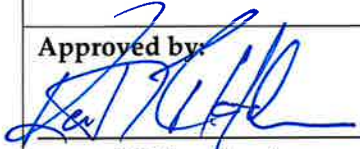
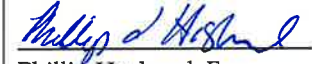


District of Columbia Department of Health  <h2>Language Access</h2>		<b>PROCEDURE 250.100</b> Implementing Office: Office of the Director/Office of Communications and Community Relations Training Required: Yes Originally Issued: 1/31/2014 Revised/Reviewed: <p style="text-align: center;"><b>APR 25 2023</b></p> <b>(Third Revision)</b>
<b>Approved by:</b>  Sharon Williams Lewis DFA, RN-BC, CPM; Interim Agency Director	<b>Review by Legal Counsel:</b>  Phillip Husband, Esq.; General Counsel	<b>Effective Date:</b> <p style="text-align: center;"><b>APR 25 2023</b></p> <b>Valid Through Date:</b> <p style="text-align: center;"><b>APR 25 2026</b></p>

<b>I. Authority</b>	Reorganization Plan No. 4 of 1996; Mayor’s Order 1997-42; Language Access Act of 2004, effective June 19, 2004 (D.C. Law 15-167; D.C. Official Code §§ 2-1931 through 2-1937).  This document shall supersede and replace all prior versions of this SOP.
<b>II. Reason for the Policy</b>	The Language Access Act of 2004 mandates that District of Columbia Government agencies provide linguistically relevant access to all available programs and services to individuals with limited or no English language proficiency. This policy establishes procedures and responsibilities in furtherance of implementing this mandate. As a primary recipient of federal funding through grants and cooperative agreements, DC Health must comply with terms of agreement, and have controls in place to ensure that subrecipients of funding take reasonable steps to make their programs, services, and activities accessible by eligible persons with limited and non-English proficiency.
<b>III. Applicability</b>	This policy applies to all DC Health employees, contracted staff, volunteers, interns, and summer youth employees, collectively referred to herein as “employees,” or “DC Health employees.”
<b>IV. Policy Statement</b>	Language Access is part of the portfolio of the Office of Communications and Community Relations (OCCR) within the

Office of the Chief of Staff in the Office of the Director (OD). The OCCR Director is the accountable manager for all tasks designated to that office. The Director, or designee, will designate employees within OCCR to serve as the primary and alternate Language Access Coordinators (LAC).

All DC Health employees shall provide culturally competent and linguistically relevant access to any Limited English Proficient Person (LEP) or Non-English Proficient Person (NEP) communicating with DC Health in any capacity including, but not limited to: seeking health information or referral, or accessing a service provided, funded, or regulated, by DC Health.

The Director has the authority, at his/her discretion, to create a bilingual employee volunteer program wherein staff may be approved to serve as certified bilingual employees for LEP/NEP individuals. Participants must be in good job standing and are bound to any standards established by the DC Office of Human Rights (DCOHR) for verifying language fluency including, if requested, passing an exam.

When engaging with a LEP/NEP customer, a DC Health employee is responsible for promptly utilizing the Language Line, or any other method provided by the LAC, to facilitate meaningful access to DC Health services. Certified bilingual employees are only to be used as interpreters if the Language Line is unavailable or, if after being attempted, the Language Access Line is situationally inadequate to provide linguistically relevant access. The LAC is responsible for providing guidance upon request to any employee requiring assistance providing linguistically relevant access to a DC Health stakeholder.

LEP/NEP customers may insist on using a family member or friend as their interpreter or may otherwise refuse the agency's language access services. In such cases, the agency must obtain written consent that waives the customer's rights to translation and interpretation services. To do so, agency members must provide customers with a waiver form in their primary language, which the Office of Human Rights supplies. If a written translation is not available in the customer's primary language or if the customer is

unable to read, the agency may use sight translation to convey the contents of the waiver form to the customer.

All new employees must attend language access training within 60 days of hire to ensure they are apprised of the most updated language access resources, or whenever the training is next offered. The LAC shall coordinate the training and collaborate with the DC Health Office of Human Resources (DC Health HR) to promote the training and track employee attendance. The Director has the discretion to make retraining mandatory for all staff.

Employees may be required by their supervisors to attend language access training beyond the new employee requirement. A supervisor may mandate additional training for reasons including, but not limited to:

1. The training is an item in an individual employee's Employee Performance Plan;
2. The training is an item in an individual employee's Performance Improvement Plan (PIP);
3. A unit-wide quality improvement project;
4. The resolution of a finding or corrective action plan item resulting from a unit-wide evaluation;
5. The resolution of a corrective action plan item resulting from a specific complaint or pattern of complaints;
6. A substantive change in language access resources or procedures necessitating retraining.

The curriculum for language access training will include, at a minimum: an overview of culturally competent and linguistically relevant access, instructions on using the Language Line, availability of translation and interpretation resources under the city-wide contract, recognizing vital documents (see definition), and the procedure for facilitating translation (see Procedure C below).

Upon request, the LAC will provide language access training to a program's employees within that program's location in a DC Health building. Reasons for such a request may include, but are not limited to:

1. Minimizing disruption of customer service hours;

2. Hands-on training in employees' work environment adds value in providing linguistically relevant access, e.g. practicing assisting LEP/NEP customers navigate self-service technologies such as electronic kiosks.

The LAC shall maintain a current list of resources available to DC Health employees (i.e. interpreters) under contract to facilitate linguistically relevant access and make contact information for interpretation services available to DC Health employees upon request.

The LAC shall evaluate all vital documents distributed to the public to ensure linguistically relevant access to vital health information being disseminated.

The LAC shall coordinate the translation of vital documents (see definition below) into any non-English language spoken by a limited, or no-English proficient population that constitutes 3 percent or 500 individuals, whichever is less, of the population served or encountered, or likely to be served or encountered, by DC Health in the District of Columbia (the "language threshold").

DC Health administrations are responsible for identifying all vital documents which meet the language threshold and, thus, require translation. Additionally, a document shall be translated if any of the following conditions are met:

1. The document is included in the list submitted in the Biennial Language Access Plan (see Procedure E Step 4 below);
2. The document is a component of a service utilized, or likely to be utilized by a group identified in the most recent Biennial Language Access Plan (See Procedure E Step 2 below);
3. Empirical data collected since the most recent formal annual collection (See Procedure E Step 2 below) indicate that translation is necessary to maintain language access. Senior Deputy Directors have the discretion to request translation based upon anecdotal data from staff interacting with the public in the absence of empirical data.

Any employee observing, or receiving a complaint alleging, that linguistically relevant access was not provided by a DC Health employee or a community-based organization providing DC Health-funded services, shall report that information immediately to the LAC. In turn, the LAC shall ensure these complaints are promptly reported to DCOHR and the DC Health Office of the General Counsel. The LAC shall retain a written record of all complaints for inclusion in official reporting to DCOHR.

The LAC is responsible for arranging interpretation services to LEP/NEP customers who seek to access or participate in public meetings conducted by any DC Health program if the request is made at least five (5) business days in advance of the public meeting. The program manager convening the meeting is responsible for engaging the LAC to arrange these services with as much prior notice as practicable.

OCCR is responsible for providing language access guidance to all DC Health programs whose portfolio of responsibilities include outreach activities. Outreach activities include, but are not limited to:

1. Organizing events such as fairs, forums, and educational workshops;
2. Deploying mobile units to visit community centers, community-based organizations, or schools;
3. Disseminating information through in-language or ethnic media outlets, including local television, newspapers, blogs, and radio programs;
4. Deploying outreach personnel to perform regular walk-throughs in LEP/NEP communities;
5. Partnering with community-based organizations for the implementation of projects and/or delivery of services;
6. Distributing flyers, brochures, and other printed material in diverse languages and at diverse locations;

7. Disseminating information through DC Health websites;
8. Issuing press releases in diverse languages and directing those press releases to media outlets serving LEP/NEP communities;
9. Implementing a topic-specific campaign to raise awareness of a particular service or project in an LEP/NEP community;
10. Sponsoring educational, informational, cultural, and/or social events in LEP/NEP communities;
11. Participating in LEP/NEP community events and/or meetings;
12. Inviting LEP/NEP community members to visit service site(s) and facilities;
13. Cosponsoring community events with community-based organizations that serve LEP/NEP communities;
14. Participating in and/or cosponsoring events that target the District's LEP/NEP communities with other District government agencies; and
15. Organizing regular needs assessment meetings with LEP/NEP community-based organizations.
16. Ensuring proper taglines are incorporated into outreach materials and event invitations that notify the public of the availability of translation services.

The LAC is responsible for working with the DC Health Office of Grants Management staff to plan and to implement procedures to ensure that entities funded through subgrants comply with the requirements of the Language Access Act and federal grant terms of agreement by doing the following:

1. Include language access compliance requirements for funded entities in all Notices of Funding Availability



	<p>(NOFA), Request for Applications (RFAs) and Requests for Proposal (RFP) issued by the agency.</p> <ol style="list-style-type: none"><li>2. Require that all DC Health-funded entities and contractors certify in writing that they will meet language access compliance requirements in contracts, memorandums of understanding, or work agreements signed between funded entity/contractor and DC Health.</li><li>3. Ensure that funded entities and contractors obtain language access compliance training through DCOHR or using training material approved by DCOHR.</li><li>4. Provide guidance on language access compliance to funded entities and contractors by referring them to translation and interpretation vendors, and by providing them with a clear process for collecting data and for reporting all encounters with LEP/NEP customers to the agency.</li><li>5. Provide DC Health grant monitors with data on the number of persons requesting and receiving LEP/NEP support through interpretation and translation services.</li></ol> <p>The LAC shall be responsible for all regular and ad hoc reporting on language access to DCOHR, and shall be responsible for gathering the information and producing the quarterly, yearly and biennial reports.</p> <p>The LAC shall coordinate the drafting and revision of the Biennial Language Access Plan every two years. This shall, at a minimum, include coordination of annual data collection on the languages spoken and the number of LEP/NEP persons speaking a given language in the population that is served or encountered, or likely to be served or encountered, by DC Health. DC Health shall ensure that databases and tracking applications contain fields that will capture this information.</p> <p>The LAC shall also coordinate the implementation of all components of the plan including, but not limited to:</p>
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	<ol style="list-style-type: none"> <li>1. Advising program managers developing Statements of Work or Sub-Grant Agreements to ensure that all vendors receiving DC Health funding are accountable for providing linguistically relevant access.</li> <li>2. Providing training to vendors receiving DC Health funding on providing linguistically relevant access.</li> <li>3. Providing guidance and resources on recruiting a linguistically diverse workforce to DC Health HR.</li> <li>4. Providing recommendations on improving DC Health capacity to provide linguistically relevant access through technology, training, or any other applicable resources.</li> </ol> <p>Any employee not in compliance with the requirements in this SOP may be subject to commensurate disciplinary action.</p>
<p><b>V. Definitions &amp; Acronyms</b></p>	<p><b>Cultural Competence-</b> The ability to interact effectively with people of different cultures. In practice, both individuals and organizations can be culturally competent. “Culture” is a term that goes beyond just race or ethnicity.</p> <p>Cultural competence includes being able to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of culturally competent care include striving to overcome cultural, language, and communications barriers; providing an environment in which patients/consumers from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating behavior change, direct services, using community workers as a check on the effectiveness of communication and care; encouraging patients/consumers to express their spiritual beliefs and cultural practices; and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into services provided by DC Health.</p> <p>“The acquisition and maintenance of culture specific skills” for very practical reasons”.</p> <ul style="list-style-type: none"> <li>• Function effectively within a new cultural context</li> <li>• Interact effectively with people from different cultural backgrounds”</li> </ul>



Wilson, Ward and Fischer (2013)

**DC Health HR-** Department of Health Office of Human Resources

**DCOHR-** District of Columbia Office of Human Rights

**Interpretation-** the process of orally conveying the meaning of something said from the speaker's language into the language of the listener and vice versa. There are three common types of interpretation: (1) Consecutive Interpretation – the interpreter interprets a speaker's words orally after the speaker has communicated his thoughts. The interpretation process follows in a consecutive manner; (2) Simultaneous Interpretation – the interpreter speaks simultaneously with the speaker (while the customer or service provider is still speaking). This usually entails auditory equipment for the listener(s) of the targeted language. Simultaneous interpretation works best in large settings such as public hearings or large community events; (3) Sight Translation – the interpreter reads a document written in one language and translates it orally into another language for the listener.

**LAC-** Language Access Coordinator. The individual responsible for conceptualizing, developing, and enforcing the mechanisms used to comply with the District of Columbia Language Access Act of 2004 within the Department of Health.

**Language Threshold-** Agency exposure to a non-English language spoken by a limited or non-English proficient population that constitutes 3 percent of the agency's customers or 500 individuals, whichever is less. Once the agency reaches the threshold for a language, the agency must provide translations of vital documents in that language.

**LEP/NEP-** Limited English Proficient Person (LEP) or Non- English Proficient Person (NEP). Any individual who has a limited ability or cannot speak, write, read, or understand the English language at a level that permits him or her to interact effectively with Department of Health employees, contractors, grantees, or partners due to having been accustomed to speaking, writing, reading, or understanding a language other than English and not as result of a physical or mental disability.

	<p><b>Linguistically Relevant Access-</b> Access provided to customers in a preferred language that reflects their choice and comfort in fully understanding the message to be conveyed by DC Health in oral, printed, or sign language communications.</p> <p><b>NOFA-</b> Notice of Funding Availability</p> <p><b>OCCR-</b> Department of Health Office of Communications and Community Relations</p> <p><b>OCFO-</b> Office of the Chief Financial Officer</p> <p><b>Oral language services-</b> Using verbal means of communication to enable limited or non-English proficient individuals to access or participate in programs or services offered by DC Health employees, contractors, grantees, or partners. These services may include placement of bilingual staff in public contact positions; coordinating access to experienced, trained, and certified interpreters through contract or other means; coordinating access to telephonic language interpretation, services through contract or other means; and/or using interpreters made available by community-based organizations that are funded by DOH for that purpose.</p> <p><b>RFA –</b> Request for Applications (for grants and subgrants)</p> <p><b>RFP-</b> Request for Proposal (for contracts)</p> <p><b>Subrecipient –</b> An entity receiving funding by DC Health through a grant or subgrant. This term is typically used to define an entity receiving pass-through funding from a federal agency for an award issued by DC Health.</p> <p><b>Translation-</b> The conversion of written wording from one language (the source language) into an equivalent wording in another language (the target language). Although the public and media often use the term interchangeably with “interpretation,” the word “translation” refers to written texts and “interpretation” refers to oral speech. There are two forms of translation:</p>
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	<ol style="list-style-type: none"> <li>1. Written translation is the conversion of written text from the source language into written text in the target language.</li> <li>2. Sight translation is the oral rendering of a written text from the source into the target language; it is not normally a direct word-for-word translation.</li> </ol> <p><b>Vital Documents-</b> Applications, notices, complaint forms, legal contracts, and all types of outreach materials conceptualized and developed by DC Health in a tangible format that inform individuals about their rights or eligibility requirements for benefits and participation, as well as documents that pertain to the health and safety of the public.</p>
<p><b>VI. Procedures</b></p>	<p><b>Procedure A: Customer Service for LEP and NEP Customers</b></p> <ol style="list-style-type: none"> <li>1. If an LEP or NEP customer visits or contacts by phone any DC Health location to receive a service, the DC Health employee serving the individual shall utilize the Language Line to coordinate language access.</li> <li>2. If the employee requires any additional guidance on serving the LEP/NEP customer, he/she shall contact the LAC for further guidance.</li> <li>3. If the Language Line is not available or is situationally inadequate to provide linguistically relevant access, and the LAC cannot be reached, a certified bilingual employee may serve the customer.</li> </ol> <p><b>Procedure B: Public Complaints regarding Language Access Violations</b></p> <ol style="list-style-type: none"> <li>1. Any employee who receives a complaint regarding language access shall report it immediately to his/her supervisor as well as the LAC.</li> <li>2. The LAC shall report the complaint immediately to the DC Health Office of the General Counsel and to the Office of Human Rights for tracking purposes.</li> </ol>

3. The LAC shall be the primary point-of-contact for all inquiries made by the Office of Human Rights pursuant to an investigation of a complaint and shall comply fully with all investigations of language access complaints.

### **Procedure C: Language Access Training**

1. The LAC shall designate times and dates for virtual, taped and in-person mandatory new employee language access training.
2. The LAC shall update the curriculum in advance of each session.
3. The LAC shall engage the DC Health Training and Organizational Development Officer to refine the curriculum, promote the training, and ensure that employee attendance is accurately tracked.
4. At the conclusion of the sessions, the LAC shall collaborate to provide each administration with a report of employee attendance, including all employees who failed to attend the training.
5. The LAC may offer ad hoc sessions of language access training to accommodate employees out of compliance with the new employee requirement, or employees whose duties include direct service to the public who require additional training (see IV. Policy statement above).

### **Procedure D: Translation of Documents**

1. Any vital document or document requiring translation (see Section V.) not currently available in the requisite language(s) shall be submitted in writing to the LAC, using the Document Translation Request Form.
2. A new document requiring translation shall be submitted to the LAC ten (10) business days in advance of its formal

	<p>issuance using the Document Translation Request Form and shall include approval by the Senior Deputy Director or his/her designee. Emergency requests for translations shall be accompanied by written justification as well as approval from the Senior Deputy Director.</p> <ol style="list-style-type: none"><li>3. The LAC shall obtain estimates on cost and completion date to complete the work from a translation vendor with a current agreement in place. He/she shall document that information in the Document Translation Request Form.</li><li>4. The LAC shall communicate the schedule back to the requestor.</li><li>5. The LAC and requestor shall collaborate to determine the availability of funds to facilitate the translation.</li><li>6. The LAC shall submit the request to the translation vendor and monitor the work to ensure timely completion consistent with the instructions in the Document Translation Request Form.</li><li>7. Upon completion, the translated document(s) shall be returned to the requestor.</li><li>8. The LAC shall retain an electronic copy of every document translated using this procedure for reference purposes, as well as inclusion in the next Biennial Language Access Plan.</li></ol> <p><b>Procedure E: Outreach Activity</b></p> <ol style="list-style-type: none"><li>1. The requestor will submit an Event Request Form to OCCR.</li><li>2. The requestor will indicate in the Event Request Form if:<ol style="list-style-type: none"><li>a. The event’s target audience includes any LEP/NEP communities; or</li><li>b. Any of the DC Health services being promoted meet the language threshold; or</li><li>c. The DC Health program has reason to believe, based upon available utilization and assessment data, and</li></ol></li></ol>
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	<p>stakeholder analysis, that members of LEP/NEP communities may attend the event.</p> <ol style="list-style-type: none"><li>3. The LAC, or another assigned employee in OCCR, will evaluate the request and provide technical assistance and materials per the need and availability on a case-by-case basis. Such resources include, but are not limited to:<ol style="list-style-type: none"><li>a. Translated written materials;</li><li>b. Referral of bilingual staff to attend the event;</li><li>c. Technical assistance/refresher training on Language Line;</li><li>d. Enlisting professional interpretation services.</li></ol></li></ol> <p><b>Procedure F: Biennial Language Access Plan</b></p> <ol style="list-style-type: none"><li>1. The LAC shall collaborate with DC Health HR to develop an updated list of public contact positions in the Department and the number of certified bilingual employees.</li><li>2. The LAC shall compile all available data annually from DC Health databases and tracking applications, and approved external databases, to determine the languages spoken by 3 percent, or 500 individuals, whichever is less, of the population served or encountered, or likely to be served or encountered, by DC Health.</li><li>3. The LAC shall consult with the Chief Operating Officer and the Agency Fiscal Officer to identify funding and budgetary sources upon which DC Health intends to rely to implement its Biennial Language Access Plan.</li><li>4. Utilizing the above assessments, the plan shall contain updated information on the following:<ol style="list-style-type: none"><li>a. The number of public contact positions in the Department and the number of bilingual employees in such positions.</li><li>b. The types of interpretation services DC Health will provide, and how that determination was reached.</li><li>c. The titles of translated documents DC Health will provide and how the determination was reached.</li></ol></li></ol>
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	<ul style="list-style-type: none"> <li>d. An evaluation and assessment of the adequacy of the services to be provided.</li> <li>e. A description of funding and budgetary sources upon which DC Health intends to rely to implement its Biennial Language Access Plan.</li> </ul> <p>5. The Biennial Language Access Plan shall be reviewed by the Director and submitted to the DCOHR. The completed document shall be submitted to DCOHR no less than 30 days prior to the expiration of the previous document.</p> <p><b>Procedure G: Subrecipient Management of LEP/NEP Language Access</b></p> <ul style="list-style-type: none"> <li>1. OGM shall convene bi-annual meetings in coordination with the LAC to review, update and approve NOFA, RFA, RFP and LEP/NEP Certification templates, and the DC Health NOGA Standard Terms and Conditions document with regard to LEP/NEP access requirements.</li> </ul> <p>OGM shall include in all RFAs a provision that the grantee submits to DC Health its LEP/NEP policy and implementation plan as a post-award condition that must be filled within 45 days of award issuance.</p> <ul style="list-style-type: none"> <li>2. OGM shall request that grantees submit an LEP/NEP annual progress report, indicating the number of eligible LEP/NEP persons serviced under the approved funding, how many requested and received translation and interpretation services.</li> </ul>
<p><b>VII. Contacts</b></p>	<p>Language Access Coordinator</p>
<p><b>VIII. Related Documents, Forms and Tools</b></p>	<p>Document Translation Request Form</p> <p>Cultural Competence/Language Access Training presentation</p> <p>Reference Guide: How to Use Language Line Solutions for Telephonic Interpretation</p>