Language Assistance Plan Template

Use this template to create your Language Assistance Plan. Refer to the *Guidance for Developing the Language Assistance Plan (LAP)* for a description of what to include, resources, and examples.

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| --- |
| **Department of Public Health, Substance Abuse Prevention and Control**  **Required Content for the Language Assistance Plan** |
| * Required Content – Noted in **BLUE** * Recommended/Additional Content – Noted in **BLACK** text and can be modified or omitted * Comments – Noted in ***ORANGE ITALICS*** text are included for clarification or direction.   *Note: Provider agencies may use “client” or “patient” depending on your standard language* |

## Introduction

This Language Access Plan (LAP) formalizes the commitment by type agency name here to strengthen language access, advance equity, provide support to underserved communities, and combat discrimination based on national origin**.**

*Provide background information about your organization and describe why the language assistance plan is important and what you hope to solve with the plan. If you have more than one site location, include which sites this language assistance plan applies (up to three sites).*

Click or tap here to enter text.

**This LAP applies to the following agency sites (include the full address):**

|  |  |
| --- | --- |
| **Name of Site and Full Address:** | **Located in Service Planning Area (SPA):** |
| Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Choose an item. |

### Section 1. Purpose and Policy Statement

1. **PURPOSE**

This plan serves as a central document to guide all staff at type agency name here in implementing language assistance services. It shares our policies, procedures, and requirements for accessing and providing language assistance services to non-English speaking or Limited English Proficiency (LEP) individuals in a timely manner.

The plan reflects what is currently available and required AND where we intend to expand our efforts for equitable language assistance services.

*Provide additional content as applicable to your agency:*

Click or tap here to enter text.

1. **POLICY STATEMENT**

To ensure that services at type agency name here are accessible to individuals with limited English proficiency and to comply with federal, State, and local laws and regulations, our policy is to offer language assistance services at no cost to eligible members and without undue delay to individuals with limited English proficiency (LEP) or other communication barriers, ensuring they have equal access to all our programs, benefits, services, and activities.

*Provide additional content as applicable to your agency:*

Click or tap here to enter text.

### Section 2. Definitions

**Auxiliary Aids and Services:** Equipment such as assistive listening devices, text telephones, videophones, video text displays, and other accessible electronic information technology; notetakers, qualified interpreters and written materials for individuals who are deaf or hard of hearing; taped texts, qualified readers, and Braille translations and large print materials for individuals who are blind or have low vision.

**Bilingual Staff**: Staff who understand and communicate fluently in two languages (generally, as used here, English and another language).

**Certified Bilingual Staff:** A bilingual staff member who is:

* Proficient in speaking and understanding both English and at least one other language, including any necessary specialized vocabulary, terminology, and phraseology; able to communicate directly, and accurately.
* Able to communicate impartially with patients who are LEP/non-English speaking in their primary language.
* Determined to have passed a proficiency examination conducted by an authorized process demonstrating proficiency in both English and the required non-English language and possesses a language proficiency certificate.

**Critical Informing (or vital) Documents**: Paper or electronic written materials that contain information critical to the patient’s ability to access and benefit from services provided by [Name of Agency] or as required by law.

**Interpretation**: The act of listening to a communication in one language (source language) and orally converting it to another language (target language) while retaining the same meaning, accurately conveying the content, register, and tone without additions, deletions, or changes, while maintaining appropriate cultural relevance.

**Language Access**: The right of individuals with Limited English Proficiency (LEP) to receive timely, meaningful access to federally and state-funded programs and services.

**Language Assistance Services**: Services that assist LEP individuals in understanding or communicating with [Name of Agency], including interpretation, translation, sight translation, and others as appropriate.

**Limited English Proficient (LEP)**: An individual who does not speak English as their primary language and who has a limited ability to read, write, or understand English.

**Non-English (NE)**: Refers to individuals whose preferred language is not English. Interpretation or translation services must be used to effectively communicate program information and requirements. Sign language is included in this definition.

**Primary Language**: The language in which an individual is most effectively able to communicate.

**Preferred Language**: The spoken, signed, and/or written language an individual indicates they prefer to use to access a program or activity meaningfully. The individual, not staff, must determine a person's preferred language.

**Qualified Interpreter**: A person with advanced oral or signing proficiency in their working languages who adheres to the interpreter's code of ethics and confidentiality, and who can interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary. This neutral third party has been determined to be qualified by a formal certifying body.

**Qualified Translator**: A person with advanced written proficiency in their working languages, knowledge of professional practices, and adherence to the translator's code of ethics who has been determined to be qualified by a formal certifying body.

**Threshold Languages:** Los Angeles County Medi-Cal threshold language, or a language that meets the County’s threshold of 5% for the total Medi-Cal beneficiary population.

**Translation**: The process of replacing written text from one language (source language) into an equivalent written text in another language (target language), while preserving the meaning, register, and tone of the message (e.g., translating documents).

*Provide additional definitions of terminology used in your language assistance plan, including key terms that describe language assistance service.*

Click or tap here to enter text.

### Section 3. Implementation and Responsibilities

Implementation and oversight of language access services at type agency name here will involve a team comprised of staff, and/or committee(s) for developing strategies to effectively address unmet language assistance needs, formalize relevant policies and procedures for standardizing language assistance operational processes, and carrying out ongoing monitoring and evaluation of the LAP.

Our agency has identified the following team responsible for carrying out LAP implementation activities:

*Identify the staff (or position), or committee who will be responsible for developing implementation strategies, overseeing the policy and procedure directives, developing and modifying the language access plan, and establishing and implementing operational procedures.*

|  |  |
| --- | --- |
| **Staff Name (Position)/Committee** | **Role/Responsibility** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

### Section 4. Needs Assessment

To determine language needs, type agency name here has completed a needs assessment. The following summarizes the key findings:

*Based on your Language Assistance Needs Assessment, summarize the key findings (including the data) regarding the language needs of the non-English speaking, limited English proficiency, and deaf or hard of hearing individuals in your agency and community.*

***NOTE****: If you have more than one site, the needs assessment may look different for each site and these differences should be reflected here. Highlight any significant gaps, barriers, or resources needed.*

1. Description of demographic profile and non-English languages

Click or tap here to enter text.

1. Barriers or gaps in services

Click or tap here to enter text.

1. Strategies or improvement

Click or tap here to enter text.

1. Staffing and other resources required

Click or tap here to enter text.

### Section 5. Efforts to Improve Language Assistance Services

type agency name here will take all reasonable steps to respond in a timely and effective manner to LEP and deaf/hard of hearing persons who need assistance or information. To ensure that the language assistance services are accurate, meaningful, and effective, the mix of services (interpretation and translation) to be provided will be determined on a case-by-case basis.

*Describe the language services your organization currently provides or will provide to reduce barriers to individuals who are non-English speaking, LEP, or deaf/hard of hearing.*

Click or tap here to enter text.

1. Reaching Out to the Community

*Describe how your agency will or currently engages the community specifically to engage non-English speaking patients and increase access to SUD services.*

|  |  |  |
| --- | --- | --- |
| **Community Engagement Activities to Reach Non-English Speaking or LEP Individuals** | **Status** | **Timeline** |
| Click or tap here to enter text. | Choose an item. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Click or tap here to enter text. | Choose an item. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Click or tap here to enter text. | Choose an item. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |

1. Identifying the Preferred Language.

An important first step in improving language services is determining how type agency name here staff identify when an individual may need language assistance services.

*Describe how your agency will or currently identifies that a person needs language assistance, including ensuring documentation in CalOMS and Sage. If submitted in FY 23/24, you can use the language from your approved R95 Admission Policy.*

Click or tap here to enter text.

Document language preference and any resultant interpretation in the patient record. If a patient refuses interpretation services, staff will document in the patient’s record that free interpretation services were offered and declined.

1. Providing Language Assistance Services

type agency name here currently has or will have the following interpretation and/or bilingual language assistance services available to LEP individuals, through the use of certified bilingual employees, and/or contract interpreter services, including telephonic interpretation services, as appropriate.

| **Type of Language Assistance** | **Languages Available** | | **Timeline** |
| --- | --- | --- | --- |
| Certified Bilingual Staff for Direct Services | Enter Language 1 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 2 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 3 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Bilingual staff to assist with screening or other non-counseling services. | Enter Language 1 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 2 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 3 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Qualified Interpreters (in-person/virtual)  Vendor Name: Click or tap here to enter text.  Vendor Contact: Click or tap here to enter text. | Select Current Status. | | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Qualified Interpreters (telephone)  Vendor Name: Click or tap here to enter text.  Vendor Phone: Click or tap here to enter text. | Select Current Status. | | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Auxiliary Aids and Services | Enter Auxiliary Aid and Service 1 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Auxiliary Aid and Service 2 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Auxiliary Aid and Service 3 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |

1. *Describe how staff can access bilingual staff, interpretation and/or auxiliary aids & services offered by your agency. Include when the services are available.*

Click or tap here to enter text.

1. *Describe how interpreters and bilingual staff are selected, trained, and certified. If your agency does not have a process, describe how this will be done.*

Click or tap here to enter text.

1. Translation of Written Materials

Critical informing/vital documents are paper or electronic materials that are critical for individuals to equitably access the agency’s services, programs, and activities, or contains information about procedures and processes required by law. They generally fall into two broad categories: specific written communication regarding a matter between an individual and the agency; and documents primarily geared towards the general public or a broad audience. The classification of a document as 'critical informing' is determined by the potential negative impact on an LEP individual if the information is not provided accurately or promptly.

1. The following critical informing documents are available in non-English languages. If an individual needs or requests these materials contact [include how staff can obtain these documents] Click or tap here to enter text.

Documents available on the SAPC website in non-English languages:

* + [Patient Handbook](http://ph.lacounty.gov/sapc/PatientPublic.htm)
  + [Patient Handbook & Patient Handbook Acknowledgement Form\*](http://ph.lacounty.gov/sapc/PatientPublic.htm)
  + [Complaint/Grievance/Appeal Notices and Forms\*](http://ph.lacounty.gov/sapc/PatientPublic.htm)

Documents to be translated by SAPC into non-English languages and posted on the SAPC website English languages:

* + Release of Information (Spring 2025)
  + Patient Bill of Rights poster (Spring 2025)

| **Critical Informing Documents** | **Languages Available** | | **Timeline** |
| --- | --- | --- | --- |
| Privacy Practices\* | [Spanish](http://ph.lacounty.gov/sapc/NetworkProviders/Privacy/NoticePrivacyPracticeSpanish53017.pdf) | | |
| Enter Language 2 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 3 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Confidentiality Notice | Enter Language 1 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 2 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 3 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Admission Agreement | Enter Language 1 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 2 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 3 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |

1. Other Documents *Describe any other documents that will be translated and what languages they will be available in (add additional rows as needed)*

| **Name of Document** | **Languages Available** | | **Timeline** |
| --- | --- | --- | --- |
| Click or tap here to enter text. | Enter Language 1 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 2 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 3 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Click or tap here to enter text. | Enter Language 1 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 2 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 3 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Click or tap here to enter text. | Enter Language 1 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 2 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Enter Language 3 | Select Current Status. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |

1. Translation is conducted by [*insert staff or contracted certified translator*] and is validated to ensure accuracy of translation [*describe how translated materials will be validated]*. *[Staff position]* identifies written materials that need to be translated to ensure meaningful access to materials *[add additional content here, as needed]*.

Click or tap here to enter text.

### Section 6. Notice of Language Assistance Services

type agency name here includes notices in prominent locations (e.g., website, lobby/reception, brochures, etc.) on the availability of Language Assistance Services for non-English speaking or LEP individuals in prominent locations.

1. Notice of Adverse Benefit Determination (NOABD) sent to patients must include the required *Language Assistance Taglines* notifying them that no-cost language assistance services are available. Language Assistance Taglines can be found on [SAPC’s Provider Manuals, Bulletins, and Forms](http://ph.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#beneficiary) webpage.
2. Post notices regarding the availability of language assistance must include the following information in, at minimum, the Los Angeles County threshold languages:

Notice on Availability of Language Assistance Services

If you speak *[insert language]*, free language assistance services may be available to you at no cost. Appropriate auxiliary aids and services to provide information in accessible formats are also available at no cost. Call 1-XXX-XXX-XXXX *[insert number]* or speak to one of our staff to get assistance.

*Include any additional ways for informing current and prospective patients who may need to utilize language services about the availability of these services. Examples include “I speak” cards, and signage posted in your agency.*

Click or tap here to enter text.

### Section 7. Complaint Process

Patients requesting to file a complaint about language access services at type agency name here can do so by [*Briefly describe the agency’s complaint process, including who complaints are submitted to]* Click or tap here to enter text.

Patients may also make a complaint directly to SAPC by going to the SAPC website or contacting SAPC directly: <http://ph.lacounty.gov/sapc/NetworkProviders/ClinicalForms/AQI/ComplaintGrievanceForm.docx>

Submit the complaint by:

* Email to: [*SAPCmonitoring@ph.lacounty.gov*](mailto:SAPCmonitoring@ph.lacounty.gov)
* Call: (626) 299-4532
* Fax to: (626) 458-6692
* Mail to:

Substance Abuse Prevention and Control, Contract and Compliance Section

1000 South Fremont Avenue, Building A9 East, 3rd floor

Alhambra, California 91803

Patients who need the [complaint form](http://ph.lacounty.gov/sapc/NetworkProviders/ClinicalForms/AQI/ComplaintGrievanceForm.docx) in an alternate format (e.g. another language, large print, braille, or audio) should call 1-888-742-7900, select option 7. For more information on the problem resolution process, please refer to your patient handbook or visit [*http://publichealth.lacounty.gov/sapc/PatientPublic.htm*](http://publichealth.lacounty.gov/sapc/PatientPublic.htm)

### Section 8. Staff Training

*Describe how you will ensure appropriate staff training on language assistance service, including how to access interpretation or translation services, how to work with interpreters as well as how to communicate effectively and respectfully with LEP individuals, refresher trainings, and other training and/or professional development opportunities your agency offers.*

|  |  |
| --- | --- |
| **Language Assistance Training** | **Timeline** |
| Click or tap here to enter text. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |

### Section 9. Monitoring, Evaluation, and Continuous Improvement

type agency name here will conduct ongoing monitoring, evaluation, and continuous improvement of the LAP, policies, and procedures and updates the plan at least every three years.

LAP updates include a reassessment of the language needs of patients and the surrounding community, a review of the information submitted by agency staff about the non-English languages encountered, updates to policies and procedures, and consultation with stakeholders, as appropriate.

type agency name here will regularly conduct the following monitoring and evaluation activities:

| **Monitoring/Evaluation/Continuous Improvement Activity** | **Timeline** |
| --- | --- |
| Review and update the availability of certified bilingual staff. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Track the use of language assistance services, including inputs onto CalOMS. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Identify when staff are not following the language assistance protocol | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Evaluate languages being requested by individuals requesting services. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Update Language Assistance Plan | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |
| Click or tap here to enter text. | Click here to select a year. |
| Select a quarter.  Qtr 1  Qtr 2  Qtr 3  Qtr 4 |

*Include any additional information about how your agency will monitor and evaluate the efficacy of its language assistance efforts, how this information will be used to update your language assistance plan, and how you will document and report on the findings.*

Click or tap here to enter text.