



State of Illinois
Department of Human Services

New Americans Initiative

6-year Report



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Pat Quinn, Governor

Illinois Department of Human Services

Michelle R.B. Saddler, Secretary

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To DHS Customers, Staff, and Colleagues:

The Illinois Department of Human Services (DHS) is pleased to present this report, which details the intensive efforts that we have undertaken to serve our Limited English Proficient (LEP) customers. It is our hope that this report can help serve as a template or model process for other governmental entities to assist them in their endeavors to improve access for all Illinois residents.

DHS is committed to its mission of facilitating the maximum self-sufficiency, independence and health of individuals, families, and communities through the provision of seamless and integrated services. The increasing language and cultural diversity require that agencies do more to ensure that all newcomers to the State receive adequate, appropriate and culturally competent services.

Since 2003, DHS divisions have worked to improve the way that services are provided to LEP customers. These efforts have thrust DHS into a leading role within Illinois' New Americans Executive Order and have led to DHS becoming a nationally-recognized agency for its work.

DHS is pleased to have worked collaboratively with its non-profit community partners, State agency leaders, immigrant and refugee communities in order to improve the way that our services and programs are made available to New Americans and Limited English Proficient residents of our State.

Thank you,

Michelle R.B. Saddler
Secretary
Illinois Department of Human Services



EXECUTIVE SUMMARY

Since 2003, the Illinois Department of Human Services (DHS) has been committed to serving New Americans and Limited English Proficient (LEP) individuals by aggressively seeking to increase access to and improve services for this population. The mission of DHS is to assist Illinois residents in achieving maximum self-sufficiency, independence and health through the provision of seamless, integrated services for individuals, families, and communities. The focus on integration and service provision for LEP individuals was prompted by the rapid increase in the Illinois foreign-born population. DHS' efforts to improve services to LEP individuals dove-tailed into the Governor's New Americans Executive Order that was signed in November 2005.

Over the years, Illinois has seen significant growth in its immigrant population. According to Census data, the Illinois foreign-born population increased 86% between 1990 and 2006, from 952,272 to 1,773, 600. Of the total, 982,886 or 55% have been identified as limited-English proficient. With such a high number of LEP individuals now living in Illinois, the State is best served by facilitating the successful integration of these immigrants and refugees into the social, economic, and political fabric of the State.

As the largest state agency providing and funding human services for Illinois residents, DHS is well-positioned to play a major role in immigrant integration. With a budget of over \$5 billion, DHS is committed to the seamless and comprehensive provision of services to all Illinois residents. This commitment has been demonstrated by the efforts DHS has made to meet the needs of the State's increasingly diverse population, including the growing immigrant and refugee populations.

This growth in diversity has had a significant impact on healthcare systems, educational systems, and human services across the State; more services are needed in languages other than English. To respond to this increase in needed services, DHS launched the LEP Initiative to enhance access to and improve the quality of DHS services for limited English proficient individuals. The LEP Initiative was a joint effort involving internal DHS staff and external partners and advocates to develop DHS-wide objectives and goals for meeting the needs of LEP individuals. Over time, DHS' LEP initiative served as a springboard for the larger multi-agency effort led by the Office of New Americans Policy and Advocacy (THE GOVERNOR'S OFFICE).

The New Americans Initiative

Two years after DHS launched its LEP Initiative, the New Americans Citizenship Initiative was launched as a partnership between the DHS and Illinois Coalition for Immigrant and Refugee Rights (ICIRR). The objective of the New Americans Citizenship Initiative was to build a coordinated multiyear campaign for citizenship that linked legal permanent residents directly to the information and services they need to successfully pursue citizenship. This initiative sought to proactively assist immigrants in becoming U.S. citizens, by encouraging immigrants to independently initiate their naturalization process, and helping new citizens participate fully in civic life in Illinois. The program has been a great success; in the first three years of the New Americans Citizenship Initiative, an average of 42,000 individuals per year or a total of 126,493 immigrants applied for citizenship in the Chicago area!

The success of the New Americans Citizenship Initiative and the efforts undertaken by DHS led to the issuance of the New Americans Executive Order #10 on November 19, 2005, which mandated that State agencies begin rigorous efforts to meet the needs of LEP customers. The Executive Order also created the Office of New Americans Policy and Advocacy to coordinate policies and programs that help new residents fully assimilate to the State and provide more and better services to the growing number of immigrants living in Illinois.

DHS has played a significant role in all of these initiatives, providing experience, knowledge, and administrative support to develop and implement a comprehensive approach to ensuring meaningful access to services for the LEP community. As such, DHS and the State of Illinois have been recognized nationally for demonstrating a commitment to addressing the needs of the LEP population and immigrant and refugees.



ILLINOIS DEPARTMENT OF HUMAN SERVICES

The mission of DHS is to assist Illinois residents in achieving maximum self-sufficiency, independence and health through the provision of seamless, integrated services for individuals, families, and communities. To serve the breadth and depth of needs of Illinois residents, DHS has six program divisions: the Division of Alcohol and Substance Abuse, Division of Community Health and Prevention, Division of Developmental Disabilities, Division of Human Capital Development, Division of Mental Health, and the Division of Rehabilitation Services. Some of these divisions provide direct services to customers while other divisions work through community providers to offer services to Illinois residents.

DHS Program Divisions

The Division of Alcohol and Substance Abuse (DASA) envisions a society in which people with a history of alcohol or drug problems, people in recovery, and people at risk for these problems are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated. DASA staff seek to recognize substance abuse and dependence as a public health issue, a treatable illness for which individuals deserve treatment. In addition, DASA strives to make high quality services for alcohol and drug problems widely available and ensure treatment is recognized as a specialized field of expertise.

The Division of Community Health and Prevention (CHP) strives to improve the health and well-being of families and individuals through partnerships and services that build community competence. CHP works primarily through community providers to offer programs for community health services, family and youth development, violence prevention and intervention, addiction prevention, and infants and toddlers with developmental delays.

The Division of Developmental Disabilities (DDD) provides quality, outcome-based, person-centered services and supports for individuals with developmental disabilities and their families. The system of services and supports in Illinois enhances opportunities for individuals to make real choices and receive appropriate, accessible, prompt, efficient, and life-spanning services that are strongly monitored to ensure individual progress, quality of life and safety.

The Division of Human Capital Development (HCD) works directly with consumers through Family Community Resource Centers (FCRC) to administer Illinois public assistance programs such as cash assistance, medical assistance, and Food Stamps. HCD also administers child-care programs, employment and training, homeless services, emergency food distribution, refugee and immigrant services through community based service providers. HCD's mission is to provide immediate and continued supportive services and benefits that empower individuals and families to gain stability and achieve self-sufficiency through advocacy and a broad range of customized resources in a partnership and environment that is supportive, safe, and respectful.

The Division of Mental Health (DMH) provides direct services to adults through nine state mental health hospitals plus a treatment and detention center, and contracts with more than 160 community providers to offer community-based mental health treatment programs for adults, adolescents and children. The primary mission of DMH is to help maximize community supports and develop skills for persons with serious mental illness and children with serious emotional disturbance. The vision of DMH is that all persons with mental illness have the potential to recover and are able to participate fully in the community. Policy is guided by the premise that individuals with mental illness will receive public sector services in the least restrictive and most clinically appropriate environment using best practices interventions.

The Division of Rehabilitation Services (DRS) is the state's lead agency serving individuals with disabilities. DRS works in partnership with people with disabilities and their families to assist them in making informed choices to achieve full community participation through employment, education, and independent living opportunities. DRS strives to be a customer-driven organization, with all major decisions based on the needs of its customers. DRS provides vocational rehabilitation, home services, and other programs for persons with developmental and physical disabilities.



Historical investment in New American and LEP customers

Office of Hispanic and Latino Affairs

The Office of Hispanic and Latino Affairs (OHLA) serves as a liaison with community officials and organizations to develop partnerships and eliminate barriers in the delivery of DHS programs and services to the Hispanic/Latino community and to other immigrant communities. OHLA provides translation and interpretation services to all DHS divisions; conducts service-related presentations, workshops, and seminars to community organizations, agencies, and the faith community; manages and maintains the DHS Language Bank to ensure quality bilingual services to LEP customers; assists the DHS Office of Human Resources in recruitment initiatives designed to provide employment information for Hispanic candidates; and assists resident immigrants in the State of Illinois via the New Americans Citizenship Initiative to ensure the transition to United States Citizenship.

OHLA participates in the LEP workgroup and works closely with DHS program divisions to identify Spanish translation needs. Since July 1, 2008 over 373 forms, brochures, and other materials have been translated into Spanish. OHLA was also involved in revising the process for DHS employees who speak other languages in the performance of their duties to request bilingual pay.

The Bureau of Refugee and Immigrant Services

Since 1975 more than 120,000 refugees from more than 60 countries have been resettled in Illinois. Since that time, the Bureau of Refugee and Immigrant Services (BRIS) has been assisting in the resettlement process. BRIS is a bureau within the Division of Human Capital Development, and oversees programs that help newly arriving refugees achieve self-sufficiency in the U.S., provide health services to low-income immigrants, and provide citizenship education and application services to resident non-citizens desiring to become US citizens. Additionally, BRIS partners with the Illinois Coalition for Immigrant and Refugee Rights to provide outreach and interpretation services to LEP individuals seeking supportive services.

BRIS oversees the administration of a comprehensive array of bilingual services to newly arriving refugees, including employment assistance, cultural adjustment, English language training, and mental health services. Over the past five years, services have expanded to include support for HIV positive refugees and their families as well as disabled refugees. These services are provided through twelve agencies that comprise the Illinois Refugee Social Service Consortium (RSSC).

In 2000, BRIS partnered with the Illinois Coalition of Immigrant and Refugee Rights to establish the Outreach and Interpretation Program, now called the Immigrant Family Resource Program (IFRP). IFRP serves to combat the fear and confusion created by the restrictive immigrant eligibility provisions of the 1996 Welfare Reform; to educate the respective ethnic communities through community based organizations about the services and programs for which they might be eligible; and to facilitate their enrollment and participation. In the past five years, the IFRP budget has doubled as the program has expanded beyond its initial limited release in the City of Chicago, to provide outreach, information and referral, case management, and interpretation/translation services for LEP individuals seeking DHS services in targeted communities across Illinois.

In addition, the Refugee and Immigrant Citizenship Initiative (RICI) has served more than 100,000 refugees and other immigrants with English language training, civics instruction, and preparation for the naturalization exam. Through RICI, BRIS established the Illinois Immigrant Policy Project (IIPP) which has produced a number of demographic reports presenting the needs of the foreign born, so as to ensure that DHS offices are aware of new populations, and to help identify the locations that bilingual staff and interpreters can be most helpful.

Finally, BRIS—through the IIPP—organized four broad based workgroups to examine the broad needs of the foreign born. In 2003 these workgroups released four reports covering Health and Human Services, Labor and Economic Development, Education, and Immigration Policy.



DHS LEP AND NEW AMERICANS INITIATIVES

In 2006, 13.8% of the Illinois population or nearly 1.8 million residents were foreign born, with an estimated 19% of residents speaking a language other than English at home. In addition, the Illinois refugee population increased by 32,350 people between 1996 and 2008. That averages to nearly 2,700 refugees entering the state annually to seek permanent resettlement. Linguistic diversity is especially evident in the urban areas of the state where 10 or more languages may be spoken within close proximity.

This population shift has an impact on the delivery of services locally. As a result of the changing demographics in Illinois, there are now over 48 languages regularly spoken by customers in DHS Family and Community Resource Centers. Given the changing needs of the DHS customer base and the barriers to access experienced by immigrants, it is increasingly important that the state work to assist immigrants in integrating into society and accessing available services. Additionally, as noted in a Migration Policy Council report, it is also in states' economic self-interests to encourage the active participation of immigrants as the baby boom generation retires, the growth of the native-born labor force stalls, and as global competition for labor intensifies.

The LEP Initiative raised awareness throughout the agency of the importance of linguistic and cultural competency. The goal of the LEP Initiative was to better meet the language access needs of LEP individuals seeking human services in Illinois. To realize synergy and ensure the state was fully addressing the needs of its customers, this process also included outreach to key external stakeholders to garner input on the development of the LEP Initiative goals and objectives. In addition, DHS identified internal representatives from each of the six program divisions to serve on a LEP workgroup to examine current policies, make recommendations, and implement plans to better serve DHS' limited English proficient customers. Since 2003, the LEP workgroup has worked to develop standardized, agency-wide policies that improve access to services for immigrants and refugees and implement the recommendations in the New American Strategic Plan.

Shriver Center Research Team

As the Department worked on implementing its LEP Initiative, they engaged in a comprehensive assessment by the Shriver National Center on Poverty Law. Using funding from the Fry Foundation, DHS worked with the Shriver National Center on Poverty Law in partnership with

Millennia Consulting, and Rob Paral and Associates (Shriver Center Team) to closely review DHS' six divisions and make recommendations as to how services to LEP individuals, immigrants, and refugees could be enhanced. This review by the Shriver Center Team has served as the foundation for DHS' New Americans Strategic Plan for the agency's six program divisions. (See Appendix B)

Beginning in 2005, a team of four consultants provided technical assistance to DHS on this project. The consultant team interviewed the executive teams in each of DHS' six program divisions and its Office of Hispanic/Latino Affairs with the objective of creating recommendations for the Department to incorporate into its LEP Initiative. The team reviewed DHS policies and procedures, customer demographic data, brochures and public information documents, internal reports and memos, and other DHS documents. The team reviewed the documents and measured them and the DHS policies against national best practice standards. The team then produced a report in December 2005 detailing its findings, and DHS is now incorporating its expert analysis into its agency-wide planning.

In this report, DHS was presented with overarching strategic goals and division-specific recommendations to meet the needs of LEP persons. DHS has aggressively begun to respond to those recommendations and to implement them into its short- and long-term strategic planning. Many of the recommendations in the report were already being implemented as a result of the internal division planning process. This included a revised Administrative Directive for Serving LEP Persons, standardized language preference data collection and analysis, establishing linguistic access at key points of service, a bilingual pay policy, and addressing the delivery of linguistically and culturally competent services by its many contractors.

Driven by recommendations from the comprehensive assessment and having already begun the process of improving access to services for immigrants, refugees, and other limited English persons, DHS continues to take steps toward increasing access to services for these populations. As a result of its internal work in and with consultation from external stakeholders, DHS has developed a New Americans Strategic Plan that can be used as a model for other institutions to utilize as they embark on their own efforts to for improve services to new Americans and LEP individuals.



New Americans Strategic Plan Highlights

Comprehensive and clear policies

The DHS LEP workgroup has worked diligently to establish clear, comprehensive and consistent policies as they relate to the provision of services for LEP individuals and New Americans. DHS revised the Administrative Directive for the Provision of Interpretive Services for Limited English Proficient Customers in 2002, which provided standard rules, requirements, and guidelines for how DHS staff should work with LEP customers. (See Appendix C)

Bilingual pay policy

To ensure linguistically appropriate services are being provided to DHS customers, the Department sought to increase the number of staff providing services in languages other than English. DHS has revised a longstanding bilingual pay policy that provides incentives for employees to develop, maintain, and utilize language skills in order to provide services in a language other than English. Staff seeking bilingual pay are required to demonstrate an ability to communicate in a language other than English by passing a two part exam that measures English language and foreign language proficiency. By increasing awareness of this revised policy, the number of bilingual staff has increased by 152 individuals or 5.6% since 2006. (See Appendix D)

New Americans Report

DHS uses the New Americans Strategic Plan to help plan, guide, monitor, and implement its immigrant integration activities. This may also serve as a foundation for other state agencies and institutions to replicate as they endeavor to develop New American Plans of their own.

There are ten components of DHS' New Americans Plan:

1. Creation and empowerment of a core LEP workgroup

The Office of the Assistant Secretary for Programs convened an initial meeting consisting of internal staff from each program area and external advocates from disability and minority communities. The LEP workgroup continues to meet on a regular basis to provide division activity updates and analyze agency-wide policy standardization. It is comprised of liaisons from each DHS program division and other offices within the agency. The task force provides progress updates and recommendations for policy standardization.

2. Identification of key goals and objectives

The LEP workgroup has developed division-specific strategic plans with goals and objectives designed to improve each division's performance in serving LEP customers. DHS continues to revisit and update the agency goals and objectives to ensure the agency is meeting the needs of LEP/New American customers.

3. Analysis of policies and procedures and gaps in services

In collaboration with the Shriver Center consultant team, the LEP workgroup conducted analysis of DHS policies and procedures relating to access to services for LEP individuals. The liaison for each division is responsible for facilitating the implementation of the strategic objectives for each division. The plans are reviewed regularly and updated annually.

4. Standardization or creation of policies and procedures relating to serving LEP individuals and/or New Americans

DHS adopted an Administrative Directive for the Provision of Interpretive Services for Limited English Proficient Persons. The directive provides standard definitions, rules and requirements to ensure meaningful access to DHS services for LEP individuals. The task force continues to update and revise the LEP Administrative Directive to improve and standardize the quality and accessibility of translation and interpretation services for LEP customers.

5. Identifying or developing methods for the identification of LEP individuals and/or New Americans for the purposes of planning

The task force worked to implement the standardized collection, analysis, and use of data on language assistance used in each division. DHS will begin to consolidate this data gathering into a quarterly data report. This report will contain data on the primary language spoken by DHS customers and the preferred language of communication. (See Appendix F)

6. Improvement of linguistic and overall access to services at key points of customer contact

DHS created an Administrative Directive that requires that every office, facility, or hospital that provides direct services to customers outline a comprehensive plan to serve LEP customers. The LEP workgroup created a Customer Service Plan for Limited English Proficient Persons template for each DHS-operated office, facility, or hospital to use in the establishment of clear procedures for providing services to LEP customers. The local Customer Service plans are to be reviewed and monitored on a bi-annual basis. (See Appendix E)



In addition, all DHS offices providing direct services are required to post information in languages other than English indicating the availability of interpreter services. This poster was designed to inform customers of their right to an interpreter, and to assist DHS staff in identifying the language the customer prefers to communicate in.

7. Provision of cultural and linguistic competency training for staff

Each of the program divisions has implemented various cultural competency training to staff and community partners and providers. Working closely with the Office of New Americans Policy and Advocacy staff, DHS is currently helping to spearhead a statewide initiative to develop a training tool that will provide diversity training for new staff.

As a part of the Governor's Office, DHS is working with a vendor to implement a statewide Immigrant Integration RFP that will ensure training and uniform translation services by all agency community providers and other state agencies.

8. Ensure adequate number of proficient, bilingual staff

DHS has created a bilingual pay policy to govern the quality and the provision of bilingual pay. Bilingual pay is a monthly salary increase of five (5) percent of an employee's base salary, or \$100 per month, whichever is greater, based on his or her demonstrated ability to effectively communicate in a language other than English. A testing instrument was developed and is being implemented by DHS' Office of Human Resources (OHR) during the hiring process or when an employee petitions for bilingual pay. An administrative directive was issued to govern the implementation of the bilingual pay policy for bilingual staff and institute protocols for testing the quality and proficiency of all bilingual staff. As a result of these efforts 8 % of all employees or 1,095 of employees receive bilingual pay.

9. Ensure the availability of qualified, trained and tested interpreters

The DHS Office of Hispanic/Latino Affairs and OHR began a hiring and recruitment campaign to increase the number of bilingual staff. This led to a significant increase in the number of bilingual staff available to provide translations or interpretations, as needed. Since implementation, 48 employees have been tested and 36 employees have demonstrated their ability to be bilingual staff for the agency.

At office locations where bilingual staff are not

available, DHS contracts with outside vendors to provide interpretation services. DHS is developing a process for ensuring language proficiency of contracted interpreters and recently finalized a code of conduct and standardized testing and training protocol for language interpreters.

10. Provide for the accurate translation of vital agency documents

DHS identified key program fact sheets and documents that should be translated for LEP customers. Over 373 important program forms, brochures, documents, and fact sheets have been translated since 2008. While most materials have been translated into Spanish with the assistance of the OHLA staff, there are current efforts to expand the translation of materials into Arabic, Bosnian, Chinese, English, Hindi, Khmer, Korean, Polish, Russian, Urdu, and Vietnamese. The division liaisons continue to identify additional key documents and prominent language needs in order to translate materials for the benefit of DHS customers.

DHS Program Division LEP and New American Initiatives

Each program division was evaluated by the Shriver Center Team, which prepared individualized recommendations for ways to improve service delivery for LEP customers. The program divisions have been responsible for ensuring that the recommendations have been implemented across the state. The following discusses the efforts undertaken by each division to address the needs of their LEP customers.

The Division of Alcohol and Substance Abuse (DASA)

Initially, DASA had few formal policies regarding LEP clients, in part because DASA-funded services are community based, and providers were expected to address the needs of their constituents. As part of its LEP efforts, DASA formed a Multicultural and Linguistic Competency Committee in 2004. As an ongoing process the goal was to identify relevant principles that define cultural and linguistic competence and develop a logic model that summarizes the relationship between resources, activities and outcomes in a culturally and linguistically competent substance abuse treatment system. DASA hosted provider meetings throughout the state to discuss the concept and logic model.

DASA then initiated a series of activities to understand its customer LEP needs. The Division distributed a Cultural and Linguistic Self-Assessment Checklist for its providers. Several responses reported that their most common



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challenge to providing adequate multicultural services was the difficulty of finding bilingual staff. The Division also conducted a Cultural Competence Symposium, in Chicago and Springfield, for service providers, with panelists from diverse backgrounds to talk about the cultural barriers of their ethnicity or subculture.

Data Collection: Previously, funded organizations were required to ask clients whether English is their primary language, but were not required to document any primary language other than English. However, as part of its LEP initiative, DASA began to develop information on cultural competency and the need for services to persons who do not speak English. The division conducted a survey of its providers asking them to provide information on how many limited-English clients they serve. 51 providers responded to the survey and reported that Spanish was overwhelmingly the most commonly needed language. Some respondents said that they provide bilingual services themselves. Others refer persons elsewhere, or use volunteer interpreters who are often client family members.

Translation of Documents: Based on the survey results, DASA translated its program brochures into Spanish. Again, since most direct customer contact is through contracted provider agencies, DASA must work with these provider agencies to develop translated materials for the customers served.

Training on Cultural Differences: In 2005, DASA coordinated Staff Trainings that consisted of 2-day Managing Diversity & Cultural Competency workshops at each site conducted by an outside professional firm. To ensure service delivery consistency, DASA developed a set of Cultural and Linguistic Competency Guidelines for funded agencies to refer to when serving all clients. These trainings of subcontractors and staff were well attended and useful.

In the future, DASA plans to re-convene contractors at additional workshops to improve language and cultural competence; review the location of contractors with changing geographic residence patterns to determine if additional translation of documentation is a consideration, and compare the contractors' language abilities with the language needs of their service area; and, require a language and cultural competence plan for all contractors.

The Division of Community Health and Prevention (CHP)

CHP funds a network of over 700 providers that provide direct service to Illinois families in the areas of prevention

and health through 60 programs. The Division's effort to reach out and serve LEP communities includes collaboration among providers and across developmental ages.

Data Collection: The Division collects information on the various languages served by its grantees. The collection of data is done through the Cornerstone and e-Cornerstone programs. Data is entered by providers as they serve clients in various programs, including but not limited to: Early Intervention, Family Case Management, Teen REACH, and Comprehensive Community-Based Youth Services.

Translation of Documents: Providers serving various Limited English Proficient communities have undertaken the task of offering services in other languages than English. They have translated their printed materials, e.g., pamphlets and other printed information, for use by their LEP clientele. For example, Community and Economic Development Association (CEDA) Inc., which provides WIC services, have bilingual staff and take pride in having translated its written materials from English to other languages, including Spanish and Polish.

Training: The Division has provided training to its staff to enhance cultural competence. The University of Illinois at Chicago's Center for Capacity Building for Minorities with Disabilities Research provided training on "Serving Consumers from a Multicultural Perspective."

The Division of Developmental Disabilities (DD)

Since 2003, the Division has made efforts to ensure its mission is known by Illinois' LEP communities by focusing on key areas outlined in the Shriver report. One of the key areas of change for the Division has been its shift to the Prioritization of Urgency of Need for Services (PUNS) database system. This database collects demographic and clinical information about individuals seeking services within the next five years, the current circumstances of the individual (e.g., age of primary caregiver, current living arrangement, etc.), and the types of services sought. The database was piloted in the spring of 2004 and became operational statewide on November 1, 2004. It will serve as a vital tool in planning, budgeting, and communication as the State prioritizes customers with urgent needs to receive state services.

Translation: DD began translating its PUNS brochures into languages other than English. Beginning in August 2006, the Division sponsored a series of public service announcements broadcasted by over 180 radio stations across the state to inform families and individuals about



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the services available through the Division and the new PUNS database. The public service announcements were broadcast both in Spanish and English and were coordinated through CMS's minority marketing specialists to ensure that they aired in stations serving known Asian-American and Hispanic communities. There were also PUNS outreach letters sent to Asian-American community organizations identified by the Office of the Assistant Secretary for Programs.

In July of 2008, the Division sponsored a PUNS outreach event in Chicago that informed community service agencies not typically involved with the Division about the services available. During the event, the Division distributed PUNS brochures recently translated into ten additional languages. PUNS brochures and flyers are now available in twelve languages: Arabic, Bosnian, Chinese, English, Hindi, Khmer, Korean, Polish, Russian, Spanish, Urdu, and Vietnamese. The Division is currently working to have English and Spanish PUNS brochures available in large print and Braille.

The Division of Human Capital Development (HCD)

HCD has focused on improving access and quality of service for LEP customers by strengthening its policies for addressing the need of limited English proficient customers, translating documents, and provide cultural competency training for staff.

LEP Policy Development: HCD has worked to set uniform policies on bilingual staff and revised testing of incoming bilingual staff in place throughout the division. Through the Bureau of Refugee and Immigrant Services (BRIS), HCD has worked in consultation with the Division of Rehabilitative Services and the Division of Mental Health staff to develop implementation plans and best practice guidelines. These internal efforts include working with local Family and Community Resource Center (FCRC) administration to monitor the hire and deployment of bilingual staff based on FCRC caseloads, working in collaboration with the Office of Hispanic/Latino Affairs (OHLA) to increase the number of bilingual staff for language groups that have been identified as high need populations, and identifying gaps in services to LEP individuals. Finally there is a standardized customer service plan for each FCRC to identify the resources they turn to when a customer requires interpretation services.

Translated Documents: HCD brochures have been translated into nine languages and are intended to accommodate both DHS staff in the FCRC and the community-based organizations funded through the

Immigrant Family Resource Program (IFRP). Posters are displayed in FCRCs that identify the availability of free interpretation services.

Staff Training: In the past five years, cooperation between IFRP agencies and FCRCs has dramatically improved through regular local office relational meetings which build trust between the IDHS and community based staff. Further, day long workshops have brought together the two sets of staffing to explore immigrant eligibility, cross cultural communication, cultural competency, the responsibilities of the interpreter, and how to use an interpreter. In addition, the Illinois Coalition of Immigrant and Refugee Rights has convened monthly trainings for participating agencies explaining DHS programs and the responsibilities of interpreters. IFRP staff have also received interpreter training.

The Division of Mental Health (DMH)

In 2003, DMH conducted a statewide organizational assessment by stakeholders to examine the cultural and linguistic competency of its service delivery system. Recommendations and priorities were linked to comprehensive systemic changes needed for cultural competent programs. The findings and recommendations from this report were built upon in the 2006 Shriver report and were integrated into the Division's comprehensive cultural competency plan. Findings of the Shriver Report noted some of the strengths (i.e. Division policies, leadership and commitment to cultural competence) and areas of need (i.e. training, document translations) in the Division of Mental Health.

Data Collection: The Shriver Report led to the prioritization of developing a standardized system to collect, analyze, and use data to understand the needs of its LEP consumers. DMH leadership and its consultants decided to discontinue using the Reporting of Community Services (ROCS) system for data collection and adopted a plan for an Administrative Services Organization (ASO) to collect data on the languages spoken and language needs of its consumers as one of its contractual responsibilities. This would allow DMH to identify trends in LEP customers and their needs in a more timely and informed manner. In addition, the data gathered on interpreter service needs can be linked to billing of interpreting services by DMH funded community providers and other services provided to this population.

Bilingual Staff: DMH has also worked to hire and retain qualified bilingual staff through its DHS bilingual pay incentives. In the last year, attempts to diversify recovery specialists have resulted in the hiring of one part-time



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Spanish-speaking individual who has the lived experience of mental illness. A statewide hospital committee of clinicians, formed in 2005, developed protocols for interpreter services and guidelines for “best practices” to improve access to qualified and trained interpreters and provide 24-hour access to language services at all residential facilities. DMH continues to assess the skills of its bilingual staff in order to increase the number of available interpreters in key language groups.

DMH established an LEP Coordinator position at each of its nine State Operated Psychiatric Hospitals, which improves the monitoring of consumer need for interpreters during its admissions screening process and throughout the hospital stay until discharge to community programs. The LEP coordinator in the hospital works with the quality manager to review hospital data on services and to monitor the provision of services using chart audits. DMH continues to survey the skills of its bilingual staff in order to increase the number of available interpreters in key language groups. The LEP Coordinator is also tasked with identifying and ensuring the translation of vital documents into key languages other than Spanish and ensuring completion of the LEP service plans for each residential facility.

Translation of Documents: The LEP Coordinator from each state operated hospital meets quarterly via video conferences with the central office Coordinator of Cultural Competence. The goals for 2009 are to identify and ensure the translation of vital documents into key languages other than Spanish. Collaboration with the DHS Office of Hispanic/Latino Affairs is an integral element of the document translation goals for 2009.

Training: Finally, DMH continues to work on identifying opportunities to bring cultural competence training to the Division staff. The Coordinator of Cultural Competence has recruited an internal committee of six staff to review curricula, modify and eventually conduct training that is being provided by DHS as a train-the-trainer model.

The Division of Rehabilitation Services (DRS)

DRS seeks to create an environment where customers and staff work in partnership, where customers enjoy working with staff, and staff look forward to coming to work. DRS has invested much of its efforts into developing multilingual Vocational Counselors and training staff.

Interpreter Development: DRS launched a collaborative program in the Fall of 2005 with the Northeastern University Masters in Rehabilitation Program to fill a void of multilingual and bilingual Vocational Counselors. In 2008, the program graduated the first 8 bilingual

Vocational Counselors who all passed the Certified Rehabilitation Counselor requirements. Currently, DRS is working with Columbia College to initiate a similar program that will produce tri-lingual interpreters proficient in American Sign Language, Spanish and English. The Tri-Lingual Community training program was initiated in 2005 and DRS continues to work in collaboration with L.U.N.E.S., a community based organization that works with Spanish-speaking persons, to promote the program.

Staff Training: In 2005, DRS developed a guide for staff to establish best practices when utilizing a spoken language interpreter. In addition, DRS has implemented a training program to improve the interpretation and translation skills of its own internal staff. This ongoing training includes requiring all DRS staff to attend a cultural competence training that was developed jointly with the UIC Institute on Disability Studies. This training will allow DRS staff to increase their capacity to work with LEP customers to improve service outcomes.



DHS' LEP Data Collection Changes

Data collection and analysis are both critical in the process of informing how services are provided to LEP customers. Segregated and antiquated information technology systems used by DHS program divisions made it difficult to collect meaningful data. Inadequate data collection fields did not allow for the capturing of useful language preference information.

In 2003, DHS program divisions evaluated the existing language data collection practices to determine needed improvements and implement changes necessary to capture more robust language preference data. The following chart summarizes the changes made by each program division.

DHS' LEP DATA COLLECTION CHANGES			
Division	2003 Data	Changes Made	Data Today
Division of Alcohol and Substance Abuse	Used service providers reporting system. Client demographics captured race and if the client spoke English.	Data fields changed to include ethnicity and primary language spoken.	Client demographics include ethnicity and primary language, English ability and need for interpreter services.
Division of Community Health and Prevention	Used Cornerstone and e-cornerstone to capture information on customer race.	Data fields changed to capture ethnicity and language data from providers. Also, race codes have been updated to fit new census codes.	Customer language needs is captured in Cornerstone and completed individually as needed at each clinic location.
Division of Developmental Disabilities	Used ROCS data base to track customers. Collect race and primary language.	Moved to PUNS database to collect info on number of people seeking services, urgency of need, and language proficiency.	Use two data systems: PUNS to track future clients, ROCS to track current clients. Collect information on ethnicity and language need.
Division of Human Capital Development	Used data collected by OHLA to track Spanish speaking cases for cash and medical assistance caseload. Ethnicity was tracked in the Refugee and Immigrant Citizenship Initiative (RICI) and Illinois Refugee Social Service Consortium (RSSC).	Data Collection was expanded in August 2004 to collect data on primary language of LEP customers.	Primary Spoken Language is collected by each Family and Community Resource Center (FCRC) and the Homeless Prevention and Emergency Shelter Programs. The Immigrant Family Resource Program tracks interpreter services provided by FCRCs, and the frequency of service by language. Child care applications use the Child Care Tracking System to identify and report parent language requests.
Division of Mental Health	Used two data systems for state operated hospitals/facilities and community agencies. State Operated Facilities (SOF) collect information on race, primary language and language proficiency. ROCS includes primary language and race.	Changed to ASO data system. Primary language, need for interpreter services, and citizenship status are identified.	SOFs and ASO now generate quarterly reports and conduct in-depth analysis of service needs and gaps.
Division of Rehabilitation Services	Virtual Case Management collected data on language preference for English, Spanish, ASL, and Other.	Added data field for language preference to capture any language spoken.	Quarterly reports are issued allowing local offices to monitor the language needs of their customers.



FY 2008 LEP Data Analysis and Performance Outcomes

The changes implemented by the program divisions has led to improvements in the tracking of customer language need, service outcomes and performance for each division. Each division has experienced improvements in serving their LEP customers due to enhanced data collection and analysis.

Division of Alcohol and Substance Abuse

In 2006 - 2008, The LEP Committee and the Shriver report prompted upgrades to the Divisions' reporting system (DARTS) for agencies, which made additional data collection a requirement when serving a LEP client. DASA updated the DARTS system to include info on ethnicity and language preference. This has allowed DASA to track critical customer language needs, which DASA is then able to incorporate into service outcomes and performance-measure data analysis.

Division of Community Health and Prevention

Data has been valuable in assessing the reach of the division's programs. Early Intervention, in particular, noticed an increase in services provided to Spanish-speaking families. This success was not apparent in other communities. Early Intervention called for providers to meet periodically to find ways to reach out to other minority communities, including African-American, Chinese, Korean, Polish, and other Limited English Proficient families. The dialogue that ensued brought together the expertise and resources of providers serving families with children who experience a developmental delay. The collaboration that resulted has benefited many more families than ever before.

Division of Development Disabilities

The Prioritization of Urgency of Need for Services (PUNS) database began collecting statewide data on individuals with developmental disabilities in November 2004. The PUNS database gave the Division for the first time information on the number of individuals seeking services or seeking enhanced services in addition to their area of residence, urgency of need, language proficiency and more. This has allowed DD to be more effective in targeting services and improving service delivery as clients are identified from the PUNS database system.

Division of Human Capital Development

Previous to 2004 only Spanish speaking HCD customers were identified. After the Shriver report was released, HCD created a computer field to collect data on primary

language of LEP customers. Currently data is collected on the Primary Spoken Language of customers in each FCRC, as well as in the Homeless Prevention and Shelter Programs. For customers seeking Child Care services, parents are now able to select a language code in the child care application, which is entered into the Child Care Tracking System, and reported to the federal government on a monthly basis. Furthermore, the Parent Customer Database's licensed program information includes the language fluency of facility staff, which allows parents to indicate a preference for a child care setting where caregivers can speak a particular language.

The Title XX program did not collect information on language need prior to 2003. Sub-grantees were expected to develop their social services delivery system according to community need. If the community demonstrated language needs, the provider included provisions for accessing interpreters or bilingual staff in their plan of services. After the LEP initiative went into affect, Title XX began to request information on the ethnicity of the target population and tracked this information through quarterly service reports.

In addition, all HCD contractors and providers are required to collect primary language data on all customers receiving DHS funded services. During the application process, customers are required to complete Form 522, which identifies customer ethnicity and language preference. This allows staff to plan ahead in order to schedule for language-appropriate interpreters to be available at pre-set intake appointments in any language required by the customer.

Division of Mental Health

Whereas the Division has made notable advances in its modification of data collection instruments between 2003 and 2008, no trend analysis has been conducted that could compare 2003 with 2008. Current initiatives examining services to LEP individuals are underway to put in place performance measures for both hospitals and community contractual agencies. Analysis of data as part of the DMH Diversity and Cultural Competence Work Plan now require that chart audits are routinely conducted on Non-English speaking or Limited English Proficient individuals who have been hospitalized within the state operated facilities for the purposes of determining "adequacy of services as related to language access". Analysis using descriptive statistics is now conducted to examine services to LEP individuals in the community system. Lastly, major changes in the consumer survey are underway to ensure that consumer voice informs decisions and service delivery.



2008 Hospital data collection instrument for admissions in state operated facilities remain the same as in 2003. The major change for the psychiatric hospitals is that quarterly reports on primary language and proficiency levels are generated with a greater level of detail on proficiency levels than in 2003. For the community data collection system in FY09, more in-depth analysis (using bivariate analysis) is now conducted to examine the clinical service variables to ensure that any differentials of services are identified and addressed.

Division of Rehabilitation Services

Prior to 2003, DRS only collected customer language preferences for English, Spanish, and ASL. If customers had other language needs, the preference was captured in the “other” category. To improve upon its data gathering capacity, DRS included the 15 most commonly spoken languages in the Virtual Case Management (VCM) system so that DRS could collect and track each customer’s preferred mode of communication and language. Currently, DRS releases quarterly reports that allow local offices to track and identify the language needs of their customers. Using this information, they are able to access interpretation services as needed to assist their customers.



PARTNERSHIP WITH THE GOVERNOR'S OFFICE

The aforementioned efforts illustrate DHS' leadership in addressing LEP issues, and put the Department in a position to lead—in partnership with the Governor's Office of New Americans—a statewide process of developing and implementing similar and standardized language access protocols. The New Americans Executive Order, created in 2005, brought about the development of an Interagency Task Force, led by the Governor's Office, to begin the task of implementing recommendations presented in the Shriver Report and coordinating policies to meet the needs of LEP customers. DHS was the co-chair of the Interagency Task Force, the lead administering state agency, and the financial agent for the Governor's Office in this regard.

Implementation and Guiding Principles

The New Americans Initiative was implemented in two phases. The first phase charged an interagency task force to provide global recommendations on how agencies could enhance access to State services in the areas of human services, healthcare, citizenship, and education, with the goal of ensuring that effective immigrant integration was not hindered by the lack of service provision. The second phase seeks to add new state agencies to the interagency task force and add to the issues addressed in order to include employment and economic development, housing, homeownership, and community safety.

Phase 1

Phase One of the New Americans Initiative was focused on providing adequate access to services and resources for immigrants and new American citizens. Its strategic steps included:

1. Opening a Welcoming Center pilot office
2. Ensuring adequate language service delivery
3. Defining standards for state subcontractors and vendors to provide culturally and linguistically appropriate services
4. Train state staff to effectively meet the needs of the immigrants and refugees they serve
5. Make vital documents language accessible for immigrants and refugees
6. Increase outreach efforts to immigrant and refugee communities
7. Ensure that programmatic and policy decisions are data driven.

Phase 2

Phase Two aims at implementing the following recommendations essential to immigrant integration:

1. Establishment of an Office of Central Language Access
2. Implementation of an Economic Integration Project
3. Standardizing a statewide bilingual pay and hiring process
4. Establishing a pilot program to ensure community safety outreach between immigrants and local law enforcement

Guiding Principles

A set of guiding principles informed the development of the agency recommendations to enhance the State's response to the needs of its LEP clientele. The guiding principles aim to ensure the following recommendations are standardized statewide and are data driven: accessibility to language services, cultural and linguistic competence training for state staff, and translation of vital documents. These guiding principles shaped the recommendations for Phase Two.

To ensure that the State is responding to the needs of its residents, the Guiding Principles direct all State agencies to formulate new approaches to serving immigrant, refugee, and LEP communities. They serve to enhance current practices and inform new ways in which to provide meaningful access to services. These principles represent the State's vision to providing meaningful access to services for LEP communities.

- ☆ State services are provided to all residents in ways that are innovative, holistic, effective, and efficient
- ☆ Adequate language services are available for all residents, including LEP populations, to encourage and accelerate immigrant and refugee integration
- ☆ Meaningful access to state services is afforded to all residents, including the limited English proficient population, from all agencies and organizations providing services on behalf of the state
- ☆ State staff has a proficient level of cultural and linguistic competence and are provided continued access to comprehensive cultural and linguistic competence training supports
- ☆ All vital documents are language accessible to immigrants and refugees with limited English proficiency
- ☆ Outreach to immigrant and refugee communities is recognized as essential to responsible government
- ☆ Agency policy decisions affecting immigrants and refugees are informed by population, demographic, and language data



Progress of Statewide Interagency Efforts

DHS and the Governor's Office staff have worked in partnership to ensure that each objective identified by the Interagency Task Force is implemented. Some examples of the success of these efforts are discussed below.

Illinois Welcoming Center

Immigrants and refugees underutilize state services for which they are eligible due to a myriad of reasons. However, the more these communities are able to benefit from services, the faster they are able to adjust to life in the US, and can begin to contribute socially, culturally, and economically to their communities. As such, the state is seeking ways to make state services available in the places and in the manner that immigrants will seek them out.

In 2007, the first-ever Illinois Welcoming Center (IWC) was opened for new Americans and residents in Melrose Park in order to centralize the delivery of services, avoid duplication of services and assist immigrants and refugees in the process of integrating into life in the United States. The center is administered by DHS with oversight by THE GOVERNOR'S OFFICE. As envisioned by the Governor's New Americans Initiative, the center will provide comprehensive state services, and community agencies will serve as "satellite sites", to ensure coverage throughout the community. Thus, the center represents a multi-agency collaborative that includes active participation and funding from 9 community agencies. This spirit of collaboration and integration of services is one of the keys to success for the center, as is the support of these state agencies, the local community, and surrounding community and faith based organizations.

Staff at the Welcoming Center provide a range of services including access to some state services, such as food stamps, medical assistance, employment services, and other services to assist families and immigrants. In addition, IWC offers workshops covering financial education, health and nutrition, and family/parenting skill development. Finally, IWC staff can provide referrals for food pantries, legal assistance, citizenship classes, developmental and rehabilitation services and health screenings. It is clear that the Welcoming Center is filling a need in the community. In its first year, the Illinois Welcoming Center has exceeded its own expectations serving nearly 2,000 clients with over 98 percent of those surveyed reporting satisfaction with the services received.

Our Lady of Mt. Carmel

To ensure adequate language services are available to those seeking state services, DHS and the Illinois Welcoming Center established a satellite office for the Welcoming Center at Our Lady of Mt. Carmel. As an established service provider in the Melrose Park community, Our Lady of Mt. Carmel is a trusted entity, and will engage the immigrant and/or refugee who is not inclined to visit a state government office.

Individuals served by Our Lady of Mt. Carmel will receive expedited referrals to the Welcoming Center. They may also participate in language classes or ESL classes offered by Our Lady of Mt. Carmel to community residents more accustomed to receiving services from community-based and faith-based organizations.

Welcoming Days

While the presence of the Illinois Welcoming Center in Melrose Park has effectively served that community, it has also served as a resource to immigrants and refugees across the state. The growth of immigrant communities across the state raised the importance of access since many immigrants are now moving directly to suburban and rural communities. In response, THE GOVERNOR'S OFFICE, working with DHS and the IWC staff, initiated "Welcoming Days."

Welcoming Days are comprehensive resource fairs that provide first-hand information and access to state services that are available to new Americans and local residents. These fairs provide information on health care, housing, child care, English language training, employment, and education information. In addition, participants are able to receive free health screenings for blood pressure, cholesterol and diabetes, as well as vision and dental exams. In 2008, Welcoming Days were hosted in DuPage, Douglas Park in Chicago, and Rockford. Cumulatively, these events have served more than 4,000 individuals and families.

Immigrant Integration Infrastructure Project

The Immigrant Integration Infrastructure Project set out to develop a multifaceted statewide infrastructure to ensure that state agencies provide meaningful access to state services for immigrants and refugees and to ease the acclimation process for immigrants and refugees. DHS is partnering with a team of consultant agencies to implement the following initiatives:

- ☆ Develop a standard, statewide language skills assessment.
- ☆ Establish uniform standards for subcontractors and vendors to provide culturally and linguistically



New Americans Initiative

appropriate services.

- ☆ Develop and implement an uniform, statewide linguistic and cultural competency training.
- ☆ Create and employ a system of data and demographic information gathering and utilization.

The Immigrant Integration Infrastructure Project is nearly complete. The standardized data collection and utilization system and uniform standards for subcontractors and vendors have been completed. The cultural competency training and standard, statewide language skills assessments are nearly done. The following discusses the current status of each Immigrant Integration Infrastructure project initiative:

☆ **UIC: Cultural Competency Training** – the University of Illinois, Chicago (UIC) is developing a statewide training that would ensure that personnel at different levels and across relevant disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. DHS has been active in this effort, along with other state agencies, to prioritize training for direct service personnel who regularly provide language assistance and/or interact with culturally diverse populations. In addition, the training will ensure that all new employees receive basic cultural competence training while providing other staff training to improve skills and knowledge regarding group values, traditions, and cultural competence principles. UIC recently completed a “Train the Trainers” session and hope to have the cultural competency training ready to be used by the end of the year.

☆ **Millennia Consulting: LCC Guidelines** – In early 2008, THE GOVERNOR’S OFFICE convened a group of Illinois state health and human services agencies to participate in the development of Linguistic and Cultural Competency (LCC) Guidelines. These guidelines were developed as a mechanism for improving language and cultural accessibility and sensitivity in state-funded services delivered by organizations that receive grants and contracts to serve residents of the State. This group met four times to develop, test, and approve the attached Linguistic and Cultural Competence Guidelines for State of Illinois Subcontractors and Vendors. They chose to adapt the guidelines from several well-established sources including:

1. The National Standards on Culturally Appropriate Health Care Services, better known as the CLAS standards;

2. Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/ Underrepresented Racial/Ethnic Groups and;
3. National Association of State Workforce Agencies: Checklist for Developing a Limited English Proficiency (LEP).

The LEP workgroup is now working to develop an implementation plan to formally adopt these standards across the agency.

☆ **Rob Paral and Associates: Data** – Rob Paral and Associates (RPA) was selected to assist the Office of the Governor and the Department of Human Services to identify how agencies collect and manage data on LEP individuals, identify how LEP data is utilized by agencies in the planning and delivery of services, and to recommend a set of uniform data gathering and utilization processes to help agencies to better serve LEP customers. RPA conducted interviews at 10 state agencies to understand how data is collected and used at each agency. At the conclusion of these interviews, RPA made four recommendations:

1. The State should adopt a standard definition of who qualifies as Limited English Proficient. The definition should be broad enough to meet the needs of state agencies but also detailed enough to cover the needs of LEP individuals.
2. Implement an overarching requirement on all agencies with direct or indirect contact with LEP individuals to collect and maintain LEP data to ensure that all agencies gather a minimum set of consistent data.
3. Implement an overarching requirement on all agencies with direct or indirect contact with LEP individuals to utilize LEP data in planning and delivery of services to ensure that all agencies consider LEP data as an integral part of all data used in planning and delivering services.
4. Require all agencies to submit annual reports to the Office of the Governor. These reports should describe the extent and nature of contact with LEP customers, which would allow the state to annually assess its relationships with servicing LEP individuals.

Currently, it is up to the state to assess the recommendations and develop an implementation plan.

☆ **DuPage Federation: Bilingual Employee Language Proficiency Testing** – The DuPage Federation on Human Services Reform (DuPage Federation)

developed and implemented a standard language skills assessment tool that could be used by the State to test bilingual state employees. Their objectives were to determine best practices for the assessment of language skills for state employees and state contractors, determine current practice for the assessment of language skills for employees of the ten state agencies participating in the Immigrant Integration Infrastructure project, and finally to identify current and improved alternative assessment instruments. The DuPage Federation first set out to identify the five most frequent languages, then to research alternative standardized tests and current best practices used in other states. Next DuPage Federation staff met with Illinois state agencies to determine how interpreter testing is currently being conducted.

Recently, the DuPage Federation issued its Recommended Plan for Assessment of Bilingual Employee Language Proficiency for Agencies of the State of Illinois. In its recommendations, the DuPage Federation noted that there was not a single “perfect test” so recommended that the State either adapt the existing DHS Assessment into a generic assessment to measure simple language proficiency, or negotiate with another state to purchase their state testing system. The DuPage Federation offered up the following as next steps for the State to take:

1. Focus on State Agencies that directly serve the public and identify those job titles that have the most public contact.
2. Develop a testing procedure to provide language assessments of newly hired employees who are in bilingual positions.
3. Explore the feasibility of enacting legislation similar to California’s Dymally-Alatorre Bilingual Services Act, which required public agencies serving a threshold number of limited English proficient persons to provide services in their language.

The State must assess which of the two recommendations it will pursue and determine the feasibility and implementation strategy of the suggested next steps.

Through this project, the State has sought to standardize the provision of interpretation services and provide reasonable accommodations to allow LEP customers to have meaningful access to services provided by the state. It also reduced the need for customers to rely on informal family or friends to access the States services, while allowing the State to identify and provide services to communities who had previously been underserved.



FUTURE OBJECTIVES

The Department of Human Services has increased its focus and efforts to increase access to and improving services for the immigrant and refugee populations of Illinois since 2003. Policies, practices, and a strategy have been developed that will have reverberations on LEP families across the state for years to come. The launching of the LEP Initiative was a concerted effort to improve the quality of services for and reduce the barriers faced by limited English proficient individuals. These efforts have benefited from the support the Governor's Office, philanthropy, advocates and service providers, immigrant and refugee community members, and other State agencies.

DHS continues to address the specific needs of Illinois residents who have been underserved by the agency. An Asians with Disabilities taskforce has been initiated to provide data-driven analysis of service gaps and accessibility issues for Asian and Pacific Islander individuals with disabilities who may face language accessibility and cultural awareness problems when seeking services from disability service providers but also a lack of knowledge, understanding, or provision of services for their disability from Asian community service agencies.

In addition, DHS' LEP Workgroup continues to meet regularly in order to refine the agencies' policies for LEP individuals and to further advance the LEP objectives for each program division. Current efforts include the expansion of Masters programs to train and develop rehabilitation specialists proficient in Spanish and American Sign Language, ensuring language accessibility for LEP customers served by WIC vendors, expansion of an outreach and interpretation initiative to provide bilingual case management in 41 languages for FCRC customers, and increase the number of translated DHS program materials for LEP customers.

DHS looks forward to continued partnership with experts in the field and other state agencies in serving Illinois growing LEP and immigrant and refugee populations.



APPENDICES

Appendix A: New Americans Template

- Step 1: Establishing the Rationale/Gaining buy-in
- Compile research regarding the demographic changes occurring in Illinois and/or the service area the agency covers.
 - Present data to executive staff of agency outlining the importance of addressing the needs of this population.
- Step 2: Building a dedicated, working team
- Recruit Liaisons from each of the key areas of the agency to serve on a Working Group.
 - Establish a monthly meeting schedule to ensure consistency of participation.
 - Provide regular updates to the executive staff of the agency and the supervisors of the Liaisons.
- Step 3: Understanding the issues/Community input
- Hold Kick-off strategic planning meeting with agency Liaisons and key external stakeholders to garner input and develop shared vision.
 - Organize regular briefings to ensure continued involvement from external stakeholders.
- Step 4: Data, data, data
- Establish the baseline data of the number of LEP individuals/families served by the agency.
 - Based on demographics of the population set forth goals to appropriately increase numbers served/reached.
 - Determine datasets, queries, intake forms, systems, and processes that need to be improved to capture more robust data.
 - Implement strategies to improve data capture.
- Step 5: Analysis
Place mat
- Step 6: Implementation Plans
- Step 7: Monitoring

Appendix B: Guidelines for a New Americans Plan

The Department of Human Services prepared this report to document all of the activities that the agency has undertaken to improve access to services for Limited English Proficient customers and through the New Americans Initiative. The Governor's Office of New Americans Policy and Advocacy has asked each agency to prepare their own New Americans Plan. This plan should include the following items:

- Summary of key New Americans Initiatives undertaken
 - Agency customer overview and demographics
 - Need for language access initiatives
 - Key areas of focus
- Overview of Agency
 - Organizational information, programs, and services
- New American Initiatives goals and objectives
 - Key goals and objectives as identified by areas of need
 - Strategy for initiative implementation
- Current status of all deliverables
 - Actions taken
 - Progress made
- Data analysis, strategy and outcomes
 - Analysis of initiative impact on agency and language access
- Future objectives
 - Next steps and future efforts

Appendix C: Administrative Directives:
Provision of Interpretive Services for Limited
English Proficient (LEP) Persons Policy



*ADMINISTRATIVE
DIRECTIVE*

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Effective:	02/15/01
Revised:	09/03/02, 10/16/06 05/15/09

Section:	Administration & Organization
Subsection:	Administrative Responsibilities
Subject:	Provision of Interpretive Services for Limited English Proficient (LEP) Persons
Authority:	Presidential Executive Order No. 13160 (June 23, 2000) - Nondiscrimination on the Basis of Sex, Color, National Origin, Disability, Religion, Age, Sexual Orientation, and Status as Parent in Federally Conducted Education and Training Programs; Title VI of the Civil Rights Act of 1964 [42 U.S.C. 2000]; Recipient Rights [59 Ill. Admin. Code 111]; U.S. Office of Civil Rights, "Notice of Policy Guidance with Request for Comment: Title VI, Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency", Federal Register, August 30, 2000 at pages 52762-52774; Mental Health and Developmental Disabilities Code [405 ILCS 5]; Presidential Executive Order No. 13166 (August 11, 2000) - Improving Access to Services for Persons with Limited English Proficiency; Federal Register, January 18, 2002 at pages 2671-2685; Federal Register, August 8, 2003 at pages 47311-47323.
References:	Administrative Directives: 01.08.01.040, Sign Language Interpreter and CART; 01.10.01.010, Translations.

Policy Statement

It is the policy of the Department of Human Services (DHS) as set forth in Title VI of the Civil Rights Act of 1964 [42 U.S.C. 2000] to prohibit national origin discrimination as it affects Limited English Proficient (LEP) persons. Federal guidance on the subject of provision of services to LEP persons can be found in the Federal Register. DHS is committed to improving the accessibility of programs, services and activities provided to eligible LEP persons.

Definitions

"Bilingual Staff." For purposes of this Directive, bilingual staff shall mean a person deemed to be fluent in English and another language in written, oral and/or other methods at a skill level to effectively carry out position duties in conjunction with Limited English Proficient (LEP) Persons.

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“Facility.” For purposes of this Directive, facility shall include State-Operated Developmental Centers and State-Operated Mental Health Facilities DHS residential schools, and DHS central and field offices.

“Individual.” For purposes of this Directive, an individual is a customer, client, consumer, applicant, residential school student, or a person with a developmental disability or mental illness, served by DHS.

“Interpretation.” For purposes of this Directive, interpretation is the act of listening to information in one language (source language) and orally translating it into another language (target language). Such oral interpretation may be performed either in person or via a telephone interpretation service. Oral interpretation can range from on-site interpreters for critical services provided to a high volume of LEP persons to accessing interpretation through commercially-available telephonic interpretation services.

“Interpreter.” For purposes of this Directive, an interpreter shall mean a person fluent in English and in the native language of the individual, who can accurately speak, read, sign and/or readily interpret the other language.

“Language Bank.” The Language Bank, managed by the Office of Hispanic/Latino Affairs (OHLA), provides interpretation and translation services. Interpretation services include language assistance for Limited English Proficient (LEP) persons accessing DHS services, programs or activities either in person or via telephone with the exception of those who are deaf or hard-of-hearing. Any DHS staff inquiring about the procedure to acquire sign language interpretation/captioning services may contact the Bureau of Accessibility and Job Accommodation, in the Office of Accessibility and Customer Support. Translation services include the translation of all documents, forms, posters, and other materials into Spanish, and arranging for the interpretation of such documents into other languages.

“Limited English Proficient (LEP) Person. An LEP person is an individual whose primary language is a language other than English and who requires interpretation in order to effectively participate in DHS programs, services and activities. An individual who has sufficient English skills to effectively participate in DHS programs and services using English is not an LEP person, even if his or her primary language is a language other than English.

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“Translation.” For purposes of this Directive, translation is the act of reading a prepared document in one language (source language) and orally reading or writing it in another language (target language). Written translation can range from translation of an entire document to translation of a short description of the document.

“Translator.” For purposes of this Directive, translator shall mean a person fluent in English and the language of the document or material that requires written or oral translation.

I. Application

- A. This Directive applies to the DHS central and field offices, and to each of its facilities. Division of Mental Health, Division of Developmental Disabilities, and Division of Rehabilitation Services staff may have additional responsibilities regarding LEP persons pursuant to Recipient Rights [59 Ill. Adm. Code 111]. DHS-sponsored programs, services and activities are bound by the requirements in the Civil Rights Act of 1964.
- B. In order to provide LEP persons with meaningful access to DHS programs, DHS personnel, and community agencies with whom DHS has contracts to provide services, must be able to communicate effectively with LEP persons. Consequently, both DHS and the community agencies must evaluate and monitor their programs to ensure that they can communicate with the LEP persons with whom they come in contact in the most effective and efficient way based on the programs involved and the individual circumstances of the DHS office or the community agency. DHS or the community agency must provide language services at no cost to the individual to ensure the most effective communication possible. The available services will depend on the specific circumstances, and may include but are not limited to: bilingual staff; adult interpreters; translation of written materials; and notification to LEP persons that interpretive and translation services are available if needed.

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II. Procedures

A. Provision of Services

There are two main ways to provide language services – oral interpretation and written translation. LEP individuals must be provided meaningful access to DHS programs, services and activities. Under no circumstances shall services to an LEP person be denied or unnecessarily delayed because of his or her limited English proficiency. In some cases, language services should be made available on an expedited basis, while in others, the LEP individual may be referred to another source for language assistance.

B. Identifying LEP Persons

Where possible, bilingual employees should serve as intake staff or as resource persons. The intake staff person shall identify the LEP person and determine the language services the LEP person requires. If the language needs of the LEP person are not readily apparent, they should be determined through use of either the language identification poster or language identification flash cards which identify the LEP person's language needs.

C. Provision of Interpreters or Bilingual Staff

1. DHS must provide either interpretation services at no cost or bilingual staff for the LEP individual. If an individual requires a sign language interpreter or computer-aided real time (CART) services, staff shall refer to the Administrative Directive 01.08.01.040, Sign Language Interpreter and CART, for guidance. DHS will secure or purchase sign language interpreter or CART services for LEP persons, persons who are deaf, hard-of-hearing, or deaf-blind in accordance with rates established by DHS. Staff must not require the individual to provide his or her own sign language interpreter. If it is determined that qualified sign language interpretation or CART services are procured, the cost will be assumed by the requesting entity.

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2. DHS has the right to provide its own adult interpreter (staff or contractual), even if an LEP person wants to use his or her own interpreter in addition to the DHS interpreter. Extra caution should be exercised when the LEP person chooses his or her own interpreter. While the LEP person's decision should be respected, there may be issues of competency, confidentiality, or conflict of interest. If an LEP person elects to provide his or her own interpreter, such action should be documented in writing.
3. The Office of Hispanic/Latino Affairs (OHLA) coordinates and monitors communication with LEP persons. OHLA maintains and updates a Language Bank composed of Human Capital Development (HCD) bilingual staff to serve LEP persons. Each facility must develop and maintain a list of bilingual staff who can serve as interpreters, Sign Language interpreters, and Language Bank resources in its community. This list must be updated annually and shall be contained in the LEP Customer Service Local Plan.

D. Advisory Notices

At each facility or work site where individuals are served, DHS shall post, in a conspicuous location, advisory notices (translated in the various languages used by the individuals DHS serves) and a language identification poster indicating that free interpreter services are available to the individual and his or her family, and the procedure for obtaining an interpreter. The telephone numbers to call to file a complaint if the individual believes he or she has been discriminated against shall also be posted. Please see Section II.M. for contact information. DHS shall also post, in a conspicuous location, advisory notices that interpreters shall comply with all state and federal statutes and other confidentiality provisions. A confirmation or indication of this posting shall be included in the Local Plan described below in Section II.L

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E. Secondary Sources of Interpreters

If there are no available DHS bilingual staff who can serve as interpreters, OHLA will coordinate efforts to seek other sources of interpreters. Other sources may include, but are not limited to OHLA, Outreach and Interpretation Project providers, community-based organizations, local partners, faith-based organizations, front door partners, or university/organizational partners.

F. Determination of Predominant Languages Used at DHS Facilities

DHS facilities shall determine and document the need for staff with bilingual skills based on the predominant languages of the populations they serve. The following factors shall be considered when deciding what reasonable steps should be taken to ensure meaningful access for LEP persons to services, programs and activities:

1. The number or proportion of LEP persons served or encountered in the eligible service populations;
2. The frequency with which LEP persons are in contact with services, programs and activities; and
3. The nature and importance of the service, program or activity provided by the facility or work site.

G. Agency Requirements

When providing interpreter or translator assistance, DHS and contracted agencies shall ensure competency of the language service provider.

1. DHS employees who perform interpretation or translation services must meet the requirements set forth for bilingual employees under the State of Illinois' Personnel Code, as well as all Language Assessment Test requirements of DHS.

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2. Individuals hired by DHS to perform contractual interpretation services must pass the Language Assessment Test that is required of all bilingual DHS staff.

H. Staff Requirements

1. When interacting with or serving an LEP person, staff shall:
 - a. Determine what language the individual speaks, if possible, and then consult the facility's Local Plan, which should specify the resources to contact for interpretation services.
 - b. Advise the individual, through an interpreter or through a posted advisory notice, that free interpreter services are provided even if the individual wishes to use his or her own interpreter;
 - c. Advise the individual, through an interpreter, that although an individual may provide his or her own interpreter, DHS may also provide an interpreter;
 - d. Document in the file, virtual or otherwise, that the individual is an LEP person and the language the individual speaks;
 - e. Send no correspondence (forms or letters) that contain a statement instructing the individual to bring an interpreter, nor at any time instruct the individual to bring an interpreter with him or her.
2. For information concerning translation of DHS forms, brochures or other materials into Spanish or other languages, see Administrative Directive 01.10.01.010, Translations.

I. Testing for Contractual Interpreters

1. The Language Assessment Test is meant to ensure that all contractual interpreters:

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- a. Demonstrate the proficiency and ability to communicate information accurately in both English and the other language;
 - b. Have knowledge in both languages of any specialized terms or concepts specific to a program or activity and of any particular vocabulary and phraseology used by the LEP person;
 - c. Understand and follow confidentiality and impartiality rules to the extent their position requires; and
 - d. Understand and adhere to their role as an interpreter without deviating into a role as a counselor, advocate, or other roles.
2. If the interpreter speaks Spanish, the Language Assessment Test will be conducted by DHS.
 3. For all other languages, the Language Assessment Test will be conducted by Heartland Alliance or any entity contracted to conduct the Language Assessment Test for DHS.

J. Code of Conduct

All interpreters shall adhere to the Code of Conduct. The Code of Conduct provisions shall be contained in all contracts with Contractual Interpreters. All other interpreters shall provide written acknowledgment that they received a copy of the Code of Conduct provisions, understood the provisions and will adhere to them. The Code of Conduct is intended to encourage appropriate and professional interaction with customers, and to ensure that DHS personnel and contracted agencies fulfill their responsibilities to provide meaningful language access to programs, services and activities for eligible LEP persons under existing law.

1. Interpreters shall:
 - a. Be prohibited from soliciting payment for services from individuals, nor shall they market their services to LEP persons;

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- b. Always perform their services thoroughly and precisely, neither adding or omitting information, giving consideration to linguistic variations, grammar and syntax for both languages in both source and target languages;
 - c. Demonstrate cultural sensitivity and respect of the individual(s) they serve;
 - d. Not divulge any personal or confidential information about the individual obtained through their assignments, including but not limited to, information gained through access to documents or other written materials;
 - e. Prior to the delivery of any services, disclose to DHS and the individual any real or perceived conflicts of interest which would affect objectivity in the delivery of services. Providing interpreting or translation services for family members or friends may violate the individual's right to confidentiality or constitute a conflict of interest.
 - f. Not serve in any matter in which the interpreter has any interest, financial or otherwise, in the outcome;
 - g. Not counsel, refer, give advice, or express personal opinions to individuals for whom they are interpreting, or engage in any other activities which may be construed to constitute a service other than interpreting;
 - h. Immediately withdraw from encounters they perceive as violations of this Code of Conduct. Any violation of the Code of Conduct may cause termination of the interpreter's contract;
 - i. Always be neutral, impartial and unbiased. Interpreters shall not discriminate on the basis of gender, disability, race, color, national origin, age, socio-economic or educational status, or religious, political, or sexual orientation. If the interpreter is unable to perform

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in a given situation because of cultural issues as mentioned above, the interpreter shall withdraw from the assignment without threat of retaliation;

- j. Assess at all times their ability to interpret. Should an interpreter have any reservation about their competency, they must notify DHS and offer to withdraw from interpreting. An interpreter may remain until a more appropriate interpreter is secured; and
- k. Interpreters shall be punctual, prepared, and dressed in a professional manner that is considered appropriate for the duties they perform.

K. Reimbursement for Contractual Interpreters

Contractual Interpreters shall receive a uniform hourly wage for all provision of language interpretation and translation services.

L. Development of the LEP Customer Service Plan (Local Plan)

- 1. Each facility or work site that serves LEP persons will develop a Local Plan utilizing the agency template. This Local Plan will serve as a resource for DHS personnel at key points of contact, and will serve to improve access to programs, services and activities. The Local Plan must include, but not be limited to:
 - a. A list of bilingual employees and how to utilize their language skills at key program points of entry;
 - b. A procedure to utilize the DHS Language Bank as needed;
 - c. The method or process used to contract for interpreter services, including telephone interpreter services;
 - d. A comprehensive list of resources available for language services, including but not limited to: bilingual staff, Outreach and

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Interpretation Project providers, community-based organizations, local partners, faith-based organizations, front-door partners, and university/organizational partners;

- e. Instructions for direct service providers on how to access and provide services for LEP persons, including those requiring sign language services, TTY services, and/or CART services;
 - f. A process to engage qualified community volunteers. When possible, volunteer interpreters shall be provided with the same interpreter training as bilingual employees;
 - g. Establish a process to familiarize all staff with universal compliance and best practice standards established by DHS.
- 2. Each Local Plan shall be consistent with the standards set forth in the LEP Federal Register Guidance (Please see Federal Register citations in the Authority section) based on local needs, and identify predominant languages. It shall also include steps the facility or work site shall take to ensure that eligible LEP persons can meaningfully access programs and activities. A copy of each Local Plan developed and implemented shall be sent to the DHS Bureau of Civil Affairs (BCA), 401 S. Clinton, Chicago, IL 60607, which serves as the central repository of such Plans.
 - 3. Each facility or work site shall conduct reviews of the Local Plan annually and update the Local Plan at least every two (2) years to ensure that the Local Plans are serving the needs of the local LEP community.

M. Compliance

1. Responsibility

It is the responsibility of each facility or work site where individuals are served to ensure that the mandates of this Directive are carried out. The Bureau of Civil Affairs (BCA) will verify that each facility and work site has

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submitted a Local Plan as required and will provide periodic reports to DHS administration regarding on-going compliance.

2. Resolution

Any individual who believes he or she has not received appropriate services because of his or her limited English proficiency, has the right to seek satisfactory resolution. BCA may be contacted for such resolution as follows:

Chicago: 401 S. Clinton, 4th Floor
(312) 793-1862 (Voice)
(312) 793-3628 (TTY)

Springfield: 509 W. Capitol, 1st Floor
(217) 524-7068 (Voice)
(217) 557-7757 (TTY)

East St. Louis: 10 Collinsville Ave., 1st Floor
(618) 583-2074 (Voice)
(618) 875-6821(TTY)

Authorized by:

(Signature on File)

Carol L. Adams, Ph.D.
Secretary

Appendix D: Administrative Directives:
Bilingual Pay



*ADMINISTRATIVE
DIRECTIVE*

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Effective: 12/15/06

Revised: 12/07/07

Section: Human Resources

Subsection: General Provisions

Subject: Bilingual Pay

Authority: "Protocol for the Provision of Bilingual Pay," Memorandum from DHS Secretary Carol L. Adams, July 18, 2006 and May 11, 2007; Personnel Code [20 ILCS 415/8a.2]; Applicable Collective Bargaining Unit Agreement.

Policy Statement

It is the policy of the Department of Human Services (DHS) to provide bilingual pay to employees to ensure that DHS services, in accordance with federal requirements, are accessible to all people, including persons with limited English proficiency. This Directive will not affect the position descriptions of current employees whose position descriptions are coded as bilingual and does not pertain to employees who receive bilingual pay for American Sign Language (ALS) or Braille. This Directive applies to those employees who petition DHS to receive bilingual pay or for newly created positions. Bargaining unit employees shall be subject to the applicable collective bargaining agreement.

Definition

"Bilingual Pay." A monthly salary increase of five (5) percent of an employee's base salary, or \$100 per month, whichever is greater, based on his or her demonstrated ability to effectively communicate in a language other than English.

Procedures

I. Criteria for Receiving Bilingual Pay

- A. The criterion for the receipt of bilingual pay, effective as of July 31, 2007, is that the employee's position description must be coded as a bilingual position. Bargaining unit employees shall be subject to the applicable collective bargaining agreement.
- B. DHS will use the following criteria for coding an employee's job description as

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bilingual:

1. The employee must use a language other than English for the purpose of completing the work outlined in his or her position description for more than ten (10) percent of his or her workweek;
 2. The employee must have passed the DHS Language Proficiency Test;
 3. The employee must have an approved **Petition to Receive Bilingual Pay** form (**IL 444-4210**) in order to receive bilingual pay; and
 4. The employee must have an approved **Bilingual Pay Authorization** form (**IL 444-4225**) in order to receive bilingual pay.
- C. Employees who currently receive bilingual pay will not be required to take or retake DHS' Language Proficiency Test.
- D. All employees who receive bilingual pay may be required to take DHS-provided interpreter training.

II. Language Proficiency Testing

DHS will test each employee before he or she is approved to receive bilingual pay. The Bureau of Recruitment and Selection (BRS), in the Office of Human Resources (OHR), will coordinate the testing. The Language Proficiency Test will have a written and an oral section and is designed to assess a person's ability to effectively communicate in a language other than English while performing duties for DHS.

III. Petitioning

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- A. An employee or supervisor who feels that he or she, or his or her employee, should be receiving bilingual pay and currently does not, may complete the **Petition to Receive Bilingual Pay** form (IL444-4210), and the **Bilingual Pay Authorization** form (IL444-4225), thereby requesting that the employee be administered the proficiency test. The employee's position description will be re-coded if necessary.
 - B. The supervisor of the employee requesting bilingual pay must approve or deny the **Petition to Receive Bilingual Pay** form (IL444-4210) based on a review of the employee's position description and the employee's percentage of time using his or her bilingual skills in performing job duties. An approved **Petition to Receive Bilingual Pay** form (IL444-4210) must have the authorizing signatures of the employee, his or her supervisor, and the facility director or local office administrator (if applicable).
 - C. The supervisor of the employee requesting bilingual pay must complete the **Bilingual Pay Authorization** form (IL444-4225) based on a review of the employee's position description and the employee's percentage of time using his or her bilingual skills in performing job duties. An approved **Bilingual Pay Authorization** form (IL444-4225) must have the authorizing signatures of the supervisor.
 - D. The supervisor must send all completed **Petition to Receive Bilingual Pay** forms (IL444-4210) and **Bilingual Pay Authorization** forms (IL444-4225) to the Division Human Resources liaison. The Human Resources liaison will review all completed **Petition to Receive Bilingual Pay** forms (IL444-4210) and **Bilingual Pay Authorization** forms (IL444-4225), and approve or disapprove. All approved **Petition to Receive Bilingual Pay** forms (IL444-4210) and **Bilingual Pay Authorization** forms (IL444-4225) must include the authorizing signature of the Human Resources liaison.
 - E. The Division Human Resources liaison must send all completed **Petition to Receive**

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Bilingual Pay forms (IL 444-4210) and Bilingual Pay Authorization forms (IL 444-4225) to BRS. BRS will then follow up with the employee and schedule a time to administer the proficiency test.

- F. If the employee passes the proficiency test, OHR, Bureau of Employee Services (BES), will be notified so that the necessary changes to the employee's position description can be made.
- G. If the petitioning employee does not pass the proficiency test, he or she has the option of retaking the test thirty (30) days after the date of his or her previous attempt. The employee will be allowed to take the proficiency test up to three (3) times. After three (3) attempts at passing the proficiency test, DHS will require the petitioner to demonstrate some form of language skill acquisition (i.e., a college course, a language course, etc.). Upon completion of the language skill acquisition, the employee will be required to pass the proficiency test. If the employee passes the proficiency test, OHR, Bureau of Employee Services (BES), will be notified so that the necessary changes to the employee's position description can be made. The petitioning employee must pass the proficiency test before he or she is eligible to receive bilingual pay.
- H. The petitioning employee will begin to receive bilingual pay upon the successful re-coding of the employee's position description.
- I. An employee, if transferred to a different position, will not automatically continue to receive bilingual pay. The description accompanying the new position must be coded as bilingual.

IV. Contact for Further Information

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For further information in regard to this Directive, please contact:

Bureau of Recruitment and Selection
Office of Human Resources

401 S. Clinton, 3rd Floor
Chicago, Illinois 60607
Voice: (312) 793-3422
Fax: (312) 793-3756
TTY Relay: (800) 526-0844

511 W. Capitol, 2nd Floor, Suite 100
Springfield, Illinois 62704
Voice: (217) 782-9605
Fax: (217) 782-9676
TTY Relay: (800) 526-0844

Authorized by:

(Signature on File)

Carol L. Adams, Ph.D.
Secretary

FAMILY COMMUNITY RESOURCE CENTER

CUSTOMER SERVICE PLAN

FOR

LIMITED ENGLISH PROFICIENT (LEP) PERSONS

Local Office: _____

Local Office Administrator: _____

Plan Last Updated:

6/26/2006

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LANGUAGE AND COMMUNITY RESOURCES FOR LEP SERVICES

On site Bilingual staff

	Name	Title/Dept.	Phone #	Availability	Language(s)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Immigrant Liaison

The Immigrant Liaison can assist with identifying and accessing resources, and with questions on eligibility requirements for services.

The Immigrant Liaison for this office is:

Name	Title/Dept.	Phone #	Availability	Language(s)

Interpreter Bank

Contact at 312-793-4306, Monday through Friday from 8:30 am to 5:00 pm.

The Interpreter Bank offers assistance in the following languages:

Albanian	Farsi	Laotian	Romanian	Thai
Arabic	French	Macedonian	Russian	Turkish
Assyrian	German	Malayalam	Sanskrit	Ukrainian
Bosnian	Greek	Pashto	Somalian	Urdu
Bulgarian	Gujarati	Persian	Spanish	Vietnamese
Cambodian	Hindi	Polish	Swahili	
Chinese	Italian	Portuguese	Tagalog	
Dunjabi	Korean	Punjabi	Tamil	

Outreach and Interpretation Project (O&I Project)

The Outreach and Interpretation Project (O&I Project) forms a contractual partnership between immigrant-serving agencies in the State of Illinois, the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) and the Illinois Department of Human Services (IDHS) to support immigrant access to public benefits.

The goal of the Outreach and Interpretation Project (O&I) is to ensure that immigrant families and other limited English-speaking persons in Illinois are able to thrive by reducing the barriers that low-income immigrants and their children face when seeking public benefits and services (nutritional, medical, housing, psychological, childcare, employment) as well as the cash support they need for proper health, well-being and economic self-sufficiency.

O&I providers serving this office are available for assistance with various languages.

Name of Organization	Contact Person	Phone #	Language(s)

Community-based organizations/local partners

Name of Organization	Contact Person	Phone #	Language(s)

Faith-Based Organizations

Name of Organization	Contact Person	Phone #	Language(s)

Front-door partners

Name of Organization	Contact Person	Phone #	Language(s)

University/organizational partners

These partners are available for additional support with sign language services

Name of University or Organization	Contact Person	Phone #	Availability

Language Script

Utilize appropriate language script (443201 or 443201A) to communicate with customer.

These scripts offer the phonetic pronunciation of phrases in Spanish that can assist you in connecting a LEP Spanish speaker with services.

Please note these scripts should be utilized only as a final option, should you be unable to obtain assistance from bilingual staff, immigrant liaisons, the Interpreter Bank, or the Outreach and Interpretation Project providers.

TTY procedure

Designated staff will be trained to use the TTY equipment.

Arranging/Requesting a Sign Language Interpreter

Designated staff will follow procedures to request and schedule a sign language interpreter.

The Bureau of Accessibility and Safety Systems will seek to match the skills of the interpreter with the requirements of the situation and will send you a confirmation with the name of interpreter provided.

Introduction

Limited English Proficient (LEP) persons are individuals who cannot speak, read, write or understand the English language at a level that permits them to interact effectively with others. In order to guarantee that these households are given meaningful access to our services, each facility must be in compliance with Administrative Directive 01-01-01-060, Provision of Interpretive Services for Limited English Proficient Persons (LEP) and Administrative Directive 01-08-01-040 Provision of Sign Language Interpreters and Cart Services.

Staff shall follow the principles of cultural competence when assisting our customers. Guidelines for best practices as related to cultural competency can be referenced under Section 9 of this plan.

Cultural competence is defined by the U.S. Department of Health and Human Services' Office of Minority Health as:

[A] set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).

Guidelines for best practices as related to cultural competency can be referenced under Section 8 of this plan.

The eight sections of this office plan provide guidance and resources for serving LEP persons and include recommendations on Best Practices. This guide is to be utilized by all staff and should be referenced often.

1. INITIAL CONTACT

A. Switchboard / Call Center

Greet customer/caller and engage them- inquire how you may be of assistance.

Determine if customer/caller is LEP:

Customer/caller may self-identify as LEP

Customer/caller may request, in a non-English language, assistance in a language other than English

Customer/caller may request, in English, assistance in a language other than English

Identify language needed by the customer

Identify resource /s that can provide interpreter or sign language services in order to assist customer. The language resources include on-site bilingual staff, contractual interpreters, Interpreter Bank, Outreach and Interpretation Project providers, etc.

Language Script

Utilize appropriate language script (443201 or 443201A) to communicate with customer.

These scripts offer the phonetic pronunciation of phrases in Spanish that can assist you in connecting a LEP Spanish speaker with services.

Please note these scripts should be utilized only as a final option, should you be unable to obtain assistance from bilingual staff, immigrant liaisons, the Interpreter Bank, or the Outreach and Interpretation Project providers.

TTY procedure

Designated staff will be trained to use the TTY equipment.

Arranging/Requesting a Sign Language Interpreter

Designated staff will follow procedures to request and schedule a sign language interpreter.

The Bureau of Accessibility and Safety Systems will seek to match the skills of the interpreter with the requirements of the situation and will send you a confirmation with the name of interpreter provided.

B. Reception / Front Desk

Greet customer in English and engage them- welcome them to the office, inquire how you may be of assistance, etc.

Determine if customer/caller is LEP:

Customer/caller may self-identify as LEP

Customer/caller may request, in a non-English language, assistance in a language other than English

Customer/caller may request, in English, assistance in a language other than English

Identify language needed in order to assist customer.

Customer may request language verbally or may choose their language preference by indicating on the multi-language poster (DHS 4007) or the multi-language desk sign at the front desk (Card 1550).

Identify in-house bilingual staff or external language resource(s) available to assist customer.

Utilize appropriate language script (443201 or 443201A) to communicate with customer only as a final option, should you be unable to obtain assistance from bilingual staff, the Immigrant Liaison, Interpreter Bank, or Outreach and Interpretation Project providers

2. INTAKE AND REFERRAL

Ensure that customer has been correctly coded in the system on Form 552, Authorization of Assistance Action, indicating their language preference

In order to provide accurate and timely service, properly coding a case on Form 552, Authorization of Assistance Action, alerts a caseworker to the language needs for the case.

It is vital to properly code LEP cases on the Form 552, as this confirms that correspondence will be issued to customers in the appropriate language. Ensure that all mandated materials are available to customers in all appropriate languages.

Applications, brochures, and pamphlets are available in various languages from DHS.

Brochures and fact sheets explaining DHS services can also be accessed online at the Illinois Coalition for Immigrant and Refugee Rights' website for the Outreach and Interpretation Project at <http://icirr.org/outreach.htm>

3. CASE MANAGEMENT/SERVICE COORDINATION

The policy for addressing case management and service coordination is the same whether the customer is a LEP person or not; however, in the case of an LEP customer, the following must be addressed in order to ensure meaningful access:

It is every staff member's responsibility to be familiar with the process for assisting LEP customers with their case management and service coordination.

This includes knowing who the bilingual staff in the office is and knowing how to access them for the purpose of assisting LEP customers.

Staff will ensure that all cases are correctly coded on Form 552, Authorization of Assistance Action for language indicator.

Caseworker shall ensure that all case write-ups and/or notes indicate the customer's language preference and indicate the need for an interpreter or bilingual staff member to assist.

The case write up, Information on a Case History (Form 514), shall be transposed from the intake application to the case file upon approval of the case at intake. In the AIS system, under Option "P," the option "Y" should be input in order to transpose the write up.

Notations on LEP customer needs should be affixed to files in such a way as to be clearly visible and readily available.

In preparation for re-determination, caseworkers will confirm that all necessary preparations have been made for the LEP customer file to be turned over, including comprehensive notations and coding indicating the LEP customer's needs. This will ensure timely and appropriate service.

Cases that are housed at our local office that are for customers being served by other agencies, i.e. Healthcare and Family Services (All Kids, etc.) shall be correctly coded as well.

Follow procedures to offer the services of a certified sign language interpreter for deaf customers. Staff are to ask customer if they wish for us to provide an interpreter. With input from the customer, they will determine the type of interpreter needed, whether American Sign Language or Signed English.

Should the customer request service on a day when service in their language is not available on-site, then the customer will either:

1) be provided service through the use of the Interpreter Bank or O&I resources

and/or

2) be given another appointment when the language service will be available

4. CUSTOMER CONCERNS, APPEALS, AND GRIEVANCES

The policy for addressing customer concerns, appeals, and grievances is the same whether the customer is LEP or not; however, in the case of an LEP customer, the following must be addressed in order to ensure meaningful access:

A. Customer Concerns

Should an LEP customer wish to make an inquiry or share a concern, proper steps will be taken to ensure that the concern(s) are being correctly understood. This will occur with the aid of resources available.

B. Customer Appeals

In preparation for the appeal hearing, the customer's file will be reviewed to determine what the language need is for the customer.

It will be ensured that interpreter services are available via bilingual staff, the Interpreter Bank, or O&I resources. Staff will conduct proper scheduling to make these resources available for the scheduled hearing.

C. Customer Grievance

The grievance policy for Human Capital Development will be followed in these situations.

Caseworker or staff will verify that the LEP customer has been informed that interpreter services are available to assist with communicating their grievance. It will also be communicated to the LEP customer that he or she may also provide his or her own interpreter, though their interpreter may not be the same interpreter used by DHS.

Should a customer complete the grievance form in a language other than English, his or her comments will be translated into English by a manager other than the hearing officer.

When scheduling the pre-hearing, proper arrangements will be made to have an interpreter or interpreter services available for the LEP customer.

LEP customers will receive written notice of the determination of their grievance. This follow up letter will be issued in available languages other than English, where appropriate.

5. VIDEO, AUDIO AND WRITTEN MATERIALS

The following items are available in languages other than English and should be utilized as mandated and/or needed in order to provide meaningful access to IDHS services.

- Application forms and attachments, including but not limited to:

IL444-0565NS (R-4-05) - Applying for Benefits (Spanish)

IL444-2378BS - Request for Cash Assistance – Medical Assistance –Food Stamps (Spanish)

683S - Food Stamp Application (Spanish)

IL444-3680 Declaration of Employment

IL444-2781 Attachment to All Food Stamp Applications Regarding Citizenship/Immigration Status

IL444-3162 Declaration Regarding Citizenship/Alien Status

IL444-0267 Instructions to Client

IL444-0267S Instructions to Client (Spanish)

SSA 3288 Consent for Release of Information Form (A Social Security Administration Form)

- Pamphlets and brochures, including but not limited to:

DPA 3337s	Crisis Assistance Programs and Expedited Service
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DPA 124DS	Food Stamp Program Brochure
-----------	-----------------------------

DPA 377S	Appeals and Fair Hearings
----------	---------------------------

DPA 592S	Civil Rights Brochure
----------	-----------------------

WCS 9033	FSN-182S USDA Food Assistance- Spanish
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- Mandated posters
- Notices
- LINK Video
- Phone recorded message
- Form Letters
- Public Notices on office closures in all available languages
- Questionnaires
- Directory of local area resources
- Illinois Coalition for Immigrant & Refugee Rights (ICIRR) website:
<http://icirr.org> for Outreach & Interpretation Project for the following:

Brochures

1. Temporary Assistance for Needy Families (TANF)
2. Food Stamp Program
3. Aid to the Aged, Blind or Disabled (AABD)
4. General Assistance/Transitional Assistance (GA/TA)
5. Medicaid
6. Affordable Child Care (ACC)

TANF: Arabic, Bosnian, Chinese, English, Hindi, Korean, Polish, Russian, Spanish, Vietnamese

Food Stamps: Arabic, Bosnian, Chinese, English, Hindi, Korean, Polish, Russian, Spanish, Vietnamese

AABD: Arabic, Bosnian, Chinese, English, Hindi, Korean, Polish, Russian, Spanish, Vietnamese

GA/TA: Arabic, Bosnian, Chinese, English, Hindi, Korean, Polish, Russian, Spanish, Vietnamese

Medicaid: Arabic, Bosnian, Chinese, English, Hindi, Korean, Polish, Russian, Spanish, Vietnamese

ACC: Arabic, Bosnian, Chinese, English, Hindi, Korean, Polish, Russian, Spanish, Vietnamese

IDHS Fact Sheets describing IDHS services:

Developmental Disabilities Services: Chinese, English, Polish, Spanish

Domestic Violence Victim Services: Arabic, Chinese, English, Polish, Spanish

Early Intervention: Arabic, Chinese, English, Polish, Spanish

Food Stamps: Chinese, English, Polish, Spanish

Healthy Families Illinois: Arabic, Chinese, English, Polish, Spanish

Home Services Program: Chinese, English, Polish, Spanish

KidCare: Chinese, English, Polish, Spanish

Medicaid: Arabic, Chinese, English, Polish, Spanish

Mental Health Services: Chinese, English, Polish, Spanish

Sexual Assault and Prevention Program: Chinese, English, Polish, Spanish

WIC: Arabic, Chinese, English, Polish, Spanish

6. POLICY AND PROCEDURES REVIEW

A. Staff

The policy for ensuring customers have been made aware of their rights and responsibilities is the same whether the customer is LEP or not; however in the case of an LEP customer, the following must be addressed in order to ensure meaningful access:

- Non-citizen policy is to be reviewed with staff at regular training sessions.
- Policy on new initiatives, regulations, and laws will be reviewed with staff in a timely manner.
- Staff will refer to and follow the Customer Service Local Office Plan for Limited English Proficient (LEP) Persons.
- Policy will be adhered to and reviewed regarding interpreter requirements.
- Staff will follow mandated policy on Customer Rights and Responsibilities as posted publicly (DHS 4215).
- Staff will refer to PM/WAG 02-04-01 on policy and procedure for sharing information with customers.
- Staff will follow regular procedure on updating brochures to be made available to LEP customers, including posting prominently and visibly.
- Staff will not tell customers they must bring their own interpreter.
- Staff will inform customers that interpreters are available free of charge.

- Post signs that indicate that free interpreter services are available.
- Do not use children under 18 years of age as interpreters.
- Staff will offer an interpreter even if the customer brings someone to interpret.
- Document in the case record that the customer preferred to use his/her own interpreter.
- Document in the case record that you used your bilingual skills when assisting a client/customer.
- Make sure that LEP posters are on display in the reception area and visible to the customer/client.
- Use a speaker phone in a confidential setting/location when you need to use interpreters via phone.
- When making a home visit or a client/customer has an appointment, read the case file to determine if an interpreter is needed. Case must be coded by primary spoken language.
- If the case is coded for interpreter services, make sure that correspondence is sent in the customer's/client's language.
- Make sure that office staff are trained to use TTY equipment/machine.
- Be aware of sign language policy and the procedure to be followed.
- If the customer/client is illiterate, provide assistance in completing and/or reading the forms and notices.

B. Customers

The policy for ensuring customers have been made aware of their rights and responsibilities is the same whether the customer is LEP or not; however in the case of an LEP customer, the following must be addressed in order to ensure meaningful access:

- Caseworker shall ensure that the customer has received the appropriate applications, pamphlets, and any other documentation in the customer's language, when available.

- Caseworker shall make all efforts to ensure the customer understands their rights and responsibilities by engaging interpreter services to explain these rights and responsibilities.
- Caseworkers shall provide LEP customers with their caseload number as well as the office phone number, such that the customer may have a means of contacting their most current caseworker.

7. COMPLIANCE AND MONITORING

Local Office Administrators and Managers will:

- Ensure all staff adhere to the policies outlined above as well as any policies applicable to LEP persons
- Ensure that all LEP customers are assisted in a timely manner. Be ready to assist with securing interpreter services at first indication that a customer needs assistance.
- Be familiar with all local agencies that advocate for immigrants in order to assure that all potential interpreter services are available to your staff.
- Ensure that bilingual caseworkers are available to assist with managerial involvement during customer concerns, grievances, and appeals.
- Be familiar and adhere to Administrative Directive 01-01-01-060, "Provision of Interpreter Services for Limited English Proficient Persons."
- Offices will partake in the Family Community Resource Center Survey for Limited English Proficient Persons, a yearly office survey detailing services offered to LEP persons, as decreed by the Perdomo-Quiñones Consent Decree.
- The FCRC Customer Service Plan shall be submitted electronically by Division Directors to the Bureau of Civil Affairs, with copies to the Assistant Secretary for Programs, the Bureau of Refugee and Immigrant Services, and the Office of Hispanic/Latino Affairs.

8. BEST PRACTICES FOR PROVIDING SERVICES TO LEP PERSONS

- Make your supervisor aware of any forms that you feel should be translated in order to make the services more accessible to LEP persons
- If customer provides an interpreter, ensure that interpretation is proper and provide interpreter service even if customer chooses to continue with their own interpreter.

- Request and record feedback from resource providers.
- Communicate and evaluate plan with immigrant liaisons.
- Collect and evaluate feedback from quality-control calls to offices.
- Customer satisfaction surveys.
- Customer comments boxes.
- The Local Office Administrator (LOA) should determine when it is appropriate to use the phonetic Spanish script(s), and should ensure that staff have been trained on how to use the script(s).
- Ensure that all mandated materials, including posters and forms, are reviewed regularly for updated or most current versions.
- Staff will note that training on cross-cultural communication is available through the Division's Bureau of Staff Development.
- Staff will be made aware of regional conferences addressing the needs of LEP persons , such as those organized by the Illinois Association of Agencies and Community Organizations for Migrant Advocacy (IAACOMA), the Illinois Association of Minorities in Government (IAMG), and the Illinois Association of Hispanic State Employees (IAHSE).

The following guidelines can be referenced when practicing cultural competency:

- Learn from generalizations about other cultures, but do not use those generalizations to stereotype, or oversimplify your ideas about another person.
- Practice, practice, practice. That is the first rule, because by doing we actually get better at cross-cultural communication.
- Do not assume that there is one right way (yours!) to communicate. Keep questioning your assumptions about the "right way" to communicate. For example, think about your body language; postures that indicate receptivity in one culture might indicate aggressiveness in another.
- Do not assume that breakdowns in communication occur because other people are on the wrong track.
- Listen actively and empathetically. Try to put yourself in the other person's shoes. Especially when another person's perceptions or ideas are very different from your own.

- Respect others' choice about whether to engage in communication with you. Honor their opinions about what is going on.
- Stop, suspend judgment, and try to look at the situation as an outsider.
- Be open to learning more about others. Honest acknowledgment of the mistreatment and oppression that have taken place on the basis of cultural difference is vital for effective communication.
- Remember that cultural norms may not apply to the behavior of any particular individual. We are shaped by many, many factors — our ethnic background, our family, our education, our personalities — and are more complicated than any cultural norm could suggest.

(Source: DHCD:BSD Facilitator's Guide & Keys: Effective Interviewing Techniques for Cross Cultural Communication, PH-8)

Appendix F: Language Data by Division

DIVISION OF ALCOHOLISM AND SUBSTANCE ABUSE

English not Primary Language
FY2008

	Services	Individuals in System
	13,664	7,324
Race/Ethnicity	Services	Individuals by Race/Ethnicity
American Indian	15	9
Alaskan Native	8	6
Asian	39	24
Pacific Islander	8	6
Black	3,569	2,342
White	3,513	1,732
Puerto Rican	1,447	724
Mexican	4,364	2,198
Cuban	40	24
Other Hispanic	476	216
Other Single Race	185	87

DIVISION OF DEVELOPMENTAL DISABILITIES

ROCS Analysis: RACE and PRIMARY LANGUAGE of DD Clients

January 2006			January 2009		
Race			Race		
ROCS-Code	ROCS Value	Individuals	ROCS-Code	ROCS Value	Individuals
10	White	32,095	10	White	35,417
20	Black/African American	9,803	20	Black/African American	10,226
30	Asian	590	30	Asian	679
40	American Indian/Alaskan Native	92	40	American Indian/Alaskan Native	116
50	Pacific Islander	75	50	Pacific Islander	111
90	Other	1,188	90	Other	961
99	Unknown	3,374	99	Unknown	4,560
	ROCS Value	47,217			52,070

Primary Language		
ROCS-Code	ROCS Value	Individuals
10	English	36,810
20	Spanish	1,021
30	Other Western European	3
40	Eastern European	1
41	Eastern European-Bosnian	2
42	Eastern European-Polish	11
43	Eastern European-Russian	4
50	Asian	10
51	Asian-Arabic	11
52	Asian-Chinese	8
53	Asian-Indian	3
54	Asian-Korean	5
55	Asian-Vietnamese	1
60	African	4
70	American Sign Language	42
90	Other	278
99	Unknown	9,003
		47,217

Primary Language		
ROCS-Code	ROCS Value	Individuals
10	English	40,587
20	Spanish	1,268
30	Other Western European	1
40	Eastern European	6
41	Eastern European-Bosnian	3
42	Eastern European-Polish	11
43	Eastern European-Russian	4
50	Asian	11
51	Asian-Arabic	15
52	Asian-Chinese	5
53	Asian-Indian	3
54	Asian-Korean	12
55	Asian-Vietnamese	1
60	African	6
70	American Sign Language	29
90	Other	275
99	Unknown	9,833
		52,070

Hispanic Origin (See Notes below)		
ROCS-Code	ROCS Value	Individuals
11	Mexican/Mexican American	1,430
12	Puerto Rican	178
13	Cuban	10
14	Central or South American	60
18	Other Hispanic	242
19	Unspecified Hispanic	177

Hispanic Origin (See Notes below)		
ROCS-Code	ROCS Value	Individuals
11	Mexican/Mexican American	1,430
12	Puerto Rican	178
13	Cuban	10
14	Central or South American	60
18	Other Hispanic	242
19	Unspecified Hispanic	177

Note-1: Hispanic origin individuals are included in Race and Primary Language counts.

Note-2: Code "19" is not a valid Hispanic-Origin code beginning with data entered in FY05

Prioritization of Urgency of Needs for Services (PUNS Data)
Count by Primary Language
January 2009

Language	All PUNS	Active PUNS
African	3	3
Arabic	10	6
Asian	3	2
ASL	13	11
Bosnian	3	3
Chinese	2	2
English	22,068	15,566
Eastern European	3	3
Korean	16	16
Other	153	125
OTH Western European	1	0
Polish	11	10
Russian	4	3
Spanish	504	429
Unknown	70	39
TOTAL	22,864	16,218

DIVISION OF COMMUNITY HEALTH AND PREVENTION

FY2003 All Languages								
	All		FCM		WIC		EI	
Language	Count	Percent	Count	Percent	Count	Percent	Count	Percent
TOTAL	704497	100.00	498196	100.00	496463	100.00	33102	100.00
ENGLISH	517640	73.48	364411	73.15	368110	74.15	28575	86.32
SPANISH	209095	29.68	144816	29.07	162243	32.68	5035	15.21
ARABIC	4398	0.62	3009	0.60	3556	0.72	90	0.27
POLISH	2557	0.36	2007	0.40	1274	0.26	122	0.37
CHINESE	1790	0.25	1158	0.23	1409	0.28	42	0.13
FILIPINO	887	0.13	550	0.11	642	0.13	36	0.11
VIETNAMESE	806	0.11	534	0.11	624	0.13	29	0.09
RUSSIAN	674	0.10	517	0.10	414	0.08	31	0.09
FRENCH	486	0.07	363	0.07	338	0.07	22	0.07
KOREAN	475	0.07	387	0.08	277	0.06	17	0.05
AUGMENTATIVE COMM	255	0.04	129	0.03	249	0.05	9	0.03
CAMBODIAN	124	0.02	79	0.02	100	0.02	5	0.02
GERMAN	121	0.02	95	0.02	72	0.01	11	0.03
JAPANESE	116	0.02	90	0.02	55	0.01	13	0.04
SIGN LANGUAGE	114	0.02	77	0.02	77	0.02	32	0.10
CANTONESE	47	0.01	38	0.01	34	0.01	3	0.01
ALBANIAN	3	0.00	3	0.00	2	0.00	0	0.00
INDIAN-ASIAN	1	0.00	1	0.00	1	0.00	0	0.00

FY2008 All Languages

	All		FCM		WIC		EI	
Language	Count	Percent	Count	Percent	Count	Percent	Count	Percent
TOTAL	694417	100.00	460827	100.00	534931	100.00	49221	100.00
ENGLISH	526801	75.86	352964	76.59	400436	74.86	41963	85.25
SPANISH	215911	31.09	136146	29.54	182789	34.17	9823	19.96
ARABIC	5741	0.83	3205	0.70	4931	0.92	254	0.52
POLISH	5492	0.79	4200	0.91	3098	0.58	316	0.64
CHINESE	2439	0.35	1653	0.36	2029	0.38	81	0.16
RUSSIAN	1087	0.16	787	0.17	717	0.13	68	0.14
FILIPINO	1038	0.15	565	0.12	839	0.16	58	0.12
FRENCH	894	0.13	633	0.14	729	0.14	59	0.12
VIETNAMESE	846	0.12	560	0.12	649	0.12	46	0.09
KOREAN	685	0.10	517	0.11	427	0.08	36	0.07
CAMBODIAN	142	0.02	117	0.03	109	0.02	4	0.01
GERMAN	139	0.02	102	0.02	78	0.01	20	0.04
SIGN LANGUAGE	119	0.02	73	0.02	89	0.02	30	0.06
JAPANESE	116	0.02	65	0.01	80	0.01	11	0.02
CANTONESE	93	0.01	58	0.01	72	0.01	9	0.02
AUGMENTATIVE COMM	30	0.00	15	0.00	16	0.00	0	0.00
INDIAN-ASIAN	11	0.00	8	0.00	10	0.00	0	0.00
BULGARIAN	6	0.00	6	0.00	6	0.00	1	0.00
ROMANIAN	6	0.00	3	0.00	4	0.00	0	0.00
ALBANIAN	5	0.00	5	0.00	5	0.00	0	0.00
AFRICAN	4	0.00	3	0.00	3	0.00	0	0.00
TAGALOG	3	0.00	3	0.00	3	0.00	0	0.00
ASIAN	2	0.00	0	0.00	2	0.00	0	0.00
EUROPEAN-EASTERN	2	0.00	1	0.00	2	0.00	0	0.00
UKRANIAN	2	0.00	1	0.00	1	0.00	0	0.00
EUROPEAN-WESTERN	1	0.00	1	0.00	0	0.00	0	0.00
GUJARATI	1	0.00	0	0.00	1	0.00	0	0.00
PORTUGUESE	1	0.00	1	0.00	1	0.00	0	0.00

FY2003 Participants With No English

	All		FCM		WIC		EI	
Language	Count	Percent	Count	Percent	Count	Percent	Count	Percent
SPANISH	134422	19.08	94175	18.90	103928	20.93	2923	8.83
CHINESE	721	0.10	505	0.10	578	0.12	6	0.02
ARABIC	558	0.08	410	0.08	384	0.08	10	0.03
POLISH	556	0.08	419	0.08	275	0.06	23	0.07
VIETNAMESE	169	0.02	121	0.02	121	0.02	9	0.03
RUSSIAN	115	0.02	87	0.02	68	0.01	3	0.01
KOREAN	92	0.01	76	0.02	59	0.01	2	0.01
FRENCH	81	0.01	48	0.01	53	0.01	2	0.01
AUGMENTATIVE COMM	53	0.01	29	0.01	52	0.01	1	0.00
SIGN LANGUAGE	40	0.01	21	0.00	26	0.01	18	0.05
FILIPINO	27	0.00	10	0.00	22	0.00	1	0.00
CANTONESE	22	0.00	19	0.00	19	0.00	0	0.00
JAPANESE	20	0.00	19	0.00	5	0.00	1	0.00
CAMBODIAN	14	0.00	8	0.00	9	0.00	1	0.00
GERMAN	10	0.00	7	0.00	5	0.00	0	0.00

FY2008 Participants With No English

	All		FCM		WIC		EI	
Language	Count	Percent	Count	Percent	Count	Percent	Count	Percent
SPANISH	132679	19.11	83071	18.03	113509	21.22	5900	11.99
CHINESE	1218	0.18	853	0.19	1053	0.20	12	0.02
POLISH	974	0.14	702	0.15	505	0.09	90	0.18
ARABIC	841	0.12	578	0.13	691	0.13	25	0.05
FRENCH	227	0.03	170	0.04	198	0.04	3	0.01
VIETNAMESE	154	0.02	108	0.02	119	0.02	5	0.01
RUSSIAN	149	0.02	88	0.02	109	0.02	14	0.03
KOREAN	85	0.01	56	0.01	52	0.01	3	0.01
CANTONESE	51	0.01	38	0.01	42	0.01	1	0.00
SIGN LANGUAGE	41	0.01	24	0.01	32	0.01	10	0.02
FILIPINO	31	0.00	16	0.00	22	0.00	2	0.00
CAMBODIAN	12	0.00	9	0.00	8	0.00	1	0.00
JAPANESE	9	0.00	5	0.00	7	0.00	0	0.00
AUGMENTATIVE COMM	8	0.00	1	0.00	7	0.00	0	0.00
GERMAN	7	0.00	7	0.00	2	0.00	0	0.00
AFRICAN	2	0.00	2	0.00	2	0.00	0	0.00
BULGARIAN	2	0.00	2	0.00	2	0.00	0	0.00
ASIAN	1	0.00	0	0.00	1	0.00	0	0.00
EUROPEAN-EASTERN	1	0.00	0	0.00	1	0.00	0	0.00
GUJARATI	1	0.00	0	0.00	1	0.00	0	0.00
ROMANIAN	1	0.00	1	0.00	1	0.00	0	0.00

DIVISION OF HUMAN CAPITAL DEVELOPMENT

BUREAU: Refugee and Immigrant Services FY2008 ANNUAL REPORT

Program Name	Program Funding (Amount Spent)	# Customers Served	Specific Outcomes Tracked
Refugee Social Services	\$3,429,550.00	6191 26 ethnicities	833 entered employment; 518 retained jobs 90 days; \$9.31 average wage; 692 with health benefits; 286 cash assistance terminated.
Refugee & Immigrant Citizenship Initiative	\$2,689,937.00	Unduplicated 11,127 103 nationalities	4116 applications filed; 21,117 (duplicated) students receiving instruction.
Outreach & Interpretation Services	\$1,675,000.00	19,618 cases 47 languages	52,872 persons receiving case mgmt; 14,530 persons receiving interpreter services; 98,327 persons receiving translation services.
Suburban Health Clinics	\$954,312.00	17,959 Spanish speaking	uninsured served (unduplicated)
Refugee Health Services	\$1,985,157.00	1,797	refugees screened
Refugee Seniors Initiative	\$245,211.00	171 unduplicated	814 services, including homemaker assistance, adult day services, caregiver support, LIHEAP, pharmaceutical assistance, and housing assistance
Refugee Children School Impact Aid (K-12)	\$497,401.00	1,350 unduplicated	1,113 case management 883 tutoring 292 mental health counseling
TOTAL FUNDING	\$11,476,568.00		

FCRC	266,449 LEP	25 plus languages
Emergency Food & Shelter	905 LEP	15 plus languages
Supportive Housing Program	86 LEP	10 plus languages

DIVISION OF MENTAL HEALTH

Admission/Transfer-Ins with Non-English as Primary Language

Date Range: 07/01/02 to 06/30/03

Site	Bilingual	English	Limited	Very Limited	No	Unknown	Total
			English	English	English		
Alton	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Chester	4	4	0	0	0	0	8
Chicago Read	196	73	36	17	65	0	387
Choate	0	1	0	0	2	0	3
Elgin	16	44	2	12	19	0	93
Madden	46	16	33	34	12	0	141
McFarland	0	0	2	0	0	0	2
Singer	8	3	5	2	3	0	21
Tinley Park	6	5	9	3	9	0	32
TDF (Joliet)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL	276	146	87	68	110	0	687

Date Range: 07/01/07 to 06/30/08

Site	Bilingual	English	Limited	Very Limited	No	Unknown	Total
			English	English	English		
Alton	0	0	0	0	0	0	0
Chester	2	4	0	1	2	0	9
Chicago Read	92	86	12	19	43	0	252
Choate	0	0	0	0	0	0	0
Elgin	12	16	3	5	8	0	44
Madden	119	33	42	68	103	0	365
McFarland	2	0	1	1	0	0	4
Singer	2	10	1	2	2	0	17
Tinley Park	49	0	2	0	0	0	51
TDF Rushville	0	1	0	0	0	26	27
TOTAL	276	152	61	96	158	260	769

MENTAL HEALTH CLIENTS RECEIVING SERVICES

07-01-2007 through 06-30-2008

In the community (ROCS System)

Interpreter Services Needed by Primary Language

Primary Language Description	Interpreter Not Needed	American Sign Language Needed	Foreign Language Needed	Unknown Need	Number of Clients
English	151,078	214	317	26,454	178,063
Spanish	5,043	23	1,690	1,556	8,312
Other Western European	38		3	3	44
Eastern European	48	1	7	3	59
Bosnian	21	3	40	3	67
Polish	91		85	14	190
Russian	24		14		38
Asian	38		38	8	84
Arabic	29	1	31	4	65
Chinese	22		50	7	79
Indian	9		88		97
Korean	20		20		40
Vietnamese	17		60	3	80
African	31		31	4	66
American Sign Language	19	175		23	217
Other	536	26	223	519	1,304
Unknown	8,302	12	38	1,068	9,420
TOTALS	165,366	455	2,735	29,669	198,225

DIVISION OF REHABILITATION SERVICES

Race and Preferred Language by Program

2004

Home Services Program

RACE	ENGLISH	SPANISH	ASL	OTHER	TOTALS
White	9,208	20	3	6,504	15,735
African American	7,614	19	0	4,674	12,307
Asian	103	1	1	176	281
American Indian	57	0	0	67	124
Hispanic	320	308	1	561	1,190
Hawaiian/Pac Islander	16	2	0	2	20
Multiple Race	311	227	0	210	748
Total Individuals Served					30,405

Vocational Rehabilitation

RACE	ENGLISH	SPANISH	ASL	OTHER	TOTALS
White	22,515	28	213	2,184	24,940
African American	10,919	13	79	746	11,757
Asian	362	0	15	109	486
American Indian	86	0	1	28	115
Hispanic	1,005	260	8	166	1,439
Pacific Islander	42	2	0	6	50
Multiple Race	1,276	357	47	85	1,765
Total Individuals Served					40,552

Race and Preferred Language by Program 2008

Home Services Program

Preferred Language	Number
Total Arabic	112
Total Bosnian	16
Total Cantonese	3
Total English	23,935
Total Gujarati	4
Total Japanese	3
Total Korean	10
Total Lithuanian	1
Total Other	260
Total Polish	30
Total Russian	91
Total Serbian	2
Total Sign Language	11
Total Spanish	877
Total Tagalog	2
Total Unknown	5,466
Total Urdu	8
Total Vietnamese	5
HSP Total Cases	30,836
HSP Total Non-English	6,901
HSP Percent Non-English	22.4
HSP Total Cases excluding "Unknown"	25,370
HSP Total Non-English excluding "Unknown"	1,435
HSP Percent Non-English excluding "Unknown"	5.7

Vocational Rehabilitation

Preferred Language	Number
Total Arabic	8
Total Bosnian	1
Total Cantonese	3
Total English	25,238
Total Gujarati	2
Total Japanese	1
Total Korean	1
Total Other	49
Total Polish	13
Total Russian	5
Total Serbian	1
Total Sign Language	601
Total Spanish	356
Total Tagalog	3
Total Unknown	453
Total Urdu	7
Total Vietnamese	1
VR Total Cases	26,743
VR Total Non-English	1,505
VR Percent Non-English	5.6
VR Total Cases excluding "Unknown"	26,290
VR Total Non-English excluding "Unknown"	1,052
VR Percent Non-English excluding "Unknown"	4.0



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Programs, activities and employment opportunities in the Illinois Department of Human Services are open and accessible to any individual or group without regard to age, sex, race, sexual orientation, disability, ethnic origin or religion. The department is an equal opportunity employer and practices affirmative action and reasonable accommodation programs.