## Annual LAO Compliance Report for FY 2019-2020 Mayor's Office on Disability

## 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? |
|---|---------------------------------------|
| Hired a new ADA Grievance, Referral and Training Coordinatorallowed for dedicated staff person to consistently respond to constituent concerns. | Yes                                   |
| Filled the vacancy for Deputy Director of Programmatic Access   | Yes                                   |
| Filled the vacancy for Deputy Director of Architectural Access  | Yes                                   |
|   |                                       |

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

| Barriers  | Proposed Solutions   |
|---|--|
| Limited staffing and COVID-19 response efforts shifted department priorities. Mayor's Disability Council was not able to meet between the months of February and July | Ensure language access goals are revisited are included in discussions on office priorities.  The Mayor's Disability Council began meeting again in August of 2020, the brochure edits can be brought to their attention so that it can be finalized and sent for translation. |
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## 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 Mayor's Disability Council continues to work on their brochure. There have been new members appointed who will want to provide input. Once it is finalized the brochure will be translated into the LAO threshold languages.
- 2. No additional program materials needed to be translated this year so a Glossary of Terms for ease of translation was not prioritized
- 3. A a phone tree and message option for the LAO threshold languages has been recorded and included in the structure of the new phone tree and voicemail system. Phone system changes have been put on hold while MOD determined new office operations given the pandemic

#### 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. Implement a tracking form to more easily log interactions with the public.
- 2. Translate templates provided by the Architectural Access Team.
- 3. Translate Mayor's Disability Council brochure into threshold languages.
- 4. Train new staff on Language Access Ordinance and language access policies
- 5. Work with OCEIA to include American Sign Language as a recognized language under the LAO reporting.

## 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  |  |  |
|------|--|--|
| 1 03 |  |  |
|      |  |  |

### 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.

| riease provide the method you used to determine the number LEP persons actually serv | ase provide the method you used to determine the number LEP per | ersons actually serve |
|--|---|-----------------------|
|--|---|-----------------------|

| a. | ✓ Intake      | b         | Annual Survey | c. | Number of telephonic interpretation requests |
|----|---------------|-----------|---------------|----|--|
|    | 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 | LEP CLIENTS | LEP CLIENTS BY LANGUAGE (#) ? |     |      |     |     |      |            |  |
|---------------|-------------|-------------------------------|-----|------|-----|-----|------|------------|--|
| (#)           | (#)         | CAN                           | FIL | MDRN | RUS | SPN | VIET | Other      |  |
| 2,214         | 12          | 5                             | 0   | 0    | 0   | 7   | 0    | 0<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 (#) |
|----------|-----------------|
|          |                 |
|          |                 |
|          |                 |
|          |                 |

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<br>Clients                |                       |          | LEP Clients Served at the Facility by Language(#) |     |      |     |     |      |                 |
| Facility Name/<br>Location                                       | Served<br>at<br>Facility<br>(#) | LEP<br>Clients<br>(#) | %<br>LEP | CAN   | FIL | MDRN | RUS | SPN | VIET | Other (specify) |
| Mayor's Office on<br>Disability/1155 Market<br>Street, 1st Floor | 2,214                           | 12                    | 0.23%    | 5   |     |      |     | 7   |      |                 |
|  |                                 |                       |          |   |     |      |     |     |      |                 |

#### 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 | 0               |     |     |     |     |      |                       |             |
| Number of Vital Documents   | 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 | 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 | Total Call Volume by Language |      |     |     |      |                       |                       |  |  |
|------------------------------|------------------|-------|-------------------------------|------|-----|-----|------|-----------------------|-----------------------|--|--|
| 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) |  |  |
| Languageline                 | 12               | 5     | 0                             | 0    | 0   | 7   | 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)

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

| Description (Option | onal) $\Box$ |  |
|---------------------|--------------|--|
|                     |              |  |

## 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                     | 0 |
|-------------------------------|---|
| Interpreted hearings/meetings | U |
|                               |   |

| Total Number of<br>LEP<br>Attendees    | 0  |
|--|--|
| 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 Mul | ltilingual Staf | f, by Lan | guages |      |       |
|--|--------|--------|--------|-----------------|-----------|--------|------|-------|
|  | Number | CAN    | FIL    | MDRN            | RUS       | SPN    | VIET | Other |
| Certified Multilingual Public Contact Employee | 1      |        |        |                 |           |        |      | 1     |
| Total Multilingual Public Contact Employee     | 3      |        |        |                 |           |        |      | 3     |
| All<br>Public<br>Contact                       |        |        |        |                 |           |        |      |       |

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|------------|-----|--------|--|
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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            | ROSTER OF MULTILINGUAL EMPLOYEES                          |                                |                                |                            |  |  |  |
|-------------------|---|--------------------------------|--------------------------------|----------------------------|--|--|--|
| Name              | Title   | Office Location                | Languages (other than English) | DHR<br>Certified?<br>(Y/N) |  |  |  |
| Iman<br>Alzaghari | ADA Greivance,<br>Referral and<br>Training<br>Coordinator | 1155 Market St. , 1st<br>Floor | Arabic                         | Yes                        |  |  |  |
| Dawn<br>Anderson  | Access<br>Compliance<br>Officer                           | 1155 Market St. 1st<br>Floor   | American Sign Language         | No                         |  |  |  |
| Nathan<br>Webb    | Operations and<br>Communications<br>Coordinator           | 1155 Market St. 1st<br>Floor   | American Sign Language         | No                         |  |  |  |
|                   |   |                                |                                |                            |  |  |  |

| 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) |
|--|--|
| 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   |  |  |  |
| <b>\</b> | Other method (describe): Staff can indicate their skill level  |  |  |  |
|          | 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 |
|-----|
|-----|

We provide training to staff on the Language Access Ordinance Policy and MOD's LAO Procedures. The training includes information on how to communicate with 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  |
|--|--|
|  | In compliance with the LAO, it is the policy of the Mayor's Office on Disability to provide full information access to Limited English Proficient (LEP) individuals who come into contact with the office. This document outlines the procedures to accomplish this goal and is to be used as a resource for the Mayor's Office on Disability (MOD) staff on how to serve LEP individuals.  Providing effective communication is a core function |

| b) Please provide a brief summary of the policy.  | of MOD and the office is committed to offering quality language services to the Limited English Proficient population in San Francisco.  |
|---|--|
|   | The purpose of this document is to inform staff about  |
|   | the appropriate procedures and ensure that LEP   |
|   | clients of MOD are able to access, understand, and   |
|   | participate in MOD programs and services.  |
| 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. | If an LEP individual contacts MOD with an emergency situation, staff will follow the same protocol to connect the LEP individual with an interpreter. If the situation involves services of another City department then staff will provide a warm referral to the appropriate City department to ensure that the LEP individual is connected with an interpreter. |

## 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<br>MESSAGE       | CAN                                  | FIL      | MDRN | RUS | SPN      | VIET | Other (specify) |  |  |
| Office Hours and Location | <b>✓</b>                             | <b>Y</b> | ✓    |     | <b>✓</b> |      |                 |  |  |

| Information about<br>Programs and<br>Services | ✓ | <b>~</b> | <b>&gt;</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.

Our office's recorded message includes information about our hours, location, and that we are the City's ADA Compliance Office. We also have a recorded message for when the office is closed for the Mayor's Disability Council meeting. This message includes the location and hours

## 15. Telephonic Requests for Translation or Interpretation Services

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

Calls are interpreted by a Languageline interpreter. Translated documents will be provided. If the document is not available in the requested language, the request will be forward to the LAO Liaison to process

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.

Staff are trained on the telephonic interpretation procedures and provide interpretation services when needed. MOD's core documents are translated in the required languages. If additional translations are needed, staff know to contact MOD's LAO Liaison for assistance.

## 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.

Staff will use the language sign to determine language needed. Interpreter will be called. Translated documents will be provided. If the document is not available in the requested language, the request will be forward to the LAO Liaison to process.

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.

Staff are informed on how to provide in-person language assistance and process translation requests.

### 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 Sign from Languageline includes a variety of other languages. |

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

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



#### Please explain.

The notice is posted at the front counter. We also have the LAO complaint form in all the threshold languages available in our office lobby.

## 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. | \$0.00                             |
| Telephonic interpretation services provided by vendors.  | \$106.56                           |
| 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)  | \$106.56                           |

## 18 b. Department's Total Operating Budget

\$1,500,000.00

## 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)



Our interpretation services are paid through the GSA general fund. For FY20/21 we have budgeted \$700 for

Description (Optional)

translation services and \$10,000 for ASL  $\,$