

Benton County Human Service

Limited English Proficiency (LEP) Plan

05-01-2015

Purpose and Legal Basis

The following document serves as the Benton County Human Service (BCHS) plan to meet the legal obligation of language access requirements in compliance of Title VI of Civil Rights Act of 1964; which prohibits discrimination on the basis of race, color or national origin, **7 CFR, 273 et seq; and 42 CFR 435 et seq.**

Needs Assessment – BCHS will , on at least an annual basis, make a needs assessment of the unique language needs within Benton County. Consultation will be made with the First Call For Help office and the Tri Cap Office located in St Cloud. Consultations will aim at trying to discern the types of non-English languages that are most predominant in Benton County and which constitute populations that the County serves or those that may be eligible for County provided services. The County will also be amenable to receive County-specific data from the Department of Human Services to assist in this form of needs assessment. The following non-English language has been identified as being the most likely to be encountered in Benton County: African, Spanish, German and Vietnamese.

Case Finding – Specific language needs of each applicant with LEP will occur at the time of intake or application. This will primarily be done by reviewing the language preference questions on the Health Care Application (HCAPP) and the Combined Application Form (CAF) or during the intake process for other services. Language preferences will be entered into the applicant’s primary language field in the program system. If an interpreter is needed, it also will be entered in the program system case notes. If the main receptionist or intake worker suspects that the applicant is a person with LEP, the worker will present the LEP person with a card that lists the seven major languages in order to determine which language is involved, if any. If contact is received by phone, language services will be contacted. It is expected that reasonable efforts will be made by BCHS to provide same-day interpreter services.

Points of Contact – The greatest likelihood of need for interpreter services will be at the point of intake – at the time of an emergency or application for financial assistance and ongoing case reviews, changes reported and other county services. The principal point of contact will most likely be, therefore, in the office setting in Foley or by phone contact. The most appropriate form of interpreter services will likely be language assistance in completion of an application for financial assistance or health care. The other point of contact may involve other human services and Public Health Programs and may involve field-based contact when conducting child protection and other needs based assessments. . When a client contacts the agency and has difficulty relaying what type of interpreter is needed, the receptionist staff at the front desk have the “I Speak” cards provided by DHS which they will make available to the client. An interpreter will then be contacted and an interview scheduled. When phone calls come in, language service will be contacted.

Resources Needed – Benton County has a list of interpreters available which include interpreters fluent in Arabic, Cambodian, Finnish, French, German, Honduran, Laotian, Spanish, Swedish,

Tagalog, Thai, Vietnamese, Somali and sign language. We use The Bridge, ARCH, The Language Line and Universal Language Service interpreter service providers.

Timely Access – Interpreters services are available 24 hours 7 days a week. Contact will be made by phone or by conference call. When on-site interpreter services are to be used, it will be necessary to schedule appointments at mutually convenient times – for the client and the interpreter.

Policies and Procedures – When developing programs, interventions and communications, social, cultural and linguistic characteristics of the populations served will be considered. Ensuring that the Benton County Human Services and Public Health Departments, materials and processes address, social, cultural and language differences is essential to successfully providing the most effective services to meet the needs of our population.

Literacy and intelligence are not necessarily correlated. Individuals with low literacy skills may be highly intelligent, and simply need to be taught in ways supported by their strengths. Our culture values literacy, so people often do not want to admit to low or no literacy skills, and may go to some lengths to keep this information hidden. It is very important that the healthcare professional remain non-confrontational, non-judgmental and supportive when making any assessment of the client's literacy abilities.

Make no assumptions about literacy level based on the client's appearance, race, age, financial status, religion, culture or place of origin. Assess carefully.

Reading level assessment of text (and there are many indices) is based largely on these characteristics

- average number of words per sentence
- average number of syllables per word
- difficulty of vocabulary

Most commercially available client education materials (including many on the internet) are written at a 9-10th grade level or higher. Many clients may not be able to read and comprehend these materials.

It is far too easy for healthcare professional to underestimate the impact of low health literacy. Literacy has been defined as “more than just the ability to read”.

It encompasses comprehension, problem-solving skills, synthesis, and analysis of information, abstract thinking and reasoning, the capacity to recognize patterns and the ability to generalize from them, and the development of a broad general knowledge base. Clients with low literacy skills may not be willing to express lack of understanding; may not have the vocabulary to ask pertinent questions; and may not use explicit adjectives in describing symptoms and development of their health concerns. Unexpected problems can arise, based on assumptions concerning anatomy, physiology, basic health and hygiene, and skills such as telling time, calculating simple measures, using a telephone or pager, understanding numbers, etc.

Assessment of literacy skills should be low-key and gentle:

- Look-does the client read? What is being read?

- Listen- does the client ask questions indicating material has been read and understood?
- Get to know the client –Ask what the client enjoys doing for relaxation?
- Is reading mentioned? Does the client regularly need help with items that need to be read, such as menus, brochures, labels, directions, etc?

Agency Commitment – BCHS is committed to the spirit of the Civil Rights Act of 1964. It recognizes the importance of providing meaningful access to all persons, including persons with LEP, to the various programs operated within BCHS.

Range of Oral Language Assistance - The number of clients in Benton County with limited English proficiency is growing. When a client indicates they need an interpreter, the worker will coordinate with one of the local agencies which provide interpreter services to schedule a time that will work for all involved. BCHS will use the 8 “notice of rights to language services” documents for persons with LEP as they are made available by the Department of Human Services.

Affirmative Action – The BCHS employee handling the case will inform either the client or the interpreter once it has been determined that interpreter services are needed, that there is no charge or fee for the service. This will be communicated in verbal form. At no time in the service delivery process will the client incur any costs associated with LEP-directed interpreter services.

Use of Family and Friends –Use of family or friends as interpreters is not the preferred method of providing interpreter services. But when the intake worker has determined that it is not feasible to use formalized interpreter services, a consultation will be made with that workers immediate Supervisor or Director. Alternative methods of customer services will need to be discussed. If the worker has determined that a family member, friend or other responsible party can adequately perform the interpreter service, approval may be given. The worker needs to feel confident that the client’s data privacy rights will be protected and that the quality of the interpreter services to be provided by the family member or friend will be acceptable. The worker will need to document in the case file the extenuating circumstances for use of family or friends, particularly that the family was offered other interpreter services and that the client insisted that a family member or friend be used. Under no circumstances may minor children be used for interpreter services.

Competency Standards for Interpreters – Any interpreter used for LEP services must be bi-lingual: fluent in English and fluent in the language of the customer needing the service. When using well-recognized interpreter services provided from a recognized agency – such as the Bridge, Arch, The Language Line and Universal Language Service, competency is presumed. When using family, friends or significant others, the intake worker must make a judgment as to the competency of the proposed interpreter. “Certification” as an interpreter is not a pre-requisite.

Dissemination of LEP Plan –Electronic copy of the LEP Plan will be provided to all BCHS employees and the local Legal Aid Office . A copy of the main public announcement, MS-1659, will be prominently displayed in the BCHS central reception area.

Services to Illiterate – When confronted with a situation in which the customer is illiterate – cannot read or write in his or her native language – it is incumbent that BCHS find a suitable interpreter, one who can assist the person in completion of necessary forms, documents and the like. The BCHS intake worker needs to make the determination, in conjunction with the interpreter, about the

customer's literacy skills. The clear choice in dealing with cases of illiteracy will be to have an on-site interpreter. It may be necessary to schedule an interview when face-to-face interpreter services can be provided. Faxing of forms and over-the-phone services may be required on a case-by case basis.

Emergency Situations – When a determination has been made that an emergency exists and LEP considerations are identified as being present, BCHS may waive all prescriptions in order to insure that necessary emergency services are provided. Extraordinary efforts need to be put forth before circumventions of non-emergency procedures are followed. Consultation with a Supervisor or the Director is necessary before such action is taken.

Access To and Costs of Interpreters – Under no circumstances will BCHS indicate – either verbally or in writing – that any applicant or client in need of LEP services will be charged for interpreter or translation services. All such services shall be at no expense to the applicant or client. Such services will be provided during all normal business hours, and during non-business hours when an emergency has been determined to exist.

Notice of Service Availability – LEP clientele will be informed of the availability of free interpreter and translation services at the point when it appears that the customer is not able to communicate in English. Notice of services availability will come from the MS-1659 document in the central reception area. Distribution of the LEP Plan to various parties named above will help in putting those entities on notice that interpreter and translation services are available on a timely basis and free of charge. Insofar as the Department of Human Services has translated many forms into multiple languages, BCHS will access these forms as necessary. Access to the Department's website at www.dhs.state.mn.us/forms will be made. Additionally, translated income maintenance forms located in TEMP Manual 12.01.13 will be accessed as needed.

County-Produced Materials – It is not anticipated that BCHS Financial Unit will develop any of its own forms, but rather will rely on the state-produced documents as the primary source of translated materials. Downloading of documents from the DHS web-page will also be used as necessary. BCHS will follow DHS's translation numerical guidelines as required. Our Public Health Department will follow health literacy guidance in development of forms.

Complaint Resolution Protocol – Any adverse action taken by BCHS with which an applicant or recipient disagrees is subject to complaint. In the absence of local resolution, the person making the complaint will be informed in a language understandable to the grievant, of the process to follow in making a complaint to DHS or the Office of Civil Rights. The complaint procedure will conform in all respects to BCHS procedure included in Civil Rights Compliance Requirements. Appropriate use of interpreter services to facilitate the dispute resolution process will take place. All such complaints can be made to the Human Service Director or any of the Unit Supervisors.

Posting – A copy of the BCHS LEP Plan will be posted in the lobby area.

Training–The LEP Plan will be reviewed annually at our Winter Quarterly All Staff Meeting and will be updated based on local trends.

Distribution of LEP Plan – All BCHS employees who have direct contact with customers will be provided an electronic copy of the LEP Plan upon its adoption. If any changes are made in the document, a revised copy will also be provided to the same entities. All BCHS employees will receive a copy.

Training of Staff – Initial – With approval of the LEP Plan, there was an initial training on the document. This training took place for current staff in the context of an “All Staff” meeting. For any new employee affected by the LEP Plan, this document will be incorporated into that person’s “generic orientation” protocol at the time of hire.

Training of Staff – Ongoing – On at least an annual basis at an “All Staff” meeting, a review of the LEP Plan will take place.

Monitoring-LEP Plan will be reviewed and updated yearly.

Evaluation of the LEP – On at least an annual basis, the LEP Plan will be reviewed for effectiveness. This review will normally take place in January. It will be coordinated by the Director. The evaluation will involve consultation with Supervisors from each BCHS unit to determine compliance with the LEP Plan, identification of any problem areas and development of required corrective action strategies. Elements of the evaluation will include the following:

- Estimated number of persons with LEP in Benton County-4,587 2014 based on TriCap data.
- Assessment of current language needs of BCHS applicants and clients to determine if the client needs an interpreter and/or translated materials: updating case files which lack information about a client’s language preference; determining if clients need to be asked their language preference at the time of certification.
- Determining whether existing assistance is meeting the needs of applicants and clients with LEP.
- Assessing whether staff members understand BCHS’ LEP policies and procedures and how to carry them out, and whether language assistance resources and arrangements for those resources are still current and accessible.
- Seeking and obtaining feedback from non-English or limited-English speaking communities in Benton County including applicants and clients as well as any known community organization or advocacy group working with non-English or limited-English speaking communities.

LEP Contact Person – For purposes of the LEP Plan, Benton County’s designated contact person is the Director with appropriate delegation made to the BCHS Unit Supervisors .