

Linguistic and Cultural Competency Plan

Name of Provider:

Date:

Name of Designated LCC Program Coordinator:

Linguistic and Cultural Competency Plan

The purpose of the Linguistic and Cultural Plan is to assist agency providers in their strategic planning efforts to ensure that their program areas have the ability to serve those who are Limited- English Proficient (LEP) .

Part 1

Linguistic and Cultural Competency Assessment (LCC Assessment)

The LCC Assessment is the first component of the Linguistic and Cultural Competency Plan.

Element 1: Assessment: Needs and Capacity

The following questions will guide organizations assessing their current capacity to provide meaningful access to services for persons with Limited English Proficient (LEP) or individuals with hearing, vision and speech disabilities.

Persons who are Limited English Proficient or “LEP” -do not speak English as their primary language and have a limited ability to read, speak, write, or understand English. These individuals may be entitled language assistance with respect to a particular type or service, benefit, or encounter.

The assessment should include the *Four- Factor Analysis* for LEP:

- Factor 1: The number or proportion of eligible LEP customers,
- Factor 2: The frequency of contact with LEP Customers,
- Factor 3: The importance or impact of the contact upon the lives of the person (s) served, and
- Factor 4: The resources available to the organization

1.1 Provider Background:

Question	Instructions	Response
1. What is the name of your organization? Agency/Site location Contact information: (Name, Phone, email of the program contact person)	Please write or type your answer clearly	

Question	Instructions	Response	
2. If this plan is a 'Master Plan' which is intended to cover more than one contract, Please list the sites and staff contact information that are part of this Master Plan	Please identify the name and contract number the LCC plan covers		
3. What is your organization's annual operating budget?	Please identify the answer that best describes your organization	<ul style="list-style-type: none"> • Under \$100,000.00 • Under \$250,000.00 • Under \$500,000.00 • Under \$750,000.00 • Under \$1,000,000.00 • Under \$5,000,000.00 • Over \$5,000,000.00 	
4. How many customers does your organization serve annually?	Please identify the answer that best describes your organization	<ul style="list-style-type: none"> • Less than 500 • 500- 700 • 700-1000 • 1000-2500 • 2500-3500 • 3500-5000 • Over 5000 	
5. How many people are employed by your organization	Please identify the answer that best describes your organization	<ul style="list-style-type: none"> • Under 25 • 26-50 • 51-100 • 101-200 	<ul style="list-style-type: none"> • 201-300 • 301-500 • Over 500

Factor 1: The number or proportion of eligible LEP customers:

Question	Instructions	Response
1. How many total LEP individuals are eligible to be served within your organizations' project area? (Eligible Service Area)	The LEP self-assessment requires estimation of LEP demographics through an analysis to estimate the number or percentage of LEP persons from a particular language group served or likely to need services in the service area. (For example data from the American Community Survey)	
2. What are the top five primary languages used by individuals in your project or service area other than English?	This information would come from a demographic analysis. Primary Language means the language that an LEP individual identifies as the language that he or she uses to communicate effectively, and is the language that the individual prefers to use to communicate with.	

Factor 2: The Frequency of contact with LEP Customers

Question	Instructions	Response
1. Does your organization have a process for surveying, collecting and/or recording primary language data for individuals that participate in your programs and activities?	Please describe the process	

Question	Instructions	Response
2. How many LEP individuals received service at your organization during the previous state fiscal year (for example- State FY 15 plan will include data collected in State FY14)	Please identify the answer that best describes your organization	<ul style="list-style-type: none"> • Under 25 • 26-50 • 51-100 • 101-200 • 201-300 • 301-500 • Over 500
3. What are the primary languages of the individuals served at your organization during the previous state fiscal year (for example- State FY 15 plan will include data collected in State FY14)	Indicate the primary language(s) spoken at your organization, list from most spoken to least spoken	

Factor 3: The importance or impact of the contact upon the lives of the person (s) served

Question	Instructions	Response
1. List the types of services your organization provides.	Please list the services your agency provides. The more important the activity, service or program, or the greater the possible consequences of the contact to the LEP individuals, the more likely language services are needed.	

Question	Instructions	Response
5. How many direct service/front-line staff are employed at your agency that are bilingual? What are the languages?	Please write the answer that best describes your organization	
6. Does your organization have a certification or assessment process that staff must complete before serving as interpreters for LEP individuals? Does this process include use of standardized language proficiency exams?		<p>Yes or No</p> <p>Yes or No</p>
7. Does your organization provide professional interpreter services?	Please identify the answer that best describes your organization	<ul style="list-style-type: none"> • Some of the time • Most of the time • Always • Never
8. What interpreter services are available at your organization?	Please identify the answer (s) that best describes your organization	<p>Direct service staff that are bilingual and have had their language proficiency assessed.</p> <ul style="list-style-type: none"> • Licensed and registered Sign Language interpreters • Contract Verbal Interpreters • Telephone Services • Community –based organizations that provide trained interpreters • Language banks <p>Other Please specify</p>

Question	Instructions	Response
<p>9. Although a Provider should not plan to rely on an LEP person's friends, family members to serve as informal interpreters' to provide interpretation services, are there instances when your agency permits the use of informal interpreters? Under what circumstances? If yes, what are your plans to change this practice?</p>	<p>Please provide the answer that accurately describes your agency's protocol</p>	
<p>10. Does your agency have any limitations of resources that negatively impact the provision of language assistance services?</p>	<p>Please provide the answer that best describes your organization</p>	
<p>11. Does your agency offer printed materials in alternative formats?</p>	<p>Please provide a list of resources</p>	<p>Braille Large Print</p>

Providers should have a linguistic and cultural competence 'Master Plan' for the funded program(s) or for the organization as a whole that includes clear goals, outcomes, policies and procedures related to the provision of culturally and linguistically appropriate services.

1.2

<p>1. Provide a general description of your agency's short-term and long-term goals that are designed to improving service provision to LEP Customers, persons who are hard of hearing or Deaf, and persons with low literacy.</p>

1.3 Policies and Procedures

Please attach your provider's written policies and procedures that outline services to LEP customers

Part II

Linguistic and Cultural Competency Plan (LCC Plan)

Elements 2 – 5: Address the Language Access Plan after completing the assessment. This is an implementation plan to address the identified needs of the LEP populations your agency serves. The written LCC plan should provide a framework for the provision of timely and reasonable language assistance. Documented in the LEP plan are language assistance services, and how staff and LEP persons can access those services.

Element 2: Language Assistance Services

The agency will provide language assistance services to ensure meaningful access to and an equal opportunity to participate fully in the services, activities, programs or other benefits administered by the agency.

2.1 On site Oral Bilingual staff

	Name	Title	Language(s)	Location
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

The provider will provide Sign- Language assistance services to ensure meaningful access to and an equal opportunity to participate fully in the services, activities, programs or other benefits administered by the agency.

2.2 On site American Sign Language Bilingual staff

	Name	Title	Language(s)	Location
1.				
2.				
3.				
4.				

2.3 Personnel Strategies

Describe the strategies used to recruit, retain, and promote at all levels, diverse personnel, and leadership that are representative of the demographic characteristics of the service area

It is essential that members of the provider organization know the providers obligations to provide meaningful access to information and services for LEP persons. The LCC plan should include staff training to ensure that:

1. Staff is aware and understands LEP policies and procedures.
2. Staff that has contact with customers/clients is trained to work effectively with in-person and telephone interpreters.

The more frequent the contact with LEP persons, the greater the need will be for in-depth training.

2.4 Ongoing Education and Training

Please describe what ongoing education and training for personnel in cultural and linguistic service delivery is offered by your organization?

2.5 Frequency of Training and Education Programs

How often is cultural and linguistic service delivery training programs offered to staff?

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Element 3: Resources available to the Provider

Establish a list of all contacts and other resources available to the Provider and qualified to provide direct, telephonic, or video oral language assistance to individuals with LEP seeking information about or access to agency programs and activities. Please attach any executed agreements specifying the terms and conditions of the relationship between the Provider and any entity providing language access support to programs, services, and activities.

3.1 Resources available to the Provider

Name of Organization	Contact Person	Language(s)/Services

3.2 Designated staff will be trained to use of Video Phone and Next Talk

Name	Title	Language(s)	Location

3.3 Arranging/Requesting a Sign Language Interpreter

Attach policies and procedures for requesting and scheduling a sign language interpreter.

Providers are responsible for taking steps to ensure meaningful access to their programs, including notifying current and potential customers with LEP about the availability of language assistance at no cost. Notification methods may include multilingual posters, signs and brochures, as well as statements on application forms and informational material distributed to the public, including electronic forms such as provider websites.

3.4 Notification regarding the Availability of Language Assistance at No Cost

Describe the practices established to ensure consumers receive both verbal and written notices, in their preferred language, of their right to receive language assistance or American Sign Language services that are culturally appropriate.

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3.5 The organization should provide timely meaningful language assistance at key points of contact through the organization to receive services.

Describe steps the provider has taken to provide timely meaningful language assistance at key points of contact through the organization to receive services. (Organizations are not limited to the organization descriptions below in outlining steps of service)

Initial Customer Contact: Describe the steps to assisting a LEP individual who seeks assistance in this area of the agency (Area of Contact i.e. Reception desk, Switchboard)

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Intake and Referral: Describe the steps to assisting a LEP individual who seeks assistance in this area of the agency

Case Management/Service Coordination: Describe the steps to assisting a LEP individual who seeks assistance in this area of the agency

Customer Concerns, Appeals, and Grievances: Describe the steps to assisting a LEP individual who seeks assistance in this area of the agency

4.2 Quality Assurance of Translated documents

Describe the measures in place to verify the accuracy of translated documents

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Element 5: Assessment: Access and Quality

For a provider to continue to be effective, the provider must periodically monitor, evaluate, and update the plan, policies and procedures.

In addition, creating a record of language assistance services can help inform programs whether there should be changes to the quantity or type of language assistance services. The monitoring and review of current policies and the types of language assistance services provided should occur on an annual basis.

5.1

What steps does your organization take to monitor the effectiveness of your Language and cultural competency plan?

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5.2

Provide a description of data collection procedures used to assess language access needs