

Substance Abuse Prevention and Control
24-25 Payment Reform Capacity Building and Incentive Initiative

Improving Workforce Language Assistance Efforts

Language Assistance Plan Toolkit

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Introduction

Why is language access important? One in 10 U.S. adults has limited English proficiency (LEP). Without adequate language services, these individuals may experience miscommunication, delayed care, and poor health outcomes.

Individuals with limited English proficiency or those who communicate in sign language often struggle to interact effectively with healthcare providers. This can create significant barriers to care. Without adequate language support, patients may:

- Experience delays or denial of services.
- Receive inaccurate or incomplete information.
- Have poor understanding of diagnoses, treatments, and self-care instructions.

When healthcare providers lack access to competent interpreters, it can obstruct the clear and accurate exchange of information between providers and patients. Without a full understanding of their care plans, patients are at risk of mismanaging their health, leading to potential complications and poor outcomes.

Who's Affected and How to Accommodate

- **Limited English Proficiency (LEP):** This term describes individuals who, due to their birthplace or cultural background, speak a language other than English as their primary means of communication. These individuals may struggle to communicate effectively in English.
 - **Impact:** LEP individuals may face challenges accessing care, education, and social services due to language barriers.
 - **Accommodations:** Providing professional interpreters, translated written materials, and bilingual staff can help ensure equitable access to services for LEP individuals.
- **Hard of Hearing:** This refers to individuals with varying degrees of hearing loss, from mild to profound. They may rely on spoken language and use assistive devices like hearing aids, cochlear implants, captioning, and other adaptive methods to communicate.
 - **Impact:** Hard-of-hearing individuals may face challenges in environments where auditory communication is dominant. Early identification and intervention are crucial to minimize barriers to communication and care.
 - **Accommodations:** In addition to hearing aids and implants, accommodation in a behavioral health setting can include preferential seating, visual alerts, written notes, and the use of clear, spoken language.
- **Deafness:** Individuals who are Deaf have profound hearing loss, with little to no ability to hear. Sign language is often their primary means of communication.

- **Impact:** Without adequate accommodations, Deaf individuals may encounter significant barriers in accessing information and fully participating in behavioral health services and treatment.
 - **Accommodations:** Qualified sign language interpreters, written English materials, and visual communication methods are essential for ensuring equal access for Deaf individuals.
- **Vision Impairment:** This includes individuals with limited vision or blindness, where their sight is impaired even with corrective measures, or those with a restricted field of vision.
 - **Impact:** Vision impairments can greatly impact daily life, mobility, and access to information.
 - **Accommodations:** Braille materials, audio descriptions, assistive technology, and clear navigation pathways can help individuals with vision impairments navigate and access information.
- **Limited Health Literacy:** This refers to individuals with a limited capacity to obtain, process, and understand basic health information and services needed to make informed health decisions.
 - **Impact:** Limited health literacy can lead to poor health outcomes, medical errors, and increased healthcare costs.
 - **Accommodations:** Clear, plain language communication, visual aids, teach-back methods, and patient advocates can help improve health literacy and empowerment.

The Role of Healthcare Interpreters (HCIs): HCIs are trained professionals who can facilitate effective communication between healthcare providers and patients with language access needs. They possess strong skills in both the source and target languages, medical terminology, and the ability to navigate complex cultural nuances.

- **HCIs and Sign Language:** It is essential to note that American Sign Language (ASL) and other signed languages are unique languages with their own grammar, syntax, and vocabulary. They are not simply signed versions of English.

Note: Healthcare providers must use a qualified interpreter who meets both of the following criteria:

- Holds current Registry of Interpreters for the Deaf (RID) certification.
- Has completed specialized healthcare interpreter training.

Both Qualified and Certified Signed Language HCI interpreters must maintain RID certification and demonstrate proficiency in medical interpretation. ASL medical interpreters should have specialized training and skills to accurately convey complex medical terminology and information between English and ASL.

Types of Interpretation Services

In our increasingly globalized world, bridging language gaps is more critical than ever. Interpretation services come in four flavors, each with its strengths, weaknesses, and ideal applications. Let's decode the differences:

On-Site Interpretation (OSI):

- **What is it?** OSI brings interpreters into the same physical space as the participants.
- **Pros:** Unmatched for building trust and conveying cultural nuances. Ideal for sensitive, complex interactions where subtle cues matter.
- **Cons:** Scheduling can be tricky, availability may be limited, and costs can add up.
- **When to use OSI:** Individual counseling, assessments, group, or other in-person behavioral health settings where trust and precision are paramount. *Currently reimbursable under Medi-Cal for outpatient settings only.*

Over-the-Phone Interpretation (OPI): Speed and Convenience

- **What is it?** Interpreters join conversations remotely via phone calls.
- **Pros:** Instant access, no scheduling needed, cost-effective. Perfect for quick, non-visual interactions.
- **Cons:** Lack of nonverbal cues can lead to misunderstandings.
- **When to use OPI:** Scheduling appointments, follow-up calls, and any scenario where speed trumps visual contact. *This is not currently reimbursable under Medi-Cal.*

Video Remote Interpretation (VRI): The Best of Both Worlds

- **What is it?** Interpreters join via video call, blending personalization and convenience.
- **Pros:** Allows for nonverbal cues and facilitates quick access to interpreters for rare languages.
- **Cons:** Tech issues can disrupt calls, requires a suitable environment.
- **When to use VRI:** Telemedicine, virtual consultations. Any situation needing both immediacy and visual connection. It is especially effective for sign language interpretation. *This is not currently reimbursable under Medi-Cal and may be a cost-effective option for residential providers.*

Remote Simultaneous Interpretation (RSI): Real-Time Connection for Large Groups

- **What is it?** Like VRI, but interpretation happens in real-time, without interruption.
- **Pros:** Enables seamless, real-time communication for multi-language events.
- **Cons:** Requires specialized equipment and skills, potential tech issues.
- **When to use RSI:** Multilingual conferences, public meetings, complex healthcare consultations. Any large-group setting that needs instantaneous language bridging. *This is not currently reimbursable under Medi-Cal.*

Other Interpretation Options in Difficult Settings:

Residential Settings:

In residential treatment settings where patients require access to care 24/7, providing language access services can be complex. Here are some options:

In-Person Interpreters:

- **On-Site Interpreters:** For smaller programs or less commonly encountered languages, having an interpreter on-site 24/7 may not be feasible. However, for larger programs serving a high volume of patients speaking the same language, this could be an option.
- **On-Call Interpreters:** Partner with language services agencies that can provide on-call in-person interpreters for emergent situations.

Telephone Interpretation:

- **24/7 Telephone Interpretation Services:** Contract with services that provide immediate telephone interpretation access 24/7. Staff can quickly access an interpreter for conversations with LEP patients.

Video Remote Interpretation (VRI):

- **VRI Devices:** Install VRI devices throughout the residential facility. Staff can quickly access VRI services 24/7 for both routine and emergency conversations.
- VRI can be implemented with a range of setups to fit your needs and budget. A simple setup might include a tablet with a camera, headphones, a wireless connection, and a HIPAA-compliant video platform, all used in a private space. A more advanced option could include a dedicated telehealth suite with a monitor. Pricing varies depending on the complexity of the setup but can often be achieved for under \$1,000.

Qualified Bilingual Staff:

- **Bilingual Treatment Staff:** Hiring bilingual treatment staff can provide built-in language access. However, it is essential to assess their language proficiency and provide training as needed.
- **Bilingual Support Staff:** Non-treatment bilingual staff (e.g., medical assistants, support staff) can assist with basic communication and interpretation until a qualified interpreter is accessed.

A combination of these options, along with **advanced planning** and **assessment of patient language needs**, can help ensure LEP patients have access to necessary language services 24/7 in residential treatment settings.

How to Engage with Language Service Providers

Language service providers can vary vastly in their product offerings. Some may specialize in over-the-phone interpretation and call center operations but may have less robust offerings available for on-site interpreters. Others might be skilled in translation services but may not have certain interpretation product offerings, such as video remote interpretation. Or perhaps they have offerings in every category, but their industry expertise is not suitable to effectively fill the communication gaps commonly experienced between behavioral health providers and their patient communities.

Before approaching a language services company, providers should consider these areas to help narrow down service options:

- The types of interpretation services that would be most appropriate for their practice and patient community (e.g., OPI vs. VRI, or a combined approach).
- Current industry expertise and depth of experience in translating provider-patient communications in both verbal and written formats.
- Level of overall support needed (e.g., 24/7 availability vs. infrequent use needs)
- Variation in level of support needs and how that may vary by language (e.g., overall interpretation or translation request volume varies and can be greater at a certain time of day, or a certain time of year).
- Tailored approach requirements (e.g., custom cultural adaptations to written communications designed to improve adherence to substance use disorder treatment plans and patient outcomes).
- Level of accuracy and acceptable quality of translation and interpretation desired and if this varies across functions (e.g., billing translation quality vs. clinical interpretation quality).
- Desired turnaround times for written translations. This can vary greatly depending on the language(s) requested.
- Wait times to connect to an interpreter. This can vary greatly based on language.
- Budgetary constraints
- Relevant policy compliance standards (e.g., vendor must have established privacy and security policies and practices, be HIPAA compliant, will sign a BAA, etc.)

Fee structure

Many language service vendors follow similar pricing models, although just like product offerings, rates will vary from one vendor to another. This can also be dependent on factors such as certification and qualifications of their linguists, proprietary technologies, requested availability times of linguists or the need for rare language support, and the individual quality requirements of the provider seeking language support. For interpretation and translation services, you may see rates structured in these ways:

- **Interpretation:** Often charged per a certain time interval. For in-person person interpretation, rates are often charged on a per-hour basis, or per a certain number of minute basis (e.g., 15 or 30 minutes), or a combination of both (e.g., \$60 for the first hour, \$10 dollars for every 15 minutes after). It is common for there to be a minimum number of hours for many interpreters. Be aware that mileage reimbursement could be an additional expense passed onto the provider for smaller or specialized vendors. Video- or over-the-phone interpretation services usually charge by the minute (e.g., \$0.48 per minute). There may also be an additional flat service fee on top of the per minute rate, or a minimum number of minutes per call that will be charged regardless of if all that time is utilized.
- **Translation:** Translation services are usually structured as a fee per word to be translated (e.g., \$0.12 per word). Providers may also encounter other rate structures such as a set fee per specific wordcount block (e.g., \$20 for every 250 words. A document with 300 words or a document with 480 words would both cost \$40), or a flat per page fee that does not account for how many words are on each page. Minimums or a flat rate service fee can also apply to all these rate structures.

If particular language service aspects are a necessity for a behavioral health or substance use provider to meet their patient community's unique needs, a tailored proposal can be requested. To help reduce costs, especially if requesting a custom service package, language service vendors are often willing to negotiate if the provider or practice is willing to enter into a long-term agreement.

Additionally, for smaller practices or individual providers, it may be beneficial to form or join a professional association with the capacity to negotiate a more cost-effective group rate with a language service vendor.

Selecting Your Language Service Provider/Vendor

When providers are ready to meet with a language vendor, it is important to prepare the right questions to ensure their service offerings are the best fit for their community's language needs. Questions such as these may be helpful:

- Behavioral Health Experience
 - Do you have interpreters and translators on staff who specialize in healthcare and medical settings? If so, are any of them experienced in working in the behavioral health and/or substance abuse disorder setting?
- Quality & Security
 - How do you ensure translators and interpreters are qualified in healthcare/specific medical subject matter? How do you monitor quality?
 - Are services HIPAA /PHI compliant? What data security measures are in place?
- Range of Services & Languages:
 - Please provide a language list for all services provided (spoken, written, etc.).
- Availability & Turnaround Time
 - Are your services available 24/7/365? What are your response times?
 - How long is your response or lead times for video/onsite interpreters?
 - How long is your turnaround time for small translations (1-2 pages on Word)?
- Cost Transparency and Value
 - Can you outline your pricing model and provide a breakdown of costs?
 - What discounts or savings opportunities are there?
 - Do you offer discounts for non-profit organizations?
 - Do you use Translation Memory?
- Customer Support and Training
 - Do you provide a dedicated Account or Project Manager and contact person?
 - What's your escalation and issue resolution process?

Tips for Collaborating with Interpreters Before and After Sessions

Before the session, conduct a briefing with the interpreter to ensure they understand the context and goals of the appointment. Include the following elements:

- **Introduction:** Start with a brief introduction of yourself, the patient, and the interpreter. Clarify roles and expectations.
- **Reason for Appointment:** Share the reason for the appointment, the patient's presenting issues, and any relevant background information. This helps the interpreter understand the context.
- **Goals of the Session:** Clearly state the goals of the session. Is it an initial assessment, a follow-up, or a crisis intervention? This helps the interpreter focus their interpretation.
- **Specialized Terminology:** Alert the interpreter to any specialized behavioral health terminology or concepts that may arise. Provide explanations or written resources if possible.
- **Cultural Considerations:** Discuss any cultural factors that may impact the session. The interpreter may have valuable insights to share.
- **Confidentiality:** Emphasize the importance of confidentiality in a behavioral health setting. Ensure the interpreter understands their ethical obligations.
- **Logistics:** Clarify logistical details such as the length of the session, breaks, and the process for addressing any interpretation issues that arise.

Debriefing Process:

After the session, conduct a debriefing with the interpreter. This is an opportunity to discuss what went well and any challenges that arose. Include the following elements:

- **Overall Assessment:** Ask the interpreter for their overall assessment of how the session went. Did the interpretation flow smoothly?
- **Challenges:** Were there any challenges or difficult moments during the interpretation? How were they addressed?
- **Concepts Requiring Clarification:** Were there any behavioral health concepts or terminology that required clarification during the session?
- **Cultural Nuances:** Did any cultural nuances or idiomatic expressions arise that were challenging to interpret?
- **Recommendations:** Ask the interpreter for any recommendations to improve the interpretation process in future sessions.
- **Feedback:** Provide feedback to the interpreter on their performance. Address any issues that arose and provide positive reinforcement for what went well.

Best Practice for Utilizing Bilingual Staff

I. Introduction

This section outlines best practices for testing the language proficiency of bilingual staff and ensuring they can effectively deliver language services to patients with limited English proficiency. The goal is to provide equitable, high-quality care to diverse patient populations.

- **Scope:** This applies to all bilingual staff who will provide language services to patients, including clinicians, support staff, and administrative personnel.

II. Staff Qualifications

- **Qualifications:**
 - Bilingual staff should be fluent in English and the target language, with the ability to convey complex medical information accurately in both languages.
 - Staff should have a strong understanding of cultural nuances in both cultures to provide culturally sensitive care. For example, they should understand how cultural beliefs may impact health behaviors and perceptions of illness.

III. Types of Bilingual Staff:

Non-Certified Bilingual Staff:

- **Who?** Staff who are fluent in English and the target language but have not been tested, did not meet testing requirements, or are not direct service staff such as support or administrative personnel.
- **Pros:** Providers may have more staff who meet these criteria that can assist non-English speaking patients.
- **Cons:** Staff may not have the necessary reading, writing, and oral communication skills in the target language to provide accurate language services. They may also lack knowledge of behavioral health terminology that is critical to effective communication.
- **When to use non-certified bilingual staff:** Use for limited situations where speed and access are more important such as walk-ins, screenings, etc.

Certified Bilingual Staff

- **Who?** Staff who are fluent and certified as determined by appropriate language proficiency assessments, in English and the target language and provide direct services to patients. This may include SUD counselors, case managers, clinicians, and peer specialists.
- **Pros:** Ideal for building trust and conveying cultural nuances. Ideal for sensitive, complex interactions where subtle cues matter, such as counseling and education.
- **Cons:** Availability may be limited, and staff may be hard to retain.

- **When to use certified bilingual staff:** Individual counseling, assessments, group, or other in-person educational gatherings where building rapport, trust, and precision are paramount.

IV. Language Proficiency Testing:

- Choosing a Test:
 - Use a reputable, nationally recognized language proficiency testing tool, such as the ALTA Medica or the ISOP. The International Proficiency Certificate (IPC) is another option.
 - Consider the validity, reliability, and sensitivity of the test. Ensure it is designed for healthcare settings and assesses the specific language skills needed for the role.
 - Look for tests that assess both language proficiency and cultural competency.
 - Using A Nationally Recognized Language Proficiency Testing Tool vs Creating Your Own Internal Measures
 - Internal Measures
 - IV. Pros
 - *Customizable:* Tests can be tailored to the specific needs and terminology of the organization.
 - *Convenient:* Testing can be done in-house, allowing for greater control over the process.
 - *Cost-effective:* May be less expensive than using external certification programs
 - V. Cons
 - *Lack of Standardization:* Results may not be comparable across candidates.
 - *Limited Scope:* Tests may not fully assess all the skills needed for competent interpretation.
 - *Potential Bias:* Testers may unintentionally favor candidates they know or who have worked with the organization before.
 - Nationally Recognized Language Proficiency Tool
 - IV. Pros
 - *Specialized:* Agencies may develop tests specific to the language pairs and industries they serve.
 - *Comprehensive:* Tests may assess a wider range of skills, including cultural competency and ethics.
 - *Credentialing:* Some agencies offer credentialing of testers and interpreters, adding a level of assurance.
 - V. Cons
 - *Cost:* Using an agency's testing protocol may be more expensive than internal testing.
 - *Dependence on Agency:* Organizations are reliant on the agency for testing and credentialing.

Best Practices for an Internal Testing Process

- Test Components:
 - Reading Comprehension: Include a section on reading behavioral health documents, such as consent forms or confidentiality practices, in both languages. *Example:* A form explaining the confidentiality practices of the agency.
 - Writing: Have staff write a short paragraph on a behavioral health topic in both languages, to assess spelling, grammar, and clarity. *Example:* A paragraph explaining the purpose and process of a relapse prevention plan.
 - Conversational Skills: Conduct a verbal interview or role-play, where staff must discuss common behavioral health scenarios, provide explanations, and answer questions. *Example:* Explaining the effects of substance withdrawal and coping strategies.
 - Behavioral Health Terminology: Include a list of terms relevant to the SUD field and have staff define them in both languages. *Example:* Terms like "relapse," "withdrawal symptoms," or "medication-assisted treatment (MAT)."
 - Idiomatic Expressions: Include common idioms, colloquialisms, and regional dialects that staff may encounter. For example, taking it one day at a time" (focusing on recovery step by step, without overwhelming oneself) or "falling off the wagon" (resuming substance use after a period of abstinence).
- Test Administration:
 - Ensure tests are administered in a fair and standardized manner, with the same instructions and format for all staff.
 - Provide clear instructions and ensure staff understand the test format, timing, and what is expected.
 - Allow the use of dictionaries or reference materials, as staff may use these on the job.
- Setting a Proficiency Threshold:
 - Establish a clear threshold for passing the test, such as 90% correct or a proficiency level of "advanced".
 - The threshold should be set high enough to ensure staff can accurately communicate complex and nuanced medical information.
 - Consider setting different thresholds for different roles, based on the level of risk and complexity.

- Documentation:
 - Document test results in detail, including percentages correct, proficiency levels, and any areas of strength or weakness.
 - Provide specific feedback to staff, highlighting areas of excellence and areas for improvement.
 - Keep test results confidential but share overall results with the staff member and their manager.
 - Retest staff periodically (e.g., every 2-3 years) to ensure proficiency is maintained.

IV. Utilizing Bilingual Staff

- Identifying Bilingual Staff:
 - Clearly identify bilingual staff and the languages they speak. This can be done with badges, stickers on name tags, or a centralized staff directory.
 - Ensure this information is easily accessible to all staff members, so they know who to call upon for language assistance.
- Appropriate Use of Bilingual Staff:
 - Bilingual staff should only provide language services in their area of proficiency. Do not ask Spanish-English bilingual staff to interpret for a Portuguese-speaking patient.
 - Staff should not be used to interpret for family members or minors. This can lead to confidentiality issues, role conflicts, and inaccurate interpretations.
- Documentation:
 - Document language proficiency test results and training completion in staff records.
 - Document the language used for each patient encounter. This helps track language services and identify trends or gaps.

V. Ongoing Quality Assurance

- Regular Assessments:
 - Regularly assess the language skills and cultural competency of certified bilingual staff. This can be done through observations, feedback forms, and periodic re-testing.
 - Use feedback from patients, staff, and managers to identify areas for improvement. Solicit feedback proactively to catch any issues early.

- Ongoing Training:
 - Provide ongoing training opportunities to enhance language skills and cultural knowledge. This could include workshops, webinars, or online modules.
 - Address any identified gaps in knowledge or skills promptly. Provide coaching or additional training as needed.

VI. Incentives Options for Certified Bilingual Staff

Certified bilingual staff are essential to providing equitable access to services, as they bridge language barriers and facilitate effective communication with individuals who have limited English proficiency. Offering incentive options for certified bilingual staff, such as pay differentials and bonuses, recognizes the value they bring to the organization and supports bilingual staff retention.

- **Bilingual Pay Differentials:** These are additional amounts paid to bilingual employees on top of their base salary. The differentials can range from 5% to 20% more than the salary. The exact percentage depends on the organization, the role, and the demand for the specific language skills.
- **Bonuses:** Some organizations have formal language incentive programs. These programs might provide extra pay for bilingual employees who use their skills to bring in more revenue. For example, one incentive program provides maintenance bonus pay ranging from \$75 to \$250 per biweekly paycheck for sustaining qualifying language proficiency levels.

It is important to note that the specific incentives can vary widely depending on the organization, size, location, and specific language skills.

VIII. Conclusion

- Bilingual staff are a valuable resource for providing language access to patients with limited English proficiency. When properly tested, trained, and utilized, they can enhance the quality of care for diverse patient populations.
- Organizations should view bilingual staff as an investment in equitable care, rather than just a requirement. With the right support and development, bilingual staff can play a key role in improving health outcomes for limited English proficient patients.

Guidance for Conducting a Language Needs Assessment

I. Introduction

- Brief overview: Los Angeles County is home to a diverse linguistic landscape where there are over two hundred languages spoken, 1 in 3 residents are limited English speakers, and 800,00 residents are deaf or hard of hearing. A language needs assessment is a critical step in ensuring that substance use disorder services are accessible and effective, regardless of the language an individual speaks. By conducting a language needs assessment, providers can identify language barriers, assess the availability of language assistance services, and develop strategies to improve language access.
- Purpose of the document: This section of the toolkit aims to provide comprehensive guidance on conducting a language needs assessment tailored to the unique context of substance use providers in Los Angeles County. It will walk through the steps of a needs assessment and describe how to use the FY24-25 CB&I Language Access Worksheet and Stakeholder Prompts to inform your language assistance plan.

II. Understanding the Behavioral Health Language Needs in Your Community

- Definition: Language needs in your community refers to the communication requirements and preferences of the diverse patient populations you serve. These needs encompass the language assistance, interpretation services, and culturally-aligned communication approaches required to ensure patients can effectively participate in their healthcare.
- Types of needs:
 - Necessities: These are the essential language services and support that patients must have to access and understand their healthcare. Examples include having materials translated into commonly spoken languages, providing qualified medical interpreters, and ensuring signage and forms are accessible in multiple languages based on your community's demographics.
 - Lack: This refers to areas where current language services may fall short of meeting patient and community needs. This could include limited availability of interpreters for certain languages, lack of translated materials for emerging language groups in your area, or insufficient cultural context in existing translations that impacts patient understanding and engagement.

III. Steps in a Language Needs Assessment for Substance Use Disorder Services in Your Community

Conducting a Language Needs Assessment for substance use disorder services in your community involves a systematic approach aimed at enhancing service delivery for diverse populations. This process typically includes identifying the target population's language preferences, analyzing current language services and gaps, and engaging stakeholders to gather insights and recommendations.

By utilizing qualitative and quantitative methods, agencies can obtain a clearer understanding of the specific needs within their communities, ultimately leading to more effective communication and improved outcomes for clients. The following steps will outline the essential components of this assessment process.

Step 1: Identify the target population

When conducting a language needs assessment, it is essential to understand the target population thoroughly. Some available resources include:

- US Census data (LA County)
- LA County Department of Public Health data
- Surveys and focus groups with community organizations serving LEP populations
- Annual reports and health risk needs assessments published by local medical, community, or non-profit organizations
- Internal records of language access requests and service encounters

Key aspects to consider include:

- **Demographics:** Analyze the age, gender, ethnic background, and socioeconomic status of the population. Understanding these factors can influence language preferences and uncover the systemic barriers that may limit utilization of substance use disorder treatment.
- **Language Proficiency:** Identify the current languages spoken and the English proficiency level in your community. This helps identify gaps and specific needs.
- **Cultural Context:** Recognize the cultural backgrounds and values of the population, as these can impact language use. Consider how cultural influences may affect communication styles and preferences. Explore how the cultural attitudes of the population can guide the development of effective outreach strategies.
- **Motivation and Goals:** Consider the underlying factors that influence the population's interest in accessing behavioral healthcare and substance use disorder treatment, identifying both the motivations for seeking help and the barriers that may prevent individuals from engaging with these services.
- **Care Environment:** Evaluate the settings in which the target population typically access health and behavioral health services already, as this can inform your efforts to reach them. This includes faith-based and charity institutions, a trusted local fluent small practice or provider, and community center settings.
- **Access to Resources:** Consider the availability of existing in-language resources for LEP individuals internally as well as in the local community, such as materials, classes, and technology, which can affect the population's ability to access and engage with treatment.

By thoroughly examining these aspects, providers can ensure that the language needs assessment is relevant, targeted, and ultimately more effective in meeting the population's specific language needs.

Step 2: Gather information

- Methods:
 - **Surveys:** Self-assessment of language access, challenges in patient communication, and goals. As part of the FY 24-25 CB&I initiative, providers completed the Language Access Worksheet to assess current language access needs, policies, procedures, and services.
 - **Interviews:** In-depth discussion with key stakeholders that engage with or deliver language services about specific scenarios where language posed a challenge to providing care. Questions might ask about:
 - Challenges in receiving or delivering language assistance services.
 - Improvement suggestions.
 - Resources necessary to support language access.
 - Strategies that have worked well to improve language access.
 - **Focus groups:** stakeholder discussions may also include group discussions with stakeholders of the same type to gather collective input about language assistance services.
 - **Observation:** Observation of patient interactions to identify language use and needs. This might involve:
 - Observing live interactions: Take note of interpreters, agency support staff, and/or bilingual staff language use, patients' responses, and any instances of miscommunication.

Combining the information from your self-assessment (i.e., Language Access Worksheet) with the insights gathered from stakeholder discussions and observations, will help you gain a clear understanding of where your language assistance services are succeeding and where improvements are necessary.

Prompts to explore your Language Access Worksheet responses and to engage stakeholders can be found below.

Language Access Worksheet Prompts:

- What additional data do you need to assess your language assistance needs?
- **Service Gaps and Needs:**
Based on your current language assistance services, are there any specific language groups that you are not reaching effectively? What additional language support might be necessary to meet the needs of these populations?
- **Staff Capacity:**
Are there any areas where your staff could benefit from additional training or resources to enhance their ability to provide language assistance services?

- **Data Tracking and Measurement:**
How effective is your current process for tracking and measuring the language needs of your patients, including the frequency of LEP encounters and the success of language assistance services? Are there improvements that could be made in data collection to better assess the impact of language access efforts and inform future planning?

Stakeholder Engagement Prompts:

For LEP Patients (preferably in their preferred language, where feasible):

- a. Were language assistance services offered to you at our agency?
- b. What challenges, if any, have you experienced in understanding or communicating with our staff during your visits?
- c. What improvements or changes would you suggest to enhance the language services offered to individuals who are non-English speaking or who speak limited English?

For Direct Service/Front Office Staff:

- a. What challenges have you encountered in providing language assistance to LEP individuals?
- b. What additional resources or support do you think would help improve your ability to offer effective language assistance?
- c. What improvements or changes would you suggest to enhance the language services offered to individuals who are non-English speaking or who speak limited English?

For Agency Leadership:

- a. What is your perception of the agency's current capacity to meet the language needs of our LEP patients?
- b. Where do you see opportunities for improvement in our capacity to serve patients with language needs?
- c. What resources, support, or strategies do you believe are most needed to enhance the agency's capacity to provide effective language access services?

For Community Organizations:

- a. In your experience, what barriers prevent non-English speaking, LEP, and deaf or hard of hearing individuals in the community from accessing behavioral health services?
- b. What strategies have worked well in your organization to improve language access and engagement with LEP individuals?
- c. What improvements or changes would you suggest to ensure adequate language services to individuals who are non-English speaking or who speak limited English?

Step 3: Analyze the data

- **Identify patterns and themes:** What are the common challenges and needs identified across the data? Are there specific barriers patients face, such as accessing services or understanding treatment plans? Identify patient populations or scenarios (e.g., intake assessments, group counseling sessions, crisis interventions) where language assistance services are most critical.
- **Prioritize the needs:** What are the most critical languages and services needed for effective patient communication? It may be helpful to categorize needs as immediate (e.g., emergency communication), important but not immediate (e.g., enhancing patient rapport), and desirable (e.g., tailoring materials to include culturally relevant idiomatic expressions). Consider the potential impact on patient care and outcomes.

Step 4: Report the findings

- **Clearly present the results:** Use the Language Assistance Plan Template to highlight the key findings regarding the language needs, barriers, and gaps in service. Include data and quotes from interviews, where appropriate, to provide context.
- **Make recommendations:** Based on the prioritized needs, suggest how to improve language assistance services. This might include:
 - Enhance Language Assistance Services:
 - Increase the number of language-proficient bilingual staff available for critical services such as intake, and individual and group counseling.
 - Expand translated materials to include key documents like consent forms, treatment plans, group schedules, and discharge instructions in the most common LEP languages.
 - Improve Staff Utilization and Training:
 - Formalize the use of bilingual staff for language assistance with clear guidelines on when and how to deploy them effectively.

- Provide training for all staff on how to access and use language services (e.g., interpreter services, bilingual staff directories, or translation workflows).
- Monitor and Evaluate Access:
 - Establish a process to track the usage of language services and identify gaps in accessibility.
 - Gather regular patient feedback to evaluate the effectiveness of language assistance efforts.

VI. Conclusion

- Key points: Conducting a comprehensive language needs assessment is a critical step in ensuring your organization effectively serves individuals with Limited English Proficiency (LEP). Key points to keep in mind include:
 - Identifying the Target Population: Understand who your LEP patients are by analyzing demographic data and patient language preferences. This ensures your services are tailored to the community you serve.
 - Gathering Information: Collect input from a variety of sources, including patients, staff, and the community, to gain a complete picture of language access needs.
 - Analyzing Data: Look for patterns and prioritize areas of improvement, such as specific languages to support, critical service points requiring language assistance, and gaps in current offerings.
 - Reporting Findings: Share the results with leadership, staff, and stakeholders to build awareness and inform actionable steps to improve language access services.
- Ongoing needs assessment: Language needs may evolve as demographics shift, new services are introduced, or patient populations grow. To maintain effective access:
 - Regularly review and update data on patient language preferences.
 - Seek continuous feedback from patients, staff, and community members.
 - Evaluate the effectiveness of implemented strategies and adjust as necessary.
 - Incorporate language needs assessment into your organization's routine quality improvement processes.

Attachments

Language Assistance Implementation Report Questions

The questions in this document are provided for your reference and will be included in the Language Assistance Plan Implementation Report template due to SAPC by March 31, 2025. Providers will receive a separate form to complete and submit for this deliverable.

1. **Description of Activity:**
 - a. Describe the activity you implemented to improve language access. Be specific about what you did and how it addresses a particular gap or issue in language services.
2. **Implementation Process:**
 - a. Describe the steps you took to implement this activity.
 - b. Who was involved?
 - c. What resources were required?
3. **Outcomes and Impact:**
 - a. What outcomes have you seen as a result of implementing this activity?
 - b. How will you measure impact?
4. **Challenges and Lessons Learned:**
 - a. What challenges did you encounter in implementing this activity?
 - b. What lessons have you learned that could be applied to future improvements?
 - c. Are you willing to share these findings with other SAPC providers?

Sample Patient Complaint Form- Language Services

Patient Information

- Name: _
- Date of Birth: _
- Contact Information (Address, Phone, Email):

Healthcare Provider Information

- Name of Healthcare Provider:
- Location of Healthcare Provider: _

Details of Incident

- Describe the issue you experienced with the language services provided:
- Date and Time of Incident:
- Who was present during the incident? _
- Have you reported this incident to anyone else? If so, who?

Impact on Care

- How did the language service issue affect your understanding of your medical condition or treatment?

Desired Resolution

- What resolution are you seeking as a result of submitting this complaint?

Additional Information

- Is there any additional information you would like to provide about your complaint?

Patient Signature

I hereby certify that the information provided is true and accurate to the best of my knowledge.

Staff Member Signature:

Date:

Language Access Resource Matrix

This matrix serves as a quick reference for staff to access information about your organization’s language services and how to utilize them. Complete the columns with details specific to your organization, such as covered languages, direct contacts, service links, and location information. To ensure the matrix is effective, centralize it for easy access and schedule regular updates to keep the information accurate and up to date.

Resource Type	Languages Covered	How to Request/ Who to Contact	Location/Additional Information
Bilingual Staff	Languages spoken by staff	Contact [Coordinator] for details	Staff directory or internal HR platform
Phone Interpreters	Available in top LEP languages	Call [Phone Number] or use [access code]	Quick-access guide at intake areas
Video Interpreters	Most common languages	Access via [Video Platform/Link]	Instructions and troubleshooting in staff portal
Onsite Interpreters	Available languages (e.g., Spanish, Mandarin)	Request through [Scheduling System or Contact]	Language Access Coordinator for schedules and availability
Written Translation Requests	Languages included	Contact [Employee] or External Resource	Translation storage folder on shared drive; managed by [Team]
Translated Documents	Most frequently needed languages	Available in digital form, request from [Contact]	Document library on shared drive updated by [Employee]

Language Assistance Plan Implementation Overview

- I. **Identify the Need for a Language Assistance Plan**
 - a. Analyze demographic data, including census data, American Community Survey data, and program data, to determine the languages spoken by the population you serve.
 - b. Consider the percentage of Limited English Proficient (LEP) individuals, the frequency with which they encounter your program, the importance of the program, and the legal requirements for language access, including Title VI of the Civil Rights Act of 1964.
 - c. Conduct a community assessment to identify the language needs of the population, including surveys, focus groups, and interviews with community leaders.
 - d. Document the results of the assessment and the rationale for implementing a language access plan, including the potential impact of not providing language access.
- II. **Develop a Language Assistance Plan**
 - a. Designate a Language Access Coordinator to oversee the implementation and monitoring of the plan, including a staff member or contractor with knowledge of language access requirements and best practices.
 - b. Identify the types of language services required, such as in-person interpretation, video remote interpreting (VRI), over-the-phone interpretation, document translation, and translation of website content, based on the needs assessment.
 - c. Determine how to provide notice to LEP individuals of the availability of language assistance, including the languages in which to provide notice and the methods of notice, such as written notice, verbal notice, and notice on websites.
 - d. Develop a plan for training staff on bilingual program and eligibility notices, including how to recognize an LEP individual, how to request an interpreter or translator, and how to work effectively with interpreters and translators.
 - e. Develop a plan for ensuring the competency of language assistants, including interpreters and translators, such as requiring certification, testing, and training.
 - f. Include a timeline for implementation, including milestones and deadlines, and the resources needed to implement the plan, including budget and personnel.
 - g. Obtain input from stakeholders, including staff, community members, and language experts, and document the input received and how it was addressed.
- III. **Implement the Language Assistance Plan**
 - a. Recruit and hire qualified interpreters and translators, either directly or through contracts with language services agencies, based on their qualifications and the needs assessment.
 - b. Develop contracts or agreements with language services agencies that include the qualifications of interpreters and translators, the confidentiality of interpreted and translated information, the process for resolving issues, and the standards for services.
 - c. Establish a streamlined process for requesting language assistance, including the options for requesting assistance, such as in-person, phone, and email, and the timeframe for providing assistance, such as immediate and scheduled.
 - d. Provide notice of the availability of free language assistance services in a conspicuous manner, including posting a notice in reception areas, including a notice in written materials and on websites, and providing verbal notice by staff.

- e. Consider providing language assistance at no cost to LEP individuals and ensuring that LEP individuals are not required to provide their own interpreters or translators.
- IV. Monitor and Update the Language Assistance Plan**
- a. Regularly assess the plan's effectiveness in providing meaningful access to LEP individuals, including seeking feedback from the community and staff through surveys and interviews.
 - b. Monitor the types of language services being used, the frequency of requests, and the languages requested, and analyze the data to identify trends and areas for improvement.
 - c. Update the plan as necessary to ensure it remains effective, including based on changes in demographics, new requirements, and feedback, and document the updates and the rationale for the updates.
 - d. Provide ongoing training for staff on the plan and procedures, including training on how to work effectively with interpreters and translators, and consider providing incentives for bilingual staff.
 - e. Consider conducting an internal audit or hiring an external auditor to assess the plan's implementation and effectiveness.
- V. Provide Notice of the Availability of Language Assistance**
- a. Develop a notice informing LEP individuals of their right to free language assistance and the availability of such assistance, including the types of services available and how to request assistance.
 - b. Post the notice in conspicuous locations, such as reception areas, waiting rooms, and intake windows, and ensure the notice is visible and easily understandable.
 - c. Include the notice in outreach materials, public notices, and documents, including vital documents, such as consent forms and notices of rights, and ensure the notice is provided in the languages identified in the needs assessment.
 - d. Provide the notice in a format accessible to individuals with disabilities, such as large print and Braille.
 - e. Consider providing a tagline notice for translated documents, including the phone number and website address for requesting language assistance.
- VI. Train Staff**
- a. Provide training on the language assistance plan, including how to recognize an LEP individual, such as through self-identification or the use of a language identification card, and how to provide notice of the availability of language assistance.
 - b. Train staff on how to request an interpreter or translator, including the process and the timeframe, and how to schedule appointments with language assistance.
 - c. Train staff on how to work effectively with interpreters and translators, including the roles and responsibilities of each, the importance of confidentiality, and how to build a rapport with the interpreter or translator.
 - d. Provide ongoing training and technical assistance, including refresher training and training on updates to the plan, and consider providing training on the cultural competency of the populations served.
 - e. Consider providing language proficiency testing and training for bilingual staff and providing incentives for staff to become certified interpreters or translators.

VII. Provide Meaningful Access

- a. Provide qualified interpreters and translators for each language assistance encounter, including interpreters and translators who are knowledgeable about specialized terminology and concepts, and ensure they are assigned based on the needs of the LEP individual.
- b. Ensure that interpretations and translations are accurate and convey the same meaning as the English version, including the nuances and cultural references, and are provided in a timely manner.
- c. Ensure that all forms and documents are translated, including vital documents, and that the translations are of comparable quality, including being comprehensive, accurate, and culturally appropriate.
- d. Ensure that LEP individuals have equal access to programs and services, including the opportunity to participate in programs and services and the opportunity to communicate effectively, and that they are not denied or delayed access.
- e. Consider providing additional aids and services, such as pictures, videos, and plain language, to assist LEP individuals in understanding the information and services.

VIII. Monitor and Address Complaints

- a. Establish a grievance procedure for complaints related to language access, including how to file a complaint, such as in writing or verbally, and the process for resolving complaints, including the timeframe and the person responsible.
- b. Monitor complaints and take corrective action as necessary, including providing a response to the complainant, such as a written response, and resolving the issue promptly and fairly.
- c. Use complaints to identify areas for improvement in the language assistance plan and to improve the provision of language services, including updating the plan and providing additional training.
- d. Document complaints and the resolution of complaints, including the date, nature of the complaint, and the resolution, and analyze the data to identify trends and areas for improvement.

IX. Review and Update the Plan

- a. Regularly review the language assistance plan, at least annually, to ensure it is working effectively and provides meaningful access to LEP individuals, including seeking feedback from stakeholders.
- b. Update the plan as necessary based on feedback, changes in demographics, new requirements, and best practices, including updates to the types of services provided and the notice requirements.
- c. Ensure the plan remains effective in providing meaningful access to LEP individuals and in complying with legal requirements, including Title VI and the Americans with Disabilities Act.
- d. Document the review and updates to the plan, including the date, the updates made, and the rationale for the updates, and communicate the updates to staff and stakeholders.
- e. Consider conducting a self-assessment or hiring an external expert to assess the plan's implementation and effectiveness.