
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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
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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 needed and corresponding language(s)  If no, indicate the number of additional multilingual employees needed and corresponding language(s)  meet LAO requirements?	
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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?	Yes
b) Please provide a brief summary of the policy.	DPH shall provide equal access to services for Limited English Proficient (LEP) and hearing impaired/deaf members of the public through the use of interpreter services, designated bilingual employees and contracted vendors.
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?	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.	Upon incident, notification alert via email, telephone landline or in person, each division/worksite of Public Health has designated staff to respond to the crisis incident and provide language services to the LEP member(s) of the public. If a bilingual staff member is not available, the DPH staff member can contact one of the city approved vendor agencies for interpreter or translation services. Typically LanguageLine is contacted for interpreter service requests at non-hospital locations. The hospitals typically contact the Public Health Interpreter Services Department.

# 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	Oth (spec	ner cify)	
Office Hours and Location	✓	<b>*</b>	✓	✓	<b>✓</b>	✓	~		
Information about Programs and Services	<b>✓</b>	×	<b>✓</b>	<b>✓</b>	<b>✓</b>	✓	~		
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)



#### Please explain.

Public Health's recorded messages of information and prompts are in the English and threshold languages. There are a few sites who are working with complex recorded messaging systems. these sites are working on getting their recorded messages and prompts in the client preferred languages.

# 15. Telephonic Requests for Translation or Interpretation Services

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

DPH follows its general policy on language access for in-person requests for translation or interpretation services. First we utilize the bilingual staff on-site, then DPH wide including the Interpreter Services department. Next vendors are contacted.

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.

DPH understands a large majority of our client population is LEP therefore our procedure for handling telephone requests for translation and interpreter service requests are handled as any other language access request. We have bilingual staff strategically placed at our sites to assist LEP members of the public

with their language access requests through all venues; telephone, in-person, in writing, email, fax, etc. If a bilingual staff is not available, we utilize out internal interpreter services then vendors.

# 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.

DPH follows its general policy on language access for in-person requests for translation or interpretation services. First we utilize the bilingual staff on-site, then DPH wide including the Interpreter Services department. Next vendors are contacted.

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.

Currently, individual programs have their own protocol on how they handle the requests, however the LAO resource binder and new DPH LAO Liaison will ensure the department's procedures are easily accessible for staff.

# 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 Varies by Site	

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

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

Adequate	
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#### Please explain.

LAO Liaison is being transitioned. The new liaison will review the department's public notices of availability of language access services.

# 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.	\$1,687,445.00
Telephonic interpretation services provided by vendors.	\$1,385,273.00
3. Document translation services provided by vendors.	\$42,215.00
On-site language interpretation services provided by vendors.	\$78,101.00
5. Other costs associated with providing language access services (e.g., grants, special programs, other.)	\$0.00
Total Language Services Budget (add columns 1-5)	\$6,108,727.00

# 18 b. Department's Total Operating Budget

\$0.00

# 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	
Description (Optional)	