The Needs of and Services for Persons with Limited English Proficiency (LEP)

Findings from OCFS’s LEP Survey

June 2007

Prepared by:
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Chapter 1
Background: Executive Order 13166
“Improving Access to Services for Persons with Limited English Proficiency”

New York State is home to many families who speak a language other than English or have limited English proficiency. According to 2004 statistics released by the U.S. Census Bureau’s American Community Survey, New York State has the second largest percentage of foreign born residents, is ranked fourth in the nation for people over the age of 5 years who speak a language other than English at home, and has more than two million children and families who speak English less than “very well.”

A person with Limited English Proficiency (LEP) is someone who does not speak English as his/her primary language and who has a limited ability to read, write, speak or understand English. While some individuals with limited English language skills are gainfully employed and well-educated, it is well documented that individuals with limited English proficiency are at risk for low earnings, financial hardship or poverty, and limited educational attainment (Fix and Capps, Urban Institute, 2002; Center for New York City Affairs, New School University, 2004). Individuals with LEP may also face obstacles in completing daily activities such as shopping, attending school, and obtaining health care and other services (National Immigration Law Center, 2003). When public services rely on effective communication as part of their service delivery system, language barriers have the potential to threaten the safety and quality of life of individuals with LEP (National Immigration Law Center, 2003).

Although language barriers can make it difficult for individuals with LEP to learn about or access services, two federal policies exist that proscribe the intentional discrimination of individuals with LEP. Title VI of the Civil Rights Acts of 1964 prohibits the delay or denial of services of individuals due to their national origin. Title VI of the Civil Right Acts states that “No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance (Section 601).” The Department of Health, Education, and Welfare regulations set forth in 45 CFR Part 80 describe the effectuation of Title VI of the Civil Rights Acts, including the prohibition of discrimination against individuals on the basis of race, color, or national origin. These sentiments received additional attention and legislation on August 11, 2000, when President Clinton approved Executive Order (EO) 13166, “Improving access to services for persons with limited English proficiency.” In brief, EO 13166 reiterated the need to promote access to services for individuals with limited English language skills at no cost to the client (see Appendix A). Similar to Title VI, the EO 13166 requires recipients of federal financial assistance to “examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them.” Recipients of federal financial assistance include any program, activity, or agency that accepts grants, training, use of equipment, donations or surplus property or other assistance that is supported by the Federal government. The recipient does not have to receive support directly from the government, nor does the agency need to receive cash assistance.

EO 13166 has since received attention and support from other high ranking U.S. officials and divisions, which also has served to draw renewed attention to Title VI of the 1964 Civil Rights
Act. For example, early in his presidency, George W. Bush announced his commitment to EO 13166 and requested that all federal agencies prepare and submit plans to improve access for LEP persons to the United States Department of Justice (DOJ). Shortly thereafter, however, in a report summarizing the costs and benefits associated with implementing EO 13166, the Office of Management and Budget (OMB) expressed concern about the potential to inconsistently evaluate recipients’ efforts to facilitate meaningful access for individuals with LEP. Given the absence of a uniform standard, DOJ developed a guidance document to serve as a model for other agencies (Appendix B). Consequently, the plans initially developed by several of the federal agencies were revised to conform to the DOJ model. Since that time, the guidance document also has served as a technical assistance document for non-federal recipients of federal financial assistance, including state, county, and local agencies as well as state Medicaid agencies, hospitals, nursing homes, home health agencies, managed care organizations, universities, public and private contractors, vendors, and subcontractors. The guidance document delineates the steps that recipients of federal financial assistance must follow to make programs and activities that are normally provided in English accessible to LEP persons.

In response to EO 13166, the New York State (NYS) Office of Children and Family Services (OCFS) formulated a plan to document the language needs and current status of services supported or supervised by OCFS. This report discusses the steps taken by OCFS to meet the diverse language needs of its population (Chapter 2), describes the development and administration of a survey that examines some of OCFS’s experiences with the LEP population (Chapters 3 and 4), and summarizes the survey responses (Chapter 5). Chapter 6 provides examples and guidelines for quality LEP practices within OCFS, New York State, and the nation, and briefly discusses some costs that may be associated with implementing EO 13166. Chapter 7 summarizes the needs and priorities of individuals with LEP across the state as they pertain to OCFS, and makes recommendations that may aid in the continuing development of an OCFS policy regarding the administration of programs and services for individuals with LEP. A final purpose of this report is to gather and centrally locate internal and external documents relevant to OCFS’s LEP plan.
Chapter 2
OCFS’s Action Steps Towards Assisting Individuals with Limited English Proficiency

In September of 2004, former OCFS Commissioner John A. Johnson assigned the Public Information Office (PIO) the task of continuing to develop an agency-wide LEP plan. The assignment was issued to further enhance earlier steps taken by OCFS to provide translation services to current or prospective clients who had limited English proficiency. Since OCFS was created in 1998, the agency has provided Spanish translation services. As part of the OCFS original translation policy, which was developed by PIO, the agency stated its commitment to providing “employees in-house translation services from Spanish into English and vice versa, and translating legal and promotional materials (including public notices, regulations, forms, brochures, press releases, and public service announcements) into Spanish. PIO also assists with translations into and/or from other languages by coordinating the services of an outside organization.” The procedure and details of the policy are described on OCFS’s intranet (http://ocfs.state.nyenet/policies/administration/1804-00%20Translation%20Services%202002-04-03.pdf). Additional information regarding OCFS’s translation services is provided in Chapter 6.

Commissioner Johnson’s 2004 directive was issued to encourage further compliance with federal requirements and policy guidance published in 2000 by the U.S. Department of Health and Human Services, pursuant to Executive Order 13166, “Improved Access to Services for Persons with Limited English Proficiency.” In subsequent months, PIO reviewed EO 13166 and related federal guidance documents issued by the U.S. Department of Justice and the U.S. Department of Health and Human Services. PIO also conducted extensive research on the LEP requirements, pursuant to Executive Order 13166, looking at what other states and other agencies in New York State had accomplished. The initial research focused on nine states (Minnesota, California, Georgia, Texas, Connecticut, Mississippi, Florida, Oregon, and Illinois) and five New York State agencies. These results were presented to OCFS executive staff in April 2005 (Appendix C). In April of 2007, PIO updated their research, the results of which are described in Chapter 6.

Following federal recommendations and considering the information that was gathered about LEP plans in other states, PIO developed an initial draft of an OCFS LEP survey to assess counties and voluntary agencies’ interactions with LEP clients who were attempting to use or access OCFS-related programs in New York State. In December 2005, PIO contacted the Office of Strategic Planning and Policy Development (SPPD) to assist in the expansion and administration of the OCFS LEP survey. The primary goal of the survey was to identify areas of need as well as resources that may help to facilitate meaningful access to individuals with LEP who attempt to access or use OCFS-supervised programs and services. The survey went through several revisions and was targeted for administration to all local departments of social services, voluntary agencies, and agencies serving the Commission of the Blind and Visually Handicapped (CBVH). In July of 2005, PIO requested that the Bureau of Training convert the survey into an electronic format that would allow counties to complete the survey online.

In December 2005, a draft Informational Letter (INF), developed by PIO, and the LEP survey were sent to Legal Affairs and other divisions within OCFS for further review and clearance. Recommended changes were incorporated, and both documents were re-circulated. On May 10,
2006, the approved INF (see Appendix D) containing the survey was issued jointly by PIO and SPPD, posted on the agency’s website, and distributed by SPPD via e-mail to 58 counties, 182 voluntary agencies, and 21 agencies serving the CBVH. All local county representatives and voluntary and CBVH agencies were asked to submit a completed survey by June 18, 2006. In subsequent weeks, several agencies requested that the deadline be extended, and a general announcement was made extending the deadline for submission to July 31, 2006.

By July 31, 2006, PIO received 99 submissions from counties and voluntary agencies under the purview of OCFS, including responses from 31 local departments of social services (LDSS). Given the low response rates by the voluntary agencies, a decision was made to focus OCFS’s survey efforts regarding LEP concerns on the LDSSs, and to view the first round of surveys as a pilot study for gathering information from the voluntary agencies. Thus, a follow-up letter was sent to the remaining counties in September of 2006, which informed them of a second opportunity to submit completed surveys. Counties were asked to complete and submit surveys by October 31, 2006. Seven additional surveys were received by the extended deadline, including six from LDSS, and one from a voluntary agency. In total 107 surveys were submitted, including responses from 46 programs in 37 counties.
Chapter 3
The LEP Survey: Design and Methods

The following chapter provides a brief overview of the survey instrument, the specific research questions addressed, and the research methods utilized.

Background

The LEP Survey (Appendix E) was designed to correspond with the general principles and guidelines outlined by the LEP policy guidance documents issued by U.S. Departments of Justice (DOJ) and Health and Human Services (DHHS). The guidance documents stipulate that recipients of federal financial assistance must take “reasonable steps to ensure meaningful access” for persons with limited English proficiency to the information and services the recipients provide. Federally assisted programs that fail to provide services to LEP applicants “may by discriminating on the basis of national origin in violation of Title VI.” According to the Federal guidelines (DHHS, 2004), determination of reasonable steps depends on a number of factors, including:

(i) The number or proportion of LEP persons in the eligible service population,
(ii) The frequency with which individuals with LEP come in contact with the program,
(iii) The importance or nature of the service provided by the program, and
(iv) The resources available and costs necessary to help meet the needs of individuals with LEP.

The intent of this guidance is to suggest a balance that ensures meaningful access by LEP persons to critical services while not imposing undue burdens.

With these standards in mind, the purpose of the LEP Survey was to document the status of programs that receive federal financial assistance and are under the purview of OCFS for each indicator. Specifically, the survey aimed to provide a detailed record of current patterns, practices, needs, and resources of an agency’s programs and services with regard to their current or prospective LEP population. Two resources published by the U.S. Department of Justice, the Limited English Proficiency Resource Document – Tips and Tools from the Field, and the Language Assistance Self-Assessment and Planning Tool for Recipients for Federal Financial Assistance – were used to help tailor questions, develop specific response options, and generally inform the design of the survey (see Appendix F). It was beyond the scope of the survey to determine if people who are not proficient in English are effectively participating in and benefiting from the programs and activities offered.

The Limited English Proficiency (LEP) Survey

The survey included 43 questions. The opening items included requests for the name, location, and contact information for the agency, and the primary OCFS-supervised programs or services provided. Next, two screening questions were used to determine which OCFS-supervised programs receive federal financial assistance from the DHHS, and also have individuals with
LEP who use or attempt to access their programs. Agencies that did not satisfy both conditions were instructed not to complete the survey.

Once eligibility for the study was determined, an agency representative was asked to provide information about the number of prospective LEP clients, number of LEP clients served, and total number of clients served. The survey also included questions about the types of languages spoken by LEP clients or prospective clients and the top six languages most frequently encountered.

The next set of questions requested information about written materials that the program requires (e.g., an application), provides (e.g., a client bill of rights), or uses to promote the program as well as their availability in different languages. A similar format was used to inquire about oral exchanges, such as intake interviews or group sessions as well as the program’s ability to conduct oral translations. In addition, the survey included questions about the internal and external resources available to or used by the program to address the oral and written language needs of their clients. Finally, program representatives were asked to comment on existing systems used to track the individuals with LEP who request services, and additional resources that the program has used to successfully meet the needs of individuals with LEP.

**Data Collection**

As described in the preceding chapter, PIO and SPPD issued an INF requesting and encouraging participation in the LEP survey. The INF was distributed electronically and, in most cases, submitted electronically. In total, 261 agencies received the INF and survey. Representatives from each agency were requested to complete and submit the survey, including 58 LDSS, 182 voluntary agencies, and 21 agencies for the CBVH.

By late July 2006, 99 surveys had been submitted electronically or through the mail, and were exported into a data set by the Bureau of Training. The resulting file was exported and delivered to SPPD’s Bureau of Evaluation and Research in early August to clean and prepare for data analysis. A follow-up request was sent to the representatives at the LDSS in September 2006, with a new deadline of October 31, 2006. In response to the second mailing, seven additional surveys were received through the mail by mid-November. These surveys were subsequently entered into the data system by Bureau of Evaluation and Research staff. In total, 107 surveys were submitted, including surveys from 46 programs in 37 local departments of social services.

**Analysis and Presentation of Survey Data**

All analyses conducted using data from the LEP survey were exploratory, and this report is descriptive. It presents the frequency and means of service contacts by individuals with limited English proficiency, and available materials and resources that are used to facilitate the delivery of services to the LEP population. For purposes of describing the study sample, we present information for each specific LDSS. However, when describing information as it relates to the patterns and needs within the LEP population, we combine the data and report on information as an aggregate for all counties that responded to the survey.
Chapter 4
Description of Survey Sample:
Local Departments of Social Services

Participation

Of the 261 agencies invited to complete and submit an LEP survey, 107 surveys were returned. Of the 107 surveys submitted, three were unusable and 11 were redundant entries apparently created during the online completion over more than one session, leaving 93 usable surveys. Respondents of the 93 usable surveys included 46 county-run programs from 37 LDSS, 40 voluntary agencies, and 7 CBVH agencies. Most OCFS-supervised agencies were eligible to complete the entire survey.

In August 2006, a decision was made by representatives from PIO, SPPD, and the Deputy Commissioner of the Division of Development and Prevention Services to limit the current analysis to the LDSS data since so few voluntary agencies and CBVH agencies responded. Thus, the sample was restricted to the responses provided by representatives from LDSSs.

As mentioned previously, the sample of counties completing the LEP survey consisted of responses provided by representatives from 46 programs across 37 counties. The counties who responded to the survey comprise 63.8% of the counties statewide and represent 82% of the population five years of age and above in New York State (see Table 1). At least one county from all six of the regions across the state responded.

How do the counties that responded differ from those that did not submit a survey?

We summarized data that was collected during the 2000 United States Census Survey to examine similarities and differences among the responding and non-responding counties. On average, counties that responded to the survey had more residents and a higher proportion of the population that spoke English less than very well than the counties that did not submit a survey (Table 1). The number of individuals that speak English less than very well was almost ten times greater among the LDSS that responded to the survey as compared to those that did not submit a survey. Counties that responded to the survey had proportions of LEP populations that ranged from 0.5% (Hamilton) to 24% (New York City), whereas the non-responding counties proportions were much more restricted (1% to 8%). The counties that responded to the survey encompassed 95% of the population that speaks English less than very well in New York State overall. Thus, the counties that responded are home to a large proportion of the population with limited English proficiency, although not all of these individuals will seek or use OCFS services.
Table 1: Population differences between responding and non-responding counties.

<table>
<thead>
<tr>
<th></th>
<th>Response Counties</th>
<th>Non-Response Counties</th>
<th>New York State Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average population in county (5 years and above)</td>
<td>356,821</td>
<td>148,373</td>
<td>286,218</td>
</tr>
<tr>
<td>% that speaks only English</td>
<td>87%</td>
<td>92%</td>
<td>89%</td>
</tr>
<tr>
<td># that speaks English less than very well</td>
<td>53,535</td>
<td>5,491</td>
<td>37,262</td>
</tr>
<tr>
<td>% of population that speaks English less than very well</td>
<td>15%</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: US Census, 2000

What local departments of social services under OCFS supervision or administration reported receiving federal financial assistance from U.S. Department of Health and Human Services?

The counties that responded to the survey are shown in Table 2 along with the name of the responding LDSS agency, their reported receipt of federal financial assistance and contact with individuals with LEP, and the type of services provided. The services provided by LDSS programs included child protective services, adoption, foster care, legal, employment, preventive services, child care, domestic violence, residential, and independent living.

Forty-one of the 46 LDSS program representatives that responded to the survey indicated that they received federal financial assistance from the U.S. Department of Health and Human Services (Table 2). The 41 programs were located in 33 different counties across the state. Schuyler County reported that it did not receive any dollars, and respondents from three other LDSSs (Chemung, Delaware, and Sullivan) were not sure whether or not their LDSS programs received federal financial assistance.

What LDSS programs that receive federal financial assistance reported attempted or actual use of services by individuals with LEP?

As shown in Table 2, the majority of the LDSS programs receiving financial assistance (81%) reported attempted or actual use of services by individuals with LEP. The LDSS programs that reported LEP attempted access or use were located in 33 different counties. Nine counties reported no use or attempted access, and a tenth, Wayne County, did not know if any individuals with LEP were involved with its services (Table 2). The nine counties that reported that no individuals with LEP attempted to access or actually use their services were Chenango, Cortland, Delaware, Fulton, Hamilton, Herkimer, Schuyler, Seneca, and Washington. According to U.S. Census data, the proportion of individuals who speak English less than very well and reside in these counties ranges from 0.5% to 2%.
Table 2: Summary of County DSS Respondents to OCFS LEP Survey

<table>
<thead>
<tr>
<th>County</th>
<th>Agency</th>
<th>Receipt of Federal Funds</th>
<th>Access Attempted by Individuals with LEP</th>
<th>Primary Programs Administered by the LDSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany</td>
<td>Albany County DCYF (3)</td>
<td>Yes</td>
<td>Yes</td>
<td>Child Protective, Foster Care, Adoptive, Child Protective, Foster Care, Independent Living, Legal, Preventive</td>
</tr>
<tr>
<td>Broome</td>
<td>Broome</td>
<td>Yes</td>
<td>Yes</td>
<td>Adolescent Pregnancy Prevention, Adoption, Adult Protective, Child Protective, Domestic Violence, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Chautauqua</td>
<td>Chautauqua County DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adolescent Pregnancy Prevention, Adoption, Adult Protective, Aftercare, Child Protective, Domestic Violence, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Chemung</td>
<td>Chemung County DSS</td>
<td>Don’t Know</td>
<td>Yes</td>
<td>Adolescent Pregnancy Prevention, Adoption, Adult Protective, Aftercare, Child Protective, Domestic Violence, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Clinton</td>
<td>Clinton County DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adoption, Adult Protective, Aftercare, Children and Family, Child Protective, Domestic Violence, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Cortland</td>
<td>Cortland County DSS</td>
<td>Yes</td>
<td>No</td>
<td>Adoption, Adult Protective, Aftercare, Child Protective, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Delaware</td>
<td>Delaware County DSS</td>
<td>Don’t Know</td>
<td>No</td>
<td>Adoption, Adult Protective, Children and Family, Child Protective, Domestic Violence, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Erie</td>
<td>Erie County DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adoption, Adult Protective, Children and Family, Child Protective, Domestic Violence, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Essex</td>
<td>Essex County DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adolescent Pregnancy Prevention, Adoption, Adult Protective, Aftercare, Child Protective, Domestic Violence, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Fulton</td>
<td>Fulton County DSS (2)</td>
<td>Yes</td>
<td>No</td>
<td>Adoption, Adult Protective, Children and Family, Child Protective, Domestic Violence, Foster Care, Preventive</td>
</tr>
<tr>
<td>Greene</td>
<td>Greene Co. DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adoption, Adult Protective, Aftercare, Children and Family, Child Protective, Domestic Violence, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Hamilton</td>
<td>Hamilton County DSS</td>
<td>Yes</td>
<td>No</td>
<td>Adult Protective, Child Care, Children and Family, Child Protective, Domestic Violence, Employment, Foster Care, Independent Living, Preventive</td>
</tr>
</tbody>
</table>

1 Number in parenthesis indicates the number of programs within the LDSS responding to the survey.
<table>
<thead>
<tr>
<th>County</th>
<th>Agency¹</th>
<th>Receipt of Federal Funds</th>
<th>Access Attempted by Individuals with LEP</th>
<th>Primary Programs Administered by the LDSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herkimer</td>
<td>Herkimer County DSS</td>
<td>Yes</td>
<td>No</td>
<td>Adoption, Adult Protective, Child Care, Children and Family, Child Protective, Domestic Violence, Employment, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Jefferson</td>
<td>Jefferson County DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adult Protective, Children and Family, Child Protective, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Lewis</td>
<td>Lewis County DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adoption, Adult Protective, Aftercare, Child Care, Children and Family, Child Protective, Employment, Foster Care, Independent Living, Preventive, Residential</td>
</tr>
<tr>
<td>Livingston</td>
<td>[Unnamed]</td>
<td>Yes</td>
<td>Yes</td>
<td>Adolescent Pregnancy Prevention, Adoption, Adult Protective, Aftercare, Child Care, Children and Family, Child Protective, Domestic Violence, Employment, Foster Care, Independent Living, Preventive</td>
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<tr>
<td>Madison</td>
<td>Madison County DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adolescent Pregnancy Prevention, Adoption, Adult Protective, Aftercare, Child Care, Children and Family, Child Protective, Domestic Violence, Employment, Foster Care, Independent Living, Preventive</td>
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<tr>
<td>Nassau</td>
<td>Nassau County DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adolescent Pregnancy Prevention, Adoption, Adult Protective, Aftercare, Child Care, Children and Family, Child Protective, Domestic Violence, Employment, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>New York²</td>
<td>Administration for Children’s Services (ACS) (3)</td>
<td>Yes</td>
<td>Yes</td>
<td>Preventive, Youth Development</td>
</tr>
<tr>
<td>Niagra</td>
<td>Niagara County DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adolescent Pregnancy Prevention, Adoption, Adult Protective, Aftercare, Child Care, Children and Family, Child Protective, Domestic Violence, Employment, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Orleans</td>
<td>Orleans LDSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adoption, Adult Protective, Child Care, Children and Family, Child Protective, Domestic Violence, Employment, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Otsego</td>
<td>Otsego County DSS – Adult &amp; Children</td>
<td>Yes</td>
<td>Yes</td>
<td>Adoption, Adult Protective, Aftercare, Child Care, Children and Family, Child Protective, Domestic Violence, Employment, Foster Care, Independent Living, Legal, Preventive, Youth Development</td>
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<tr>
<td>Putnam</td>
<td>Putnam County</td>
<td>Yes</td>
<td>Yes</td>
<td>Adoption, Adult Protective, Child Care, Children and Family, Foster Care, Independent Living, Preventive</td>
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<td>Rensselaer</td>
<td>Rensselaer County DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adolescent Pregnancy Prevention, Adoption, Adult Protective, Aftercare, Child Care, Children and Family, Child Protective, Employment, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Rockland</td>
<td>Rockland County DSS (2)</td>
<td>Yes</td>
<td>Yes</td>
<td>Adolescent Pregnancy Prevention, Adoption, Adult Protective, Aftercare, Child Care, Children and Family, Child Protective, Foster Care, Independent Living, Preventive</td>
</tr>
</tbody>
</table>

² Agencies, such as ACS, may serve all of metropolitan New York City in addition to New York County.
<table>
<thead>
<tr>
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<th>Primary Programs Administered by the LDSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Lawrence</td>
<td>St. Lawrence County DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adolescent Pregnancy Prevention, Adoption, Adult Protective, Aftercare, Child Care, Child Protective, Domestic Violence, Employment, Foster Care, Independent Living, Legal, Preventive, Youth Development</td>
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<tr>
<td>Schuyler</td>
<td>Schuyler County DSS</td>
<td>No</td>
<td>No</td>
<td>Adult Protective, Child Care, Children and Family, Child Protective, Domestic Violence, Employment, Foster Care, Preventive Adolescent Pregnancy Prevention, Adoption, Adult Protective, Aftercare, Child Care, Children and Family, Child Protective, Foster Care, Independent Living, Legal, Preventive, Youth Development</td>
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<tr>
<td>Seneca</td>
<td>Seneca County DSS</td>
<td>Yes</td>
<td>No</td>
<td>Child Protective, Domestic Violence, Employment, Foster Care, Independent Living, Legal, Preventive, Youth Development</td>
</tr>
<tr>
<td>Steuben</td>
<td>Steuben County DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adoption, Adult Protective, Aftercare, Child Care, Children and Family, Child Protective, Domestic Violence, Foster Care, Independent Living, Legal, Preventive</td>
</tr>
<tr>
<td>Suffolk</td>
<td>Suffolk County DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Adoption, Adult Protective, Child Care, Children and Family, Child Protective, Foster Care, Independent Living, Preventive</td>
</tr>
<tr>
<td>Sullivan</td>
<td>Sullivan County DSS</td>
<td>Don’t Know</td>
<td>Yes</td>
<td>Adult Protective, Children and Family, Child Protective, Foster Care, Preventive</td>
</tr>
<tr>
<td>Ulster</td>
<td>Ulster County DSS (2)</td>
<td>Yes</td>
<td>Yes</td>
<td>Adoption, Adult Protective, Aftercare, Child Care, Children and Family, Child Protective, Employment, Foster Care, Independent Living, Legal, Preventive, Residential Adolescent Pregnancy Prevention, Adoption, Adult Protective, Aftercare, Child Care, Children and Family, Child Protective, Domestic Violence, Employment, Foster Care, Independent Living, Legal, Preventive, Residential, Youth Development</td>
</tr>
<tr>
<td>Washington</td>
<td>Washington County DSS</td>
<td>Yes</td>
<td>No</td>
<td>Adoption, Adult Protective, Aftercare, Child Care, Children and Family, Child Protective, Domestic Violence, Employment, Foster Care, Independent Living, Legal, Preventive, Residential, Youth Development</td>
</tr>
<tr>
<td>Wayne</td>
<td>Wayne County DSS</td>
<td>Yes</td>
<td>Don’t Know</td>
<td>Adoption, Adult Protective, Child Care, Children and Family, Child Protective, Domestic Violence, Foster Care, Independent Living, Preventive, Medical Transportation</td>
</tr>
<tr>
<td>Westchester</td>
<td>Westchester County DSS (3)</td>
<td>Yes</td>
<td>Yes</td>
<td>Child Support Enforcement</td>
</tr>
<tr>
<td>Wyomin</td>
<td>Wyoming County DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>FEDS/Fraud Investigation</td>
</tr>
</tbody>
</table>

Note: The rows shaded in gray indicate agencies that responded “no” to receipt of Federal funds or access/use by individuals with LEP.
**Study Sample**

The results presented in Chapter 5 summarize the information collected from the eligible LDSS, those that both received federal financial assistance and had individuals with LEP who attempted to access or use their services. These counties are displayed in orange on the map in Figure 1. The areas pictured in white indicate counties that did not submit a survey, and the gray areas represent programs or counties that responded to the survey, but did not identify any encounters with their services by individuals with LEP.

Thirty-seven programs were included in the study sample. These programs represent 29 counties in NYS, including one LDSS program that was unsure about encounters with individuals with LEP. The programs that responded may not represent or account for all programs offered or administered by each LDSS.

As shown in the map, the counties that submitted an LEP survey represented a range of geographical regions, socioeconomic and demographic characteristics, physical areas, and population densities. In addition, the language needs were very diverse. As expected, the greatest number of different languages were spoken in New York City, including African, Arabic, Armenian, Cambodian, Cantonese, Mandarin, Taiwanese, other Chinese dialects (not specified), Czech, Farsi, French, French Cajun, French Creole, German, Greek, Hebrew, Hindi, Hungarian, Italian, Japanese, Korean, Mexicali, Mixteco, Native American dialects (not specified), Polish, Portuguese, Punjabi, Romanian, Russian, Serbo-Croatian, Spanish, Ukrainian, Urdu, sign, and Braille. In general, the upstate counties housed a smaller number of individuals with LEP and fewer languages.
Chapter 5
LEP Survey: Results

The following chapter presents results from the LEP survey. The findings reflect the responses from the 37 LDSS programs that reported that they received federal financial assistance and had individuals with LEP who attempted to access or used their services. Findings are organized according to the four objectives outlined by EO 13166, which were described earlier and appear again below:

(i) The number or proportion of LEP persons in the eligible service population,
(ii) The frequency with which individuals with LEP come in contact with the program,
(iii) The importance or nature of the service provided by the program, and
(iv) The resources available to help meet the needs of individuals with LEP.

Number or Proportion of Individuals with LEP Being Served by the LDSSs

The survey included three questions regarding use and/or receipt of program services each month:

- an estimate of the number of LEP persons attempting to use the program,
- the number of LEP persons who use or receive services, and
- an estimate of the total number of individuals who use or receive services.

Attempted Access

Most of the estimates for the number of individuals with LEP who attempted to access the LDSS programs matched the number reported for LEP persons who used or received services—those served. Consequently, we only present the number of individuals with LEP served. Of note, however, three sites reported that the number of individuals with LEP attempting to access services exceeded the number using services. Westchester LDSS indicated that nearly twice as many individuals with LEP (600) attempt to access their Child Support Enforcement program as compared to those who actually use or receive services (300). St. Lawrence County also reported that 50 more individuals with LEP attempt to access services each month than those served, while Putnam County reported that one additional LEP individual each month attempts to access services. The survey did not include questions to help understand the source of these differences. It may be that the demand by individuals with LEP is greater than the program can provide, or that the individuals with LEP who expressed an interest in the service chose not to participate in the services offered.

Actual Use

As four programs from three LDSSs did not provide estimates regarding use of services by individuals with LEP, data from 33 programs across 26 counties were used to compute an estimate of the number of individuals with LEP served by the LDSS programs. As indicated in the third column of Table 3, programs reported that a total of 6,753 individuals with LEP use LDSS services each month. Albany County Child Protective Services, Rensselaer LDSS, Rockland Social Services, St. Lawrence DSS, and Westchester’s Child Support Enforcement and
Bureau of Case Review all reported that between 100 and 350 individuals with LEP used their services each month. New York City’s Administration for Children’s Services (ACS) Child Care division and Suffolk County DSS encountered over 500 LEP clients each month, and Nassau County DSS and New York City’s ACS division of Child Welfare Services served 1,500 or more individuals with LEP each month.

**Proportion of All Individuals Served by the LDSSs that are LEP**

It appears from the responses to the survey question concerning the total number of clients served that many programs reported on the number of LEP clients served rather than the total number of *all* (LEP and non-LEP) clients. In other cases, the total number of individuals served was not provided or was less than the number of LEP clients served. Consequently, we were unable to reliably estimate the total number of clients served and the proportion of those that were LEP for most LDSSs. These instances are denoted by “UE*” (or unable to estimate) in Table 3. In addition, if we noted other inconsistencies across the responses to the three questions, or if the question was left blank, we have indicated “n/a.”

Only 15 programs provided reliable estimates of both the number of individuals with LEP and total number of all individuals served. As shown in the bottom of Table 3, of the clients served by these 15 programs, 13.6% were individuals with LEP, ranging from 0.3% for Broome LDSS to 37% for Nassau LDSS. However, as these 15 programs account for the vast majority of individuals with LEP reported—5983 out of 6753, or 88%—the estimate of the proportion of total clients served that are LEP would likely have been somewhat lower than 13.6% had reliable data been available for the remaining 18 programs.

**Table 3**

<table>
<thead>
<tr>
<th>County</th>
<th>Programs</th>
<th>Number of LEP Persons Served</th>
<th>Total Number of Persons Served</th>
<th>% LEP Persons/Total Persons Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany</td>
<td>Child Protective</td>
<td>302</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td></td>
<td>Foster Care</td>
<td>50</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td></td>
<td>Adoption Services</td>
<td>20</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Broome</td>
<td>Social Services</td>
<td>3</td>
<td>1142</td>
<td>0.3%</td>
</tr>
<tr>
<td></td>
<td>Social Services</td>
<td>4</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Chautauqua</td>
<td>Social Services</td>
<td>UE*</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Chemung</td>
<td>Social Services</td>
<td>UE*</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Clinton</td>
<td>Social Services</td>
<td>0.5</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Erie</td>
<td>Social Services</td>
<td>15</td>
<td>860</td>
<td>1.7%</td>
</tr>
<tr>
<td>Essex</td>
<td>Social Services</td>
<td>11.3</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Fulton</td>
<td>Day Care</td>
<td>0.5</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Greene</td>
<td>Social Services</td>
<td>0.5</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Jefferson</td>
<td>Social Services</td>
<td>0.5</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Lewis</td>
<td>Social Services</td>
<td>0.5</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Livingston</td>
<td>Social Services</td>
<td>4</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Madison</td>
<td>Social Services</td>
<td>1</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Nassau</td>
<td>Social Services</td>
<td>1500</td>
<td>4000</td>
<td>37.5%</td>
</tr>
<tr>
<td>New York</td>
<td>ACS/Preventive Services</td>
<td>30</td>
<td>200</td>
<td>15.0%</td>
</tr>
<tr>
<td></td>
<td>ACS/Child Care</td>
<td>790</td>
<td>3700</td>
<td>21.4%</td>
</tr>
<tr>
<td></td>
<td>ACS/Child Welfare Services</td>
<td>2200a</td>
<td>18100</td>
<td>12.2%</td>
</tr>
<tr>
<td>County</td>
<td>Programs</td>
<td>Number of LEP Persons Served</td>
<td>Total Number of Persons Served</td>
<td>% LEP Persons/Total Persons Served</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------</td>
<td>------------------------------</td>
<td>--------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Niagara</td>
<td>Social Services</td>
<td>3</td>
<td>300</td>
<td>1.0%</td>
</tr>
<tr>
<td>Orleans</td>
<td>Social Services</td>
<td>3</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Otsego</td>
<td>Social Services</td>
<td>0.3</td>
<td>325</td>
<td>0.1%</td>
</tr>
<tr>
<td>Putnam</td>
<td>Social Services</td>
<td>3</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Rensselaer</td>
<td>Social Services</td>
<td>165</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Rockland</td>
<td>Social Services</td>
<td>330</td>
<td>1100</td>
<td>30.0%</td>
</tr>
<tr>
<td></td>
<td>Child Care</td>
<td>n/a</td>
<td>100</td>
<td>UE*</td>
</tr>
<tr>
<td>St Lawrence</td>
<td>Social Services</td>
<td>100</td>
<td>4000</td>
<td>2.5%</td>
</tr>
<tr>
<td>Steuben</td>
<td>Social Services</td>
<td>n/a</td>
<td>805</td>
<td>UE*</td>
</tr>
<tr>
<td>Suffolk</td>
<td>Social Services</td>
<td>650</td>
<td>6970</td>
<td>9.3%</td>
</tr>
<tr>
<td>Sullivan</td>
<td>Social Services</td>
<td>n/a</td>
<td>700</td>
<td>UE*</td>
</tr>
<tr>
<td>Ulster</td>
<td>Temporary Assistance</td>
<td>2.5</td>
<td>n/a</td>
<td>UE*</td>
</tr>
<tr>
<td></td>
<td>Social Services</td>
<td>12</td>
<td>1300</td>
<td>0.9%</td>
</tr>
<tr>
<td>Wayne</td>
<td>LDSS</td>
<td>10</td>
<td>440</td>
<td>2.3%</td>
</tr>
<tr>
<td>Westchester</td>
<td>Child Care</td>
<td>40</td>
<td>300</td>
<td>13.3%</td>
</tr>
<tr>
<td></td>
<td>Child Support Enforcement</td>
<td>300</td>
<td>1200</td>
<td>25.0%</td>
</tr>
<tr>
<td></td>
<td>Bureau of Case Review</td>
<td>200</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Wyoming</td>
<td>Social Services</td>
<td>1</td>
<td>UE*</td>
<td>UE*</td>
</tr>
<tr>
<td>Total # with any estimates available</td>
<td></td>
<td>6,753</td>
<td>45,542</td>
<td></td>
</tr>
<tr>
<td>Total Counties with estimates available</td>
<td></td>
<td>33</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Total # for those with both values available</td>
<td></td>
<td>5,983</td>
<td>43,937</td>
<td>13.6%</td>
</tr>
</tbody>
</table>

UE* Unable to estimate.

* In an addendum, ACS states that this number may be an undercount. This number was extracted from the Connections database, where the default primary language (if not specified) is English. However, among those for whom language is not specified there are likely be individuals for whom the primary language is not English. ACS has requested a modification to the Connections system to correcting this.

b As the 15 programs that had both values available account for the vast majority of individuals with LEP reported—5983 out of 6753, or 88%—the estimate of the proportion of total clients served that are LEP would likely have been somewhat lower than 13.6% had reliable data been available for the remaining 18 programs.

c Expressions such as “less than 1” were recoded to .5; ranges were recoded to the mean of the range, i.e., 0-5 became 2.5, and “approximately” was recoded to the same count.

**Frequency of Contact with Individuals with LEP**

To estimate the frequency with which programs come into contact with individuals with LEP, the survey first asked about the languages spoken by clients or prospective clients with limited English proficiency. Next, a series of questions was asked about the frequency of contact with individuals speaking those specific languages.

**Languages Spoken by Individuals with LEP Using or Attempting to Access Services**

Table 4 displays the different languages spoken by individuals with LEP using or attempting to access LDSS services that are under the purview of OCFS. The programs reported that individuals with limited English proficiency spoke 49 different languages. Spanish was the most common language encountered. Ninety-seven percent of the programs reported that they

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3 Sign and Braille were asked as one language. Therefore, we are unable to report the number of encounters in Sign and Braille separately. If we do separate Sign and Braille, there are 50 unique LEP languages encountered.
served Spanish-speaking clients. Sign language or Braille (59%) and Russian (41%) were the next most common languages encountered. Programs also reported that communication with the visually and hearing impaired sometimes needed to occur in a language other than English. Arabic, French, Italian, Polish, and Ukrainian were each reported by seven of 37 programs (19%), and French Creole by six of the programs (16%). These languages are among the top twenty languages spoken in the United States. Although included as options in the survey, none of the programs reported serving people who spoke Laotian, Cayugan, Navajoan, Oneidan, Onondagan, or Tuscaroran.

**Table 4**

<table>
<thead>
<tr>
<th>Language</th>
<th>N</th>
<th>%</th>
<th>Language</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>36</td>
<td>97%</td>
<td>Vietnamese</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td>Sign/Braille</td>
<td>22</td>
<td>59%</td>
<td>Cambodian</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>Russian</td>
<td>15</td>
<td>41%</td>
<td>Cantonese</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>Arabic</td>
<td>7</td>
<td>19%</td>
<td>Farsi</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>French</td>
<td>7</td>
<td>19%</td>
<td>Greek</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>Italian</td>
<td>7</td>
<td>19%</td>
<td>Punjabi</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>Polish</td>
<td>7</td>
<td>19%</td>
<td>Yiddish</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>Ukrainian</td>
<td>7</td>
<td>19%</td>
<td>Bosnian</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>French Creole</td>
<td>6</td>
<td>16%</td>
<td>Czech</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>African</td>
<td>5</td>
<td>14%</td>
<td>Mohawk</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>German</td>
<td>5</td>
<td>14%</td>
<td>Portuguese</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Hebrew</td>
<td>5</td>
<td>14%</td>
<td>Romanian</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Hindi</td>
<td>5</td>
<td>14%</td>
<td>Tagalog</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Japanese</td>
<td>5</td>
<td>14%</td>
<td>Urdu</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Korean</td>
<td>5</td>
<td>14%</td>
<td>Armenian</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Mandarin</td>
<td>5</td>
<td>14%</td>
<td>Bengali</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Other Chinese</td>
<td>5</td>
<td>14%</td>
<td>Dutch</td>
<td>1</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Number of Different LEP Languages Encountered**

In addition to English, 19 of the programs (52%) reported that they encountered between two and five unique languages (Figure 2). Six of the programs (16%) reported encountering only one other language; in each case, the one language was Spanish. Seven programs (19%) reported 6-10 languages, and five programs (13%) reported more than 10 languages. Nassau DSS and New York City ACS Child Welfare division reported encountering 31 languages each. New York City ACS Child Care division reported contact with 18 different languages, Suffolk DSS reported 15 languages, and Erie DSS reported 11 languages. Each of the four programs with the highest number of languages included individuals with LEP who spoke or used Spanish, Sign/Braille, and Russian. Nassau DSS and New York City ACS Child Welfare division also encountered individuals who spoke Ukrainian.
**Essential Languages**

The survey requested that the programs report their most essential languages—those for which bilingual staff are needed. Twenty-two (or 59%) of the programs reported an essential language, which resulted in a list of 20 different languages (as compared to the 49 encountered). As shown in Table 5, Spanish was indicated by all 22 programs as an essential language. In approximately one-third of the programs, Spanish was the only essential language listed. Sign language was reported by five of the programs; French Creole and Russian were reported by four of the programs; and African languages, Arabic, Urdu, and Yiddish were reported by three programs each. The other languages presented in Table 5 were only considered an essential language by one or two of the programs.

**Table 5**

<table>
<thead>
<tr>
<th>Languages Essential for the Program</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>22</td>
<td>59%</td>
</tr>
<tr>
<td>Sign/Braille</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td>French Creole</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>Russian</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>African Language</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Arabic</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Urdu</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Yiddish</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Bengali</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Cantonese</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>French</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Hebrew</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Italian</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Korean</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Language</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>Mandarin</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Polish</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Punjabi</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Hindi</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Other (not specified)</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Other Chinese</td>
<td>1</td>
<td>3%</td>
</tr>
</tbody>
</table>

Figure 3 shows the number of different essential languages identified by the programs. Thirteen programs listed only one essential language. Six programs (two in Rockland, and one each in Broome, Livingston, Ulster, and Steuben) reported two to five essential languages. Nassau DSS reported six different essential languages. New York City ACS reported the highest number of essential languages, including 17 languages by Child Welfare Services and 14 languages by the Child Care division.

![Figure 3: Number of Essential Languages Listed](image)

**Most Commonly Encountered Languages**

Each program was asked to list the top six languages it encountered. The far left column of Table 6 shows each language that was mentioned in a top six list by at least one program. The column on the far right provides a count of the number of programs that included each specific language in their top six list. For example, 34 programs listed Spanish among the top six languages encountered, 16 programs included Sign language or Braille in the top six, and 11 programs mentioned Russian in their list. Twenty other languages were included in at least one program’s top six list, but were not included in the inventory of top six languages for more than five programs.

In addition to recording the top six languages, the programs were asked to describe how frequently they came into contact with individuals speaking each of the six languages. In most cases, the programs provided this information, but when a program failed to indicate the frequency of contacts for a language listed in the top six, the program was counted in the column labeled “Frequency Not Reported.”
Spanish-speaking individuals were encountered almost daily by 11 programs (about one-third), 2-9 times a month by 5 programs (15%), and 1-12 times a year by 15 programs (44%). In contrast, although included in nearly half of the top six lists, day-to-day contact with clients using Sign Language or Braille was less common. Rather, the programs typically came in contact with these individuals between 1-12 times per year. This pattern was observed for several other languages, including Russian, Mandarin, Polish, and Ukrainian. However, at least two programs reported daily contact with individuals speaking Russian (Suffolk DSS and Rensselaer DSS), French Creole (Nassau DSS and Rockland DSS Child Care division), Cantonese (ACS Child Welfare Services and Otsego DSS), and Other Chinese languages (Greene DSS and Wyoming DSS). ACS Child Care also reported daily encounters with clients who spoke French or Yiddish.

Table 6
Languages Listed as Most Encountered and Their Frequencies

<table>
<thead>
<tr>
<th>Language</th>
<th>Frequency of Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Reported</td>
</tr>
<tr>
<td>Spanish</td>
<td>3</td>
</tr>
<tr>
<td>Sign Language/Braille</td>
<td>1</td>
</tr>
<tr>
<td>Russian</td>
<td>0</td>
</tr>
<tr>
<td>French Creole</td>
<td>1</td>
</tr>
<tr>
<td>Mandarin</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Other Chinese</td>
<td>1</td>
</tr>
<tr>
<td>African Languages</td>
<td>0</td>
</tr>
<tr>
<td>Polish</td>
<td>0</td>
</tr>
<tr>
<td>Ukrainian</td>
<td>0</td>
</tr>
<tr>
<td>Cantonese</td>
<td>0</td>
</tr>
<tr>
<td>Arabic</td>
<td>0</td>
</tr>
<tr>
<td>German</td>
<td>0</td>
</tr>
<tr>
<td>Hebrew</td>
<td>0</td>
</tr>
<tr>
<td>Korean</td>
<td>0</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>0</td>
</tr>
<tr>
<td>French</td>
<td>0</td>
</tr>
<tr>
<td>Yiddish</td>
<td>0</td>
</tr>
<tr>
<td>Bosnian</td>
<td>0</td>
</tr>
<tr>
<td>Greek</td>
<td>0</td>
</tr>
<tr>
<td>Italian</td>
<td>0</td>
</tr>
<tr>
<td>Urdu</td>
<td>0</td>
</tr>
<tr>
<td>Siyr</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
</tr>
</tbody>
</table>

*For Siyr the frequency of encounter was not reported.
Note: Essex and St. Lawrence Counties did not respond to this question on the top six languages encountered. Thus, the responses in this table are based on 35 of the 37.

Nature and Importance of the Program to Eligible Individuals with LEP

As described in Chapter 4, the OCFS-supervised programs that completed the survey provided a variety of services that support, protect, and promote the healthy development of children and families, including preventive services, child protective services, foster care, adoption,
independent living, adult protective, supportive housing, child care, and adolescent pregnancy prevention. (See Table 2).

In addition to delineating the nature of the services provided, the survey included several questions aimed at documenting some of the programs’ operating procedures. Specifically, the questions inquired about access to and the requirements for participation in the programs and the availability of corresponding materials and supports in languages other than English. Of particular interest were the languages in which the following documents were available: (a) program applications or written consent forms; (b) written notices of rights and benefits; (c) other required written documents; (d) posters and signs; and (e) mandatory renewal or recertification forms. In addition, the survey asked about the availability of bilingual employees’ capacity to assist with intake, case coordination, and mandatory groups. This section describes the responses to these questions, and then compares the materials and capacities available to the languages encountered (discussed in the previous sections). We have structured the presentation of results within this section to reflect three “stages” of the service delivery model: access, participation, and continuation.

**Initial Information, Access, and the Application Process**

*Signs or posters announcing the program.* Thirty-two programs reported using signs or posters to announce the program in English, and of these, 24 also had signs or posters available in a language other than English. As shown in Table 7, signs or posters announcing the program were made available in 18 languages other than English. Twenty-four programs had signs or posters available in Spanish, and for nearly all of these programs, this was the only non-English language for which signs or posters were offered. Three programs had signs or posters available in a range of different languages, including Rensselaer DSS, which had materials in 14 languages, Nassau DSS, which had eight languages, and Wyoming DSS, which had four languages.

**Table 7**

| Languages in which Signs or Posters were Available to Announce the Program and Language Services |
|---|---|
| **Signs or Posters Announcing the Program** | **Signs or Programs Announcing Language Services** |
| **Number** | **%** | **Number** | **%** |
| Spanish | 24 | 65% | 17 | 46% |
| Russian | 2 | 5% | 10 | 27% |
| French | 2 | 5% | 9 | 24% |
| Vietnamese | 2 | 5% | 8 | 22% |
| Korean | 1 | 3% | 8 | 22% |
| Italian | 1 | 3% | 8 | 22% |
| Polish | 1 | 3% | 8 | 22% |
| Yiddish | 2 | 5% | 7 | 19% |
| Arabic | 1 | 3% | 7 | 19% |
| Farsi | 0 | 0% | 7 | 19% |
| Hindi | 0 | 0% | 7 | 19% |
| Tagalog | 0 | 0% | 7 | 19% |
| Ukrainian | 0 | 0% | 7 | 19% |
| Urdu | 0 | 0% | 7 | 19% |
| Sign/Braille | 0 | 0% | 7 | 19% |
Signs or posters announcing the availability of language services. While only about half of the programs had signs or posters announcing language services, these were available in 28 of the 49 languages encountered. Seventeen of the 37 programs (46%) had signs or posters available in Spanish, 10 had signs in Russian, nine in French, and eight in Vietnamese, Korean, Italian, and Polish. In addition, eight of the programs had signs available in at least 13 languages (Figure 4).

<table>
<thead>
<tr>
<th>Language</th>
<th>Signs or Posters Announcing the Program</th>
<th>Signs or Programs Announcing Language Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Chinese(other)</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Bengali</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Bosnian</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>French Creole</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Hebrew</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Cantonese</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>German</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Japanese</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Greek</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Thai</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Armenian</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Figure 4: Signs or Posters Announcing Program and Language Services

Written notices of rights or benefits. Of the 37 programs, 30 of them provided written notices of rights or benefits not related to LEP in a language other than English. As reported in Table 8, written notices of rights or benefits (not related to LEP) were available in 20 languages. All 30 programs provided written notices of rights or benefits in Spanish, but only three of the programs (9%) reported having notices available in another language. New York City ACS’ Immigrant Services provided written notices of rights and benefits in four languages and Nassau DSS provided them in eight languages. Greene County reported having written notices of rights or benefits available in 18 different languages despite the small number of LEP clients that attempted access each month.
Table 8
Languages Program Application, Written Consent, Rights and Benefits
Information Available

<table>
<thead>
<tr>
<th>Language</th>
<th>Rights and Benefits Information</th>
<th>Program Application and Consent Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Spanish</td>
<td>30</td>
<td>81%</td>
</tr>
<tr>
<td>Russian</td>
<td>3</td>
<td>16%</td>
</tr>
<tr>
<td>Arabic</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>French</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>French Creole</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Korean</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Yiddish</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Italian</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Bengali</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Bosnian</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Chinese</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Farsi</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Hindi</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Polish</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Tagalog</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Ukrainian</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Urdu</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Sign/Braille</td>
<td>1</td>
<td>3%</td>
</tr>
</tbody>
</table>

Distribution of Number of Languages

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Number</th>
<th>Percent</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>7</td>
<td>19%</td>
<td>8</td>
<td>22%</td>
</tr>
<tr>
<td>One (Spanish only)</td>
<td>27</td>
<td>73%</td>
<td>27</td>
<td>73%</td>
</tr>
<tr>
<td>2-5 languages</td>
<td>1</td>
<td>3%</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>6-10 languages</td>
<td>1</td>
<td>3%</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>11-20 languages</td>
<td>1</td>
<td>3%</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Program applications or written consent forms. Table 8 also displays the number and percentage of programs having program application or consent forms available in a language other than English. Most programs (78%) reported having applications and written consent information in a non-English language. However, of the 49 languages spoken by individuals with LEP who used or attempted to access services, written materials that were required for program access were available in nine (24%) of the languages needed: Spanish, Russian, Arabic, French, French Creole, Korean, Vietnamese, Yiddish, and another language not specified. All of the programs that had applications available in a non-English language provided forms in Spanish. A few LDSSs had applications available in a number of languages, including Nassau LDSS, which provided applications in eight different languages, and Westchester LDSS, which provided applications in two different languages.

Program Participation

Bilingual staff assistance at intake. A large proportion of the programs (73%) reported that they had bilingual staff to assist individuals with LEP at intake (Figure 5). Collectively, the programs
were able to assist with intake in 26 different languages. As expected, most programs were able to assist in Spanish, and close to half of these programs were able to assist in Spanish only (Table 9). Six of the programs reported availability of staff to assist with Sign Language or Braille at intake. Bilingual staff speaking French and Russian were each available in five programs and Italian in four programs. Nassau LDSS (15) and Rockland LDSS (13) had employees who were able to assist with intake in the greatest number of different languages.

![Figure 5: Availability of Bilingual Staff to Assist with Intake and Case Coordination](image)

_Bilingual staff assistance in case coordination._ About half (54%) of the programs had bilingual staff available to assist with case coordination, although not as many languages were accommodated (20) as compared to intake (26). As shown in Table 9, Spanish was again the most widely supported language, with Spanish-speaking staff provided in 46% of the sites. There were three sites where Spanish-speaking staff was not available, and instead other languages were accommodated. The three sites were Sullivan (Vietnamese, Sign/Braille, Polish), Rensselaer (Sign/Braille), and Lewis (French). Seven of the programs reported that staff were available to assist with Sign Language or Braille for case coordination. Two or more programs reported the availability for case coordination of bilingual staff that spoke Russian (4 programs), Romanian (3), French Creole (2) and Hebrew (2). Nassau DSS had bilingual staff available to assist with case coordination in 16 different languages. However, the languages for which Nassau had bilingual staff available for case coordination were not always the same as the languages for which staff was available at intake, indicating a possible gap within a site where LEP clients are numerous. This discrepancy also existed at other sites, and may highlight the need for additional attention and resources to be allocated for services once clients have enrolled. For example, Rockland LDSS had staff available in only six languages for case coordination, but supported 13 different languages at the stage of intake.
Table 9
Availability of Bilingual Staff for Assistance at Intake and for Case Coordination

<table>
<thead>
<tr>
<th>Bilingual Staff Available to Assist</th>
<th>Intake</th>
<th>Case Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Spanish</td>
<td>25</td>
<td>68%</td>
</tr>
<tr>
<td>Sign/Braille</td>
<td>6</td>
<td>16%</td>
</tr>
<tr>
<td>French</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td>Russian</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td>Italian</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>Hebrew</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Polish</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Yiddish</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Other (not specified)</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Romanian</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>French Creole</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Farsi</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Hindi</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>African Language</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Arabic</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Cantonese</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Greek</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Korean</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Portuguese</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>German</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Hungarian</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Mandarin</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Punjabi</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Thai</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Urdu</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Other Chinese</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Groups necessary for continued program involvement. Nearly half of the programs (18 of the 37) reported conducting groups or activities that are mandatory for continued enrollment or success in the program. However, only 39% of the programs that conduct mandatory groups reported that they conduct groups or activities in a language other than English.

Continued Participation: Mandatory Renewal or Recertification Forms

Of the 37 programs that completed the survey, 23 programs reported that they have renewal or recertification forms that are mandatory for continued enrollment. Twenty of the 23 programs that had mandatory renewal and recertification forms could also provide them in a language other than English. In addition, three other programs reported the availability of renewal and recertification forms in other languages but did consider them mandatory for continued enrollment. Table 10 shows the languages for which renewal and recertification forms were available. Twenty-one of the 23 programs had the forms in one additional language; in all of these cases, the language was Spanish. Rensselaer DSS had forms available in 13 different languages, and Nassau DSS provided forms in four different languages.
In total, renewal or recertification forms were available in 15 non-English languages (including a non-specified language). Most of these programs provided forms in Spanish, and two programs had forms available in Armenian and Russian. Renewal and recertification forms for the other languages listed in Table 10 were only available at one program.

<table>
<thead>
<tr>
<th>Languages in which Renewal and Recertification Forms Available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number</strong></td>
</tr>
<tr>
<td>Spanish</td>
</tr>
<tr>
<td>Armenian</td>
</tr>
<tr>
<td>Russian</td>
</tr>
<tr>
<td>Chinese</td>
</tr>
<tr>
<td>Czech</td>
</tr>
<tr>
<td>French</td>
</tr>
<tr>
<td>French Creole</td>
</tr>
<tr>
<td>German</td>
</tr>
<tr>
<td>Greek</td>
</tr>
<tr>
<td>Italian</td>
</tr>
<tr>
<td>Japanese</td>
</tr>
<tr>
<td>Korean</td>
</tr>
<tr>
<td>Polish</td>
</tr>
<tr>
<td>Vietnamese</td>
</tr>
<tr>
<td>Other (not specified)</td>
</tr>
</tbody>
</table>

Distribution of the number of languages

| None                  | 14 | 38% |
| One (Spanish only)    | 21 | 57% |
| 2-5 languages (4)     | 1  | 3%  |
| 6-10 languages        | 0  | 0%  |
| 11-20 languages (13)  | 1  | 3%  |

Summary of LEP Activities

As mentioned previously, programs reported 49 different languages spoken by current or prospective individuals with LEP. For at least 31 of the languages, there was at least one program that provided application or written consent forms, written notices or rights of benefits, signs or posters announcing the program or language services availability, or renewal/recertification forms in the language. Despite the large number of different languages encountered, only 20 languages were considered “essential.” In addition, most programs provided access for individuals with LEP in one or two languages with the majority facilitating access to and use of services in Spanish. A few of the forms were available in several different languages (Armenian, Bosnian, Cambodian, Chinese, other Chinese, Czech, Farsi, German, Greek, Hindi, Japanese, Korean, Thai, Tagalog, Ukrainian, and Vietnamese), but none of these languages were reported by the programs as essential. This indicates that some of the programs are providing at least one language service beyond those that they consider essential to individuals with LEP. In contrast, no forms were available for three of the essential languages mentioned: African Languages (2), Mandarin (1), and Punjabi (1).
Table 11 provides a comparison of the number of programs encountering different languages and the number of programs that reported providing accommodations for individuals speaking each language in the areas of sharing information and promoting access, facilitating the application process and program participation, and sustaining or continuing services. However, a one-to-one correspondence between the programs encountering a language and the programs offering accommodations for that language cannot be assumed. For example, while seven programs reported encountering Arabic and seven programs reported having signs announcing the availability of language services in Arabic, we cannot assume that the programs that encountered Arabic-speaking clients are the same programs that have the signs in Arabic. Although there was often considerable overlap between the languages encountered and the language services provided, there were other instances when a program did not report encountering a client who spoke a particular language, but already had forms or signs in that language should the event arise.

As shown in Table 11, although nearly all of the programs (36) reported that they encountered Spanish, only 29 indicated that they provided application or consent forms in Spanish, 26 had bilingual Spanish-speaking staff, 25 offered assistance in Spanish at intake, 17 offered assistance in Spanish at case coordination, and 23 provided renewal and certification forms in Spanish. Thus, it appears there are a number of programs that cannot accommodate the needs of Spanish-speaking individuals at one or more stages of the service delivery system based on the translation abilities accessed through the survey. Resources to accommodate most of other languages encountered are even more limited. For example, less than a third of the programs that reported contact with individuals using Sign Language or Braille provided forms or language services in Sign Language or Braille at each stage of the service delivery process. For all languages, there was a gap (that was often large) between the number of programs encountering the language and the number of programs offering application, consent, renewal, and certification forms that have been translated into that language. And for every language encountered, except for French, there was a deficit in the availability of bilingual staff to assist individuals with LEP with the intake and case coordination process. However, despite the lack of available staff or services, we cannot assume that individuals with limited English proficiency were denied access to the programs or benefits as other translation avenues may be used such as in-house contracting or informal translators. Indeed, in the final section of the paper, we present other resources that are used to help supplement staff’s efforts in meeting the needs of clients with limited English proficiency.
<table>
<thead>
<tr>
<th>Language</th>
<th># of Programs Encountering the Language</th>
<th># of Programs Offering Application and Consent Forms in Language</th>
<th># of Programs Providing Assistance With Language at Intake</th>
<th># of Programs Providing Assistance With Language at Case Coordination</th>
<th># of Programs Offering Renewal and Certification Forms in Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>36</td>
<td>17</td>
<td>29</td>
<td>26</td>
<td>25</td>
</tr>
<tr>
<td>Sign/Braille</td>
<td>22</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Russian</td>
<td>15</td>
<td>10</td>
<td>1</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Arabic</td>
<td>7</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>French</td>
<td>7</td>
<td>9</td>
<td>1</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Italian</td>
<td>7</td>
<td>8</td>
<td>0</td>
<td>5</td>
<td>4</td>
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<tr>
<td>Polish</td>
<td>7</td>
<td>8</td>
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<td>4</td>
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<td>Ukrainian</td>
<td>7</td>
<td>7</td>
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<td>1</td>
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<tr>
<td>French Creole</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>2</td>
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<td>African</td>
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<td>German</td>
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<td>3</td>
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<td>Hebrew</td>
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<td>0</td>
<td>3</td>
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<tr>
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<td>3</td>
<td>2</td>
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<tr>
<td>Japanese</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Korean</td>
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<td>8</td>
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<td>2</td>
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<td>Mandarin</td>
<td>5</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Other</td>
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<td></td>
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</tr>
<tr>
<td>Chinese</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Vietnamese</td>
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<td>Cambodian</td>
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<tr>
<td>Bosnian</td>
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<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Language</td>
<td># of Programs Encountering the Language</td>
<td># of Programs Offering Application Forms in Language</td>
<td># of Programs with Bilingual Staff That Speak Language</td>
<td># of Programs Providing Assistance with Language at Intake</td>
<td># of Programs Providing Assistance with Language at Case Coordination</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------------</td>
<td>--------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
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<td>0</td>
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<td>1</td>
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<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Tagalog</td>
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<td>0</td>
<td>0</td>
</tr>
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<td>Urdu</td>
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<td>3</td>
<td>3</td>
</tr>
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<td>Armenian</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
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<td>French</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cajun</td>
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<td>1</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Mexican dialect</td>
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</tr>
<tr>
<td>Other Native</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
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<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
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<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Siyr</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Taiwanese</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Thai</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Turkish</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other (not specified)</td>
<td>0</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Tuscarora</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Availability of Resources to Develop and Implement a Statewide Plan

The final topic the survey was designed to address concerned the identification of existing and potential resources to assist programs in the development and implementation of a statewide plan to improve access for individuals with LEP. As discussed in the prior section, the availability of translated application, consent, renewal and certification forms already help to promote access to and continued participation in LDSS services, and are expected to continue to play a critical role. Below we describe other resources that have the potential to facilitate the development and implementation of a statewide LEP plan. Unfortunately, responses from the survey suggest that many of the potential resources that are needed to create strong foundations to implement an LEP plan were in need of development themselves. In addition, several of the programs expressed concern about obstacles challenging their own efforts to facilitate meaningful access to services for individuals with LEP.

Availability of Form that Explains the Rights of Individuals with LEP

Less than one-third of the programs (27%) had a form that explained the rights of an LEP individual. This is an important area in need of development.

Availability of Bilingual Staff

Most of the programs (82%) reported that they had bilingual employees. Consistent with the demand, 70% of the programs had employees who were able to speak Spanish (see Table 12). Staff who were able to use Sign Language or Braille were available in seven programs, French- and Russian-speaking staff were available in six programs each, and French Creole, German, Greek, Hebrew, Hindi, Romanian, Vietnamese, and Yiddish bilingual staff were available in three programs each.

<table>
<thead>
<tr>
<th>Languages Spoken by Bilingual Staff</th>
<th>Total Programs</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>26</td>
<td>70%</td>
</tr>
<tr>
<td>Sign/Braille</td>
<td>7</td>
<td>19%</td>
</tr>
<tr>
<td>French</td>
<td>6</td>
<td>16%</td>
</tr>
<tr>
<td>Russian</td>
<td>6</td>
<td>16%</td>
</tr>
<tr>
<td>Italian</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td>Polish</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>French Creole</td>
<td>3</td>
<td>11%</td>
</tr>
<tr>
<td>German</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Greek</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Hebrew</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Hindi</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Romanian</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Yiddish</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Cantonese</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>Mandarin</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Other Chinese</td>
<td>2</td>
<td>5%</td>
</tr>
</tbody>
</table>
Several of the programs were quite versatile in the languages they could accommodate using bilingual staff. Nassau LDSS had bilingual staff available in 21 different languages, Rockland DSS in 13 different languages, Suffolk in six different languages, and Sullivan DSS in five different languages. The number of programs that employed bilingual staff exceeded the number of programs that reported essential non-English languages.

**Oral and Written Translation Services by Bilingual Staff**

As shown in Table 13, despite the variety of languages spoken, nearly one-third of the programs reported that less than 1% of their employees were bilingual and able to communicate verbally or interpret orally in another language. However, a quarter of the programs reported that between 5 and 10% of their staff were bilingual and able to conduct oral translations, and in two programs, bilingual individuals represented more than 50% of the employees. The proportions of bilingual staff who could accurately translate written materials were lower than those reported for oral translations. For example, only 14% of the programs reported that between 5 and 10% of their staff were able to accurately translate written materials, and in 39% of the programs, less than one percent of the staff could translate written materials.

<table>
<thead>
<tr>
<th>Total Programs</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farsi</td>
<td>2</td>
</tr>
<tr>
<td>Korean</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
<tr>
<td>Dutch</td>
<td>1</td>
</tr>
<tr>
<td>Hungarian</td>
<td>1</td>
</tr>
<tr>
<td>Portuguese</td>
<td>1</td>
</tr>
<tr>
<td>Punjabi</td>
<td>1</td>
</tr>
<tr>
<td>Thai</td>
<td>1</td>
</tr>
<tr>
<td>Urdu</td>
<td>1</td>
</tr>
<tr>
<td>African Languages</td>
<td>1</td>
</tr>
<tr>
<td>Armenian</td>
<td>1</td>
</tr>
</tbody>
</table>

**Distribution of the number of languages**

<table>
<thead>
<tr>
<th></th>
<th>Total Programs</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>8</td>
<td>22%</td>
</tr>
<tr>
<td>One (Spanish only)</td>
<td>13</td>
<td>35%</td>
</tr>
<tr>
<td>2-5 languages</td>
<td>13</td>
<td>35%</td>
</tr>
<tr>
<td>6-10 languages</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>11-20 languages</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>21+languages</td>
<td>1</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Table 13**

**On-Site Staff Translation and Interpretation Abilities**

<table>
<thead>
<tr>
<th>Employees in the Program Can Effectively Provide</th>
<th>Communication and Interpretation</th>
<th>Accurate Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Less than 1%</td>
<td>9</td>
<td>32%</td>
</tr>
<tr>
<td>1-4%</td>
<td>8</td>
<td>29%</td>
</tr>
<tr>
<td>5-10%</td>
<td>7</td>
<td>25%</td>
</tr>
<tr>
<td>11-25%</td>
<td>1</td>
<td>4%</td>
</tr>
</tbody>
</table>
Employees in the Program Can Effectively Provide Communication and Interpretation Accurate Translation

<table>
<thead>
<tr>
<th></th>
<th>Communication and Interpretation</th>
<th>Accurate Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>26-35%</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>36-50%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>51-75%</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>More than 75%</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: This table is for those programs that reported availability of bilingual staff. Among the 29 that reported bilingual staff, one did not respond to the question. Thus, the above numbers are based on 28 programs.

Strategies Used to Facilitate Verbal Communication with LEP Clients

More than half the programs reported utilizing a variety of methods to facilitate oral language translation services, including using employees as interpreters, contracting with interpreters or language banks and telephone services, collaborating with community-based organizations, and using friends or relatives (Table 14). The most frequently reported method was using friends or relatives to communicate verbally with clients (89%). The use of employees as interpreters was also common, with 80% of the programs reporting that they used this method at least some of the time. Use of contract interpreters, community-based organizations, and telephone services was reported by 69 to 58% of the programs. Language banks were the least utilized type of verbal translation with 75% of the programs reporting never tapping this resource. The survey did not inquire as to why language banks are not used.

### Table 14
Method and Frequency of Use of Verbal Interpretation and Written Translation Options

<table>
<thead>
<tr>
<th></th>
<th>Employees as Interpreters</th>
<th>Contract Interpreters</th>
<th>Language Banks</th>
<th>Community-Based Organizations</th>
<th>Telephone Services</th>
<th>Friends/Relatives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Frequency of services used to communicate verbally</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>7</td>
<td>19%</td>
<td>11</td>
<td>31%</td>
<td>24</td>
<td>75%</td>
</tr>
<tr>
<td>Some of the time</td>
<td>17</td>
<td>47%</td>
<td>16</td>
<td>44%</td>
<td>7</td>
<td>22%</td>
</tr>
<tr>
<td>Most of the time</td>
<td>12</td>
<td>33%</td>
<td>9</td>
<td>25%</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100%</td>
<td>36</td>
<td>100%</td>
<td>32</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency of utilization to translate written materials a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>Some of the time</td>
</tr>
<tr>
<td>Most of the time</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Although included in the written survey, Telephone Services was not included in the online survey and thus is not included in the table.
The most popular method selected to facilitate written translations was employees, with 68% of the programs reporting they used this option at least some time. The next most popular option was friends and relatives (59%). Forty-one percent of the programs reported using community-based organizations at least some of the time. The least used option was Language Banks, with 77% never utilizing this service for written translations. Friends and relatives seemed to function as a valuable resource for translation needs, especially for languages that are not frequently encountered.

**Tracking**

While outside written and oral translation services and increased bilingual staffing capacity may help to promote meaningful access to services, programs reported few mechanisms in place to track individuals with LEP who request and/or use services. Only two of the programs (5.4%) had a system in place to track individuals with LEP who request services. Two of the programs did not provide a response to this question and 33 programs (89%) specifically responded “no.” ACS Immigrant Services responded “no” to this question, but in an addendum to the survey ACS reported that it is able to identify individuals whose primary language is not English through Connections, which may serve as a possible resource for other agencies. Other LDSSs may also use this resource. However, neither ACS nor any other LDSS can track individuals with LEP who request services, or whether LEP clients are receiving language assistance services.

**Reported Challenges and Roadblocks**

Programs were given the opportunity to raise issues and concerns that were not covered in the survey, but that may interfere with the provision of services to individuals with LEP. One concern that was mentioned repeatedly pertained to the use of professional interpreters in child and family welfare cases and juvenile justice cases to interpret sensitive information. Some of the problems cited included: emotional responses by interpreters not trained in CPS casework, interpreters’ responses interfering with translated testimonies in child welfare cases, and lack of training to deal with the trauma associated with some of the reported events. However, survey respondents also described problems when relying on family members and friends as interpreters, such as potential biases and interfering “helping behaviors.” Another program expressed concern regarding the cost of LEP services, particularly the expenses associated with using professional interpreters and translation services.

**Successes in Removing Language Barriers**

Programs were asked to provide information regarding additional resources they have utilized to successfully serve LEP clients. Four of the respondent programs have implemented language line services, including one program that uses a service available within minutes to CPS workers via their cell phones. CPS workers have been very positive about this service and usage has exceeded expectation. Several programs have identified community-based resources to assist in meeting their language needs, such as local colleges/universities, language institutes, and organizations serving deaf and hearing impaired individuals with LEP. One program reported use of contract interpretation and translation services and in-person interpreters that provide
translation on an individual basis. This same program has made bilingual skills a preferred qualification.

A number of the programs also reported using forms, notices, and other documents that were translated into another language by OCFS. In total, programs reported using 32 OCFS forms, notices, or documents available in languages other than English, including 19 OCFS forms in Spanish. Of note, Form LDSS 2921, is translated into and frequently used by the programs in a number of languages, including Spanish, Arabic, Chinese, French, Haitian, Korean, Russian, Vietnamese, and Yiddish.

ACS, the largest social service district in the state, has taken a number of steps to remove language barriers faced by individuals with LEP in New York City. ACS is covered by Local Law 73, which requires ACS to determine the primary language of individuals with LEP that seek or receive services and to notify all clients of available language services. ACS has already developed a number of forms, handbooks, guides, letters, and surveys in languages other than English to remove language barriers for individuals with LEP. These range from providing translation services for the Parents and Children’s Rights Hotline in Creole, Arabic, Spanish, Chinese, Korean, and Russian to making forms available in a variety of languages. For example, ACS has translated the following forms into a number of different languages in effort to be responsive to their LEP clients: (1) Form 701B-Notice of Temporary Removal (in Haitian, Italian, Russian, and Spanish); (2) Form 701D-Notice of Removal from a Foster Home (in Spanish); (3) Form CS-864-Voluntary Placement (in Spanish); and, (4) Family Preservation Program (FPP) Goal Sheet, to determine goals for intervention use (Creole, Arabic, Spanish, Chinese, Korean, and Russian).

Similarly, the following handbooks and information guides are available in several languages: (1) ACS Parent Handbook, which provides parents with a guide to the agency and their rights, was translated into Creole, Arabic, Russian, Korean, and Spanish; (2) the Handbook for Healthy Development of Children and Youth, which advises families on their child’s early development and health needs, was translated to Creole, Arabic, and Russian; (3) the 30 Day Family Permanency Conference Brochure, which explains family permanency, was created in Creole, Arabic, Spanish, Chinese, Korean, and Russian; (4) the Parents’ and Children’s Rights Hotline Flyer was translated into Creole, Arabic, Spanish, Chinese, Korean, and Russian; (5) Parents’ Guide to NYS Child Abuse and Neglect Laws has been made available in Spanish, Chinese, Creole, French, Korean, and Russian; (6) the Post-Adoption Guide was translated into Spanish; (7) the Parents Guide to Adoption and Safe Families Act (AFSA) has been made available in Arabic, Chinese, Creole, French, Korean, Russian, and Spanish; and (8) the four Child Safety Conference letters, which invite families to attend family conferences, were translated into French.

In addition to various handbooks and forms, ACS has translated several client satisfaction surveys into other languages. These surveys have been used to provide feedback on topical

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4 The forms, notices, or documents available in Spanish as reported by the programs have the following unduplicated publication/form numbers: 1115, 1301, 4699, 2921-SP, 4148A, 4148b, 4148c, CPS Indicated, CPS notify, LDSS-2921, LDSS 4583, LDSS 4594, LDSS 4595, LDSS-4779, LDSS-4780, LDSS-4781, LDSS-4782, LDSS-4783, Notice CPS Report, and Notice of Indication.
conferences, such as the 30 Day Family Permanency Conference Survey, the 72 Hour Child Conference Survey for Parents and Caretakers, and the Family Preservation Program Satisfaction Survey.

ACS also has implemented several other mechanisms to further promote meaningful access to services for individuals with LEP. Specifically, ACS has (a) instituted telephone translation systems where CPS workers are able to access translation services within minutes via cell phones; (b) contracted with translation/interpretation services for in-person and document translations; (c) contracted with interpreters for field offices and the Office of Advocacy; and (d) made bilingual abilities a preferred qualification in hiring CPS workers. In addition, ACS has worked with community-based organizations that are familiar with the language needs of individuals participating in their programs to minimize the use of relatives to interpret. Although consent forms regarding medical care are currently available only in Spanish, ACS is in the process of translating medical consent forms into other languages, including Chinese, Russian, Korean, and Haitian Creole. ACS also conducts parenting\(^5\) and anger management classes in Spanish, a class that is mandatory for foster parents.

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\(^5\) Parenting and anger management classes are sometimes required by court order in order for parents to maintain custody of their children or to reunify them.
Chapter 6
Resources, Models, and Costs: Moving Towards Implementation

This chapter highlights existing practices, resources, materials and models that may be helpful when developing and implementing an LEP plan. The discussion of resources is divided into two sections: those internal to OCFS and those external to the agency. In addition, Chapter 6 provides a brief presentation concerning potential costs associated with developing and implementing an LEP plan. As little is known about the actual dollar amounts needed to comply with EO 13166, the section on costs offers a starting point for such considerations.

Internal Resources: OCFS’s Translation Services

As described in Chapter 2, OCFS has provided Spanish translation services since the agency was created in 1998. OCFS currently translates various materials into Spanish, Arabic, Chinese, Russian, and Braille. As described in the previous chapter, Spanish is the LEP language most often spoken and encountered throughout New York State; and PIO routinely translates agency forms and publications into Spanish. PIO also regularly reviews Spanish translations performed by outside vendors and, once approved, arranges for posting to the OCFS website.

Most requests for translation services come from the Division of Development and Prevention Services, the Division of Administration (Bureau of Training), and the Commission for the Blind and Visually Handicapped. In the past, the Division of Administration has submitted a number of requests for lengthy Spanish translations related to training projects with outside vendors. Examples include: the New York State Foster Care Manual, the New York City Foster Parent’s Guide to Adoption, the New York City Foster Parent’s Guide to Adoption, and the Handbook for Youth in Foster Care. Some of these larger projects are outsourced using Office of General Services approved vendors such as Language Services Associates. These vendors provide both written and oral translation services and interpretive services for both common and rare languages, as well as American Sign Language. In addition, in February of 2007, the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) contracted Telelanguage to assist with the verbal interpretation of child abuse reports, and with the translation of various letters related to child protective services. The services provided by Telelanguage to the SCR expand upon the language assistance services that were previously provided by its former vendor, Language Line.

PIO also coordinates the translation of materials into other languages through an informal agreement between the Office of Temporary and Disability Assistance (OTDA) and OCFS. OTDA’s Translation Unit provides translations into Chinese, Russian, and Arabic free of charge. OCFS’s CBVH assists with the in-house translation of materials into Braille, and provides contact information for outside translation services for the visually impaired when the demand exceeds CBVH’s capacity.
External Resources: Beyond OCFS

As OCFS moves forward in developing a plan to enhance access for individuals with LEP to the services offered, there are several models and resources external to OCFS that may prove useful. For example, as discussed previously, the federal government has developed several reference materials to assist recipients of federal financial assistance with the planning and implementation of LEP initiatives. These include the two documents referenced in Chapter 3, Appendix F, that were used to help design the OCFS survey: The Limited English Proficiency Resource Document – Tips and Tools from the Field, and the Language Assistance Self-Assessment and Planning Tool for Recipients for Federal Financial Assistance. Both resources were published by the DOJ as technical assistance documents for recipients of federal funds. In addition, the official LEP website (www.lep.gov), which is maintained by the federal government, lists a number of guidance documents, examples of implementation plans, and resources. These include multilingual materials, guidelines for using translation services or interpreters, training programs for interpreters and individuals with LEP, and a language clearinghouse (www.lep.gov/recip.html). In addition, DOJ recently initiated an annual national conference on providing services to individuals with LEP. The conference offers an opportunity for representatives from federal, state and local agencies; community organizations; and interpreters and translators to discuss their efforts to promote meaningful access to services for individuals with LEP. The conference offers a unique resource for agencies and programs to exchange ideas and strategies regarding EO 13166.

In the following sections we describe three other types of external resources: progress made by other states in developing LEP plans, programs and materials that were developed by community-based organizations outside of New York State, and practices that are currently in use within the state.

LEP Plans from Other States with Comparable LEP Populations (see Appendix C).

In addition to reviewing the federal resources described above, SPPD conducted Web-based searches and reviewed a number of articles to identify several programs, protocols, and references that may provide valuable information to the parties entrusted with the development of an OCFS LEP action plan. These materials and the programs highlighted represent only a fraction of the choices and resources available. The models and documents selected directly relate to New York State’s language needs, and incorporate many of the practices recommended in the federal regulations.

As mentioned in Chapter 2, PIO researched how other states with comparable populations in terms of size and level of diversity are complying with LEP requirements. The initial research focused on nine states, and the results regarding the steps taken by other states to facilitate access to services for individuals with LEP were shared during a presentation at an Executive Staff meeting in April of 2005. In May of 2007, PIO updated its search by studying the websites of the states that appeared to be quite advanced in responding to the LEP requirements. The four states selected for the review were Minnesota, California, Georgia, and Texas.
PIO updated information using the same seven characteristics that it considered in its initial search for LEP plans nationwide, due to the impact that they may have in the development of an OCFS plan. These are:

- the department/agency responsible for implementing and monitoring the LEP plan;
- the availability of an LEP plan on the agency’s website;
- the roles of the county;
- the languages served;
- the translation/interpretation services provided;
- staff training; and
- monitoring/tracking of the execution of the agency’s LEP plan.

The results of PIO’s most recent search are described below.

The department/agency responsible for implementing and monitoring the LEP plan. Each of the four states included in the review assigned the responsibility of implementing its respective LEP plan or program to a single agency. However, these responsibilities varied within the agencies evaluated.

Two states, Minnesota and Georgia, divided the responsibility of managing the LEP plan across different divisions. Minnesota divided LEP management responsibilities across three different divisions within its Department of Human Services. The Transition to Economic Stability Division is responsible for managing the LEP program, including program planning; policy development and implementation; community outreach; managing the multilingual referral lines; reviewing the county LEP plans; and managing the LEP budget. The Office for Equal Opportunity is responsible for monitoring, compliance, complaint resolution, and training. The Management Services Division oversees the development and management of all agency forms and documents that are translated into other languages, and the technology used to communicate with LEP clients. Georgia adopted a similar approach, but shared the responsibility of monitoring the LEP plan between two divisions within the Department of Human Resources: the Policy Planning and Compliance Group and the LEP/Sensory Impaired Program Office.

In contrast to Minnesota and Georgia, California and Texas charged one bureau or division within an agency to oversee LEP activities. California designated the Department of Social Services’ Civil Rights Bureau with monitoring the state’s compliance through annual or biannual reviews, based on the size of the county. The Civil Rights Bureau also oversees the translation of vital and non-vital forms and publications. Similarly, Texas assigned the majority of the LEP responsibilities to their Health and Human Services Agency. This agency is responsible for the assessment and implementation of the LEP plan, including translation services. The Civil Rights Office within the agency is responsible for providing technical assistance, supporting the implementation of the law, reviewing language service plans, and handling complaints.

The availability of an LEP plan on the agency’s website. Minnesota, California, Georgia and Texas have either an LEP plan or a policy document available on their website. Minnesota, California and Georgia LEP websites link directly from the agency’s home page. Each site
contains specific information on LEP, including the background of the plan and the services offered. Texas’s LEP information can be accessed through its Civil Rights Office website.

The roles of the counties. The four states reviewed place the same responsibility on their counties. The counties are responsible for implementing the state plans and ensuring meaningful access to LEP clients.

The languages served. According to the four states’ websites, the states have forms and publications available in the following languages:

- **Minnesota**: Arabic, Amharic, Hmong, Cambodian, Laotian, Oromo, Russian, Bosnian, Somali, Spanish, and Vietnamese.

- **California**: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, Vietnamese, as well as, German, Hindi, Hungarian, Indonesian, Japanese, Portuguese, Samoan, Somali, Thai, Turkish, and Urdu on-line.

- **Georgia**: Arabic, Chinese, French, German, Gujarathi, Hindi, Korean, Spanish, and Vietnamese.

- **Texas**: Chinese, Creole, French, German, Hindi, Hmong, Italian, Korean, Polish, Russian, and Vietnamese.

Translation/interpretation services provided. Minnesota, California, and Georgia use both contracted translators/interpreters and bilingual staff. Texas relies on contractors for translation/interpretation services. Minnesota provides an “eDocs Search” option located on its “Documents and written materials in other languages” Web page. This search feature allows individuals to find specific documents, based on the document’s title, number or keyword, in any of the 12 languages offered.

Staff training. Each state trains its staff on its LEP plan, policies and procedures. Staff is trained on how to handle calls received from LEP clients, as well as how to access the communication tools offered by the agency.

Monitoring/tracking of the execution of the agency’s LEP plan. Each state monitors the effectiveness of its LEP plan. An assessment of needs, languages served, quality of services, and other tools is used to measure the effectiveness of the LEP plan. Georgia randomly selects LEP clients, employees who provide services to clients, and language contractors to offer feedback on the services provided. California provides an online survey for community-based organizations and legal advocates that allow these groups to rate the LEP services provided in their county Departments of Social Services. In addition, evaluations of California’s efforts have been described by independent agencies (c.f., Executive Summary, California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles and Interventions. California Healthcare Interpreters Association retrieved July 2006, from www.chia.ws/standards).
Finally, as a result of an April 25, 2007, memorandum sent by the Empire Justice Center (EJC) to Commissioner Gladys Carrión, which highlights six states that it recommends New York consider when formulating its own LEP plan, PIO conducted a follow-up search to identify the progress that four states, not included in PIO’s initial LEP research, made in implementing LEP policies. PIO found that Kentucky, Ohio, Pennsylvania, and Vermont have developed LEP plans since 2004. The other two states mentioned by EJC, Minnesota and Georgia, were already included in PIO’s original search and most recent update.

Community Exemplars

The materials, guides, and approaches developed by the four community-based organizations listed below were exceptional in nature. Although these approaches do not readily fit a state-based model, they may help the local departments of social services, voluntary agencies, and contractors or vendors that OCFS supervises with their efforts to improve access for individuals with LEP. Descriptions of the materials and approaches developed and described by the four organizations highlighted are included in Appendix G.


- PALS web site, [www.palsforhealth.org](http://www.palsforhealth.org) - “I Speak” language identification cards available in 13 languages that resulted from a 3-year project to raise awareness of language rights among health care clients in three counties in California. The purpose of the “I Speak” card is to assist the consumer in asking for an interpreter, and to help the health care provider in identifying the language spoken by the client.


Resources in Use within New York State (Appendix H)

- *Albany Memorial Hospital* contracts with a commercial telephone interpretive service, Cyracom Transparent Language services ([http://www.cyracom.com/](http://www.cyracom.com/)), to assist individuals with LEP who try to access hospital services. The contracted company installed phones with a dual handset throughout the hospital so that when a client needs interpretive services, Cyracom can be accessed from nearly anywhere in the facility. Once Cyracom is dialed, the patient representative or physician and the client can have a conversation using the two handsets. A trained interpreter, who is privy to both ends of the conversation on account of the two receivers, translates what is being said as it is spoken. Cyracom offers translators in
over 150 languages and charges a flat per minute for use, regardless of the
language requested. The translators receive training on ethics, HIPPA
compliance, cultural sensitivity, and translating medical materials. Marie
Cookson, a patient representative in the volunteer office at Albany Memorial
is happy to discuss the hospital’s use of the interpretive system.

- The New York State Education Department offers Bilingual Education Technical
Assistance Centers (BETAC) to all educators at 15 sites across the state. The centers
are the result of state issued grants and offer training and resources on issues related to
LEP students (visit http://www.emsc.nysed.gov/biling/betac.html). Several of the
centers, such as the Questar III and mid-Hudson BETAC sites, have developed
materials and services that provide impressive examples of how to enhance access for
individuals with LEP. Questar III, which serves 16 counties in the northeastern
portion of NYS, offers an online resource library of bilingual and ESL materials that
are available to borrow (http://www.betac.org/library.htm). The Questar III BETAC
site also assists with educational referral services, translators, and consultants.
Similarly, the Mid-Hudson BETAC center has developed a database that lists local
resources that can provide technical assistance around language needs (visit
http://ucbosces.schoolwires.com/4088_46821141521/lib/4088_46821141521/Translation_services.Web_site.pdf). OCFS leaders might benefit from a presentation by either of
these BETAC sites to learn about how they approached, developed, and harnessed
support for their projects. The various BETAC sites may also function as useful
resources for the LDSSs and/or represent an opportunity for OCFS to expand existing
technical assistance centers that already serve the needs of individuals with LEP to
incorporate support for use of social services.

- Several LDSS programs that completed the OCFS survey referred to established
model practices in their counties. For example, Adult Deaf Services in Erie County
works with the language department of the University of Buffalo to better serve
hearing-impaired clients. Alternatively, Rensselaer County offers free Spanish classes
for their employees to enhance their ability to respond to Spanish speaking clients.
Jefferson County clientele receive assistance from informal groups on an Army post.
Other LDSS agencies, such as Nassau County, report partnering with local
community-based agencies to better serve their clients needs. Nassau LDSS receives
assistance from the Helen Keller Institute when working with the blind and visually
impaired, Court Appointed Special Advocate (CASA), and the Hispanic Counseling
Services to meet the needs of Spanish-speaking clients. These different practices
suggest that opportunities may exist across New York State to form local partnerships
with military installations, universities, or community-based organizations that may
foster the development of appropriate materials and services that can respond to the
wide array of language needs. ACS’s mechanisms in place are described in detail in
the previous chapter.
Costs and Benefits: Initial Considerations

Costs

In 2002, the Office of Management and Budget (OMB) prepared a report to Congress summarizing the total costs and benefits associated with providing language assistance services according to the regulations specified in EO 13166 (Appendix I). To facilitate their estimate, OMB conducted a review of the literature, surveyed federal and state agencies about costs and benefits anticipated and documented in conjunction with implementing LEP initiatives, solicited public comment through a Federal Register announcement, created approximate numerical estimates of costs and qualitative evaluations of benefits at the national level, developed case studies of the potential impact of EO 13166 for welfare, health care, transportation, and immigration. While exact dollar amounts were not estimated, OMB expects that both the costs and benefits will be significant.

Relevant to this report is the case study that focused on the anticipated costs associated with providing language assistance services in the welfare sector of food stamps. Food stamp program costs are typically shared across federal, state, and local governments, similar to financial structure of many OCFS programs. In addition, the food stamp programs are available to low-income residents throughout the state who meet certain income-based eligibility criteria. These individuals come from diverse backgrounds, and can include a disproportionate representation of clients who have limited English proficiency. Finally, the Food Stamp Act of 1977 stipulates that the local agency must provide the application and other materials in non-English languages where the percentage of contact for a particular language exceeds five percent (OMB, 2002).

As part of OMB’s analysis of implementing language-assistance services for food stamp programs, they used data collected from state and local food stamp offices in Texas and California to estimate premium increases. The premium increase refers to the costs beyond those estimated to provide baseline services to individuals who speak English less than “very well.” Expenditures were estimated from several different sources. Estimated costs to translate written materials such as brochures, signs, and applications are considerable. For example, in a one-year period, California’s Department of Social Services translates approximately 3,000 pages into 24 languages, and spends about $73,000 a year on written translation services. County and local agencies may supplement the State’s efforts to translate materials. Similar to California, costs for written translation services in New York would be considerable given the number of languages for which materials are needed.

Costs to facilitate oral translation services include expenses for language line expenses, bilingual wage premiums, which are estimated to average about $100 per month, and opportunity costs resulting from additional time spent in eligibility interviews with potential clients whose English proficiency was limited (OMB, 2002). Interviews with non-English speaking individuals often take longer even when a bilingual staff member is conducting the interview because applications often contain technical phrases and terms that are not easily translated. If a translator is used instead of bilingual staff member, the opportunity cost is even greater. Additional equipment,
such as special phones, speakers, and receivers, are often needed to facilitate the use of language line. Similarly, special computer systems and software may be required to effectively track or monitor attempted access and service use patterns for individuals with LEP. However, as equipment for tracking and monitoring of attempted and actual service use for all potential and current clients is becoming more commonplace, the cost to document the patterns for individuals with LEP has probably diminished.

Based on the data collected and modeled, OMB estimated that there would be approximately a 15% premium increase to provide individuals with LEP nationwide with meaningful access to food stamps. In estimated dollars, an additional $82 per year would need to be spent for LEP households, increasing the total cost per LEP household to roughly $629 per year. For purposes of comparison, the premium increases for food stamps were the highest of the impacts estimated for the four domains (welfare, health care, transportation, and immigration), while the highest raw costs were estimated for health care. The increase in food stamps resulted from the intensity of contact with individuals with LEP: large numbers of low-income clients are seen frequently by state or local government agencies. Of note, the estimated premium increase did not consider steps already taken by agencies to meet the needs of individuals with limited English proficiency. Rather it estimated the overall cost to move from no service provision to full service provision for LEP clients. Since the Food Stamp Act included a mandate to accommodate individuals with LEP, the 15% premium increase probably overestimates the costs associated with providing additional services. These data were used to provide a snapshot of actual costs, and were not considered representative of all costs associated with implementing EO 13166.

Benefits

With respect to benefits, OMB speculated that the LEP initiative may result in “improved access to a wide variety of services, more efficient distribution of government services, and more effective public health and safety programs.” For example, the provision of bilingual staff may reduce the amount of time or number of encounters the LEP individual needs to interact with the host agency, and make the service delivery process more efficient. With regards to food stamps, workers in both Texas and California described the process of completing an application for food stamps using a translator who restates everything both the client and the intake worker communicates, as compared to the streamlined application process that results from using a bilingual staff person. These states estimated that the food stamp application process for a person with language difficulties takes approximately twice as long when using a translator as compared to a bilingual or same-language staff person.

The reduction of language barriers may reduce the potential for poor outcomes, such as going without needed medical care and suffering a serious disability as a result of the delay or inadequate care that was received. In addition, individuals who have difficulty communicating in English may also benefit from “experienc(ing) the fulfillment of a legal right” (OMB, 2002, page 16). Other unique benefits reported in the health care case scenario included decreased costs, increased client satisfaction, and true informed consent. Ultimately, all of the improvements mentioned are expected to affect the quality of life of individuals with LEP. While no case scenarios were done for prevention services, child welfare systems, child care, or
care of juvenile offenders, the case scenarios concerning food stamps may serve as a benchmark when considering supports needed to enhance access to services for OCFS clients.
Chapter 7
Needs and Recommendations

Based on data gathered from the LEP survey, it appears that many of the LDSSs that responded to the survey are taking steps toward meeting the access needs of individuals with LEP. However, once individuals with LEP have gained initial access to the programs, many of the requirements necessary to provide full and continued participation remain unmet. Given the number of languages spoken by the LEP population and the wide range and varied language needs and services offered across counties, the challenge of making all programs accessible to such a diverse group of individuals with LEP is substantial. Within this challenging context, several clear needs emerged.

This chapter discusses and prioritizes the LEP needs, and makes recommendations regarding possible next steps. The recommendations are based on both the needs of the LEP population, materials and resources currently available to counties, and the models discussed in the previous chapter. Each priority and recommendation was developed with the goal of promoting meaningful access for individuals with LEP to services supervised by OCFS.

High Priority Patterns and Needs

1) **Further support is needed to help translate mandatory forms and services into Spanish.** The most frequently reported language used by individuals with LEP attempting to or actively using LDSS programs is Spanish. Ninety-seven percent of the programs reported encountering Spanish-speaking clients and 70% reported that Spanish was an essential language. Although several LDSS programs offer translation services, have bilingual staff, and provide materials in Spanish, this foundation is not sufficient to cover all programs and meet the service needs of the Spanish-speaking LEP population.

2) **Additional support is needed to provide access to services for the blind and visually impaired, as well as the deaf and hearing impaired.** Braille and sign language were the second category of languages most broadly and frequently encountered; however, not a single LDSS program reported having materials available in Braille, and several programs are not meeting the needs of those who sign.

3) **Improved access to translation services is needed for LDSS programs that serve clients speaking Russian or French Creole.** A large proportion (41%) of the programs that responded to the survey serve clients or prospective clients who speak Russian and 11% responded that Russian is essential to the program. While, 19% of the programs had bilingual staff that spoke Russian, few were positioned to provide written forms, posters, notices in Russian. Similarly, 16% of the program reported encountering French Creole, which was an essential language for 11% of the programs and ranked in the top six languages encountered by 14% of the programs. Only one program had written forms, posters, and/or notices in French Creole, while 11% of the programs had bilingual staff speaking French Creole.
4) While all districts face challenges in providing meaningful access to individuals with LEP, the challenges faced by Nassau, Rockland, Suffolk, and Westchester are exceptional in nature. These four counties not only serve a large proportion of individuals with LEP, ranging from 9% to 37%, but also have a need to supply services in 8 to 31 different LEP languages. We recommend that these districts be considered high-priority areas for increased assistance and/or the implementation of pilot programs that attempt to bolster access for individuals with LEP. In addition, we note the considerable diversity of languages encountered by New York City, but in light of the steady progress made by ACS in regards to LEP, we currently do not consider New York City a high priority district.

5) A centralized language bank is needed to help support LDSS programs that frequently serve individuals with LEP with diverse or unique language needs. A consistent pattern emerged where most LDSS programs served a small group of individuals with LEP with varied language needs, but few reported having translated materials or translation services. One-third of the programs faced the challenge of facilitating access to services for clients from at least five different languages to as many as thirty-one different languages. However, the data suggest that only a few of these programs served enclaves of individuals with LEP who spoke the same language. Rather most reported a situation in which they served clients with a wide range of language needs in dispersed locations scattered across the county. For example, the OCFS-supervised programs in Essex, Sullivan, Otsego, Clinton, St. Lawrence, and Putnam encountered between five and seven languages, but the estimated proportions of LEP clients served (if known) represented less than 3% of their total client population. We refer to these as second tier priority areas. Hence, there is a clear need for a centralized language resource in these counties.

**Recommendations and Considerations**

In response to the needs identified and in keeping with the standards reviewed and exemplars provided above, we recommend two immediate action steps.

1) **Establish an interdepartmental work group to address EO 13166 at a state level.** The interdepartmental staff assigned to this project would be responsible for identifying available state resources to develop a uniform strategy in responding to EO 13166 and the recommendations of the U.S. Department of Health and Human Services. The work group may be comprised of representatives from various agencies, namely the New York State Office of Temporary and Disability Assistance, Department of Health, Department of Labor, Department of Education, and/or others. Joint efforts with other state agencies would facilitate more uniform policies and practices statewide, and would reduce costs associated with implementation. States such as Georgia, Kentucky, Minnesota, Ohio, Pennsylvania, and Vermont can serve as models for collaborative endeavors.

2) **Establish an OCFS intra-agency work group or bureau to oversee the development, implementation, and ongoing monitoring of EO 13166.** This work group or bureau would be responsible for developing a responsive OCFS LEP plan, documenting the status of LEP efforts in all counties and voluntary agencies under the purview of OCFS, and monitoring the progress, implementation, and effectiveness of the resulting LEP plan. This includes building data tracking systems and quality assurance measures to monitor
compliance, and developing training materials and forums to educate and provide technical assistance to recipients of federal financial assistance that are under the purview of OCFS.

Based on the varied and substantial demands related to the development, implementation, and ongoing administration of an LEP plan, we recommend that the LEP work group or bureau reflect a multi-disciplinary approach. Specifically, we recommend that the following divisions assign LEP representatives to collaborate on formulating the plan and conducting activities consistent with federal guidelines:

Division of Public Affairs
Division of Legal Affairs
Division of Development and Preventive Services
Division of Rehabilitative Services
Division of Administration
Division of Information Technology
Office of Strategic Planning and Policy Development
Office of Equal Opportunity and Diversity Development

In addition, we recommend that lead work group or bureau members attend the annual LEP conference sponsored by DOJ and other federal agencies to promote collaboration with other LEP efforts and to acquire current information on LEP initiatives across the nation.

3) Develop a formal LEP plan. The plan should utilize the common LEP definition given in EO 13166 and consider the steps already taken by other states highlighted by PIO. In addition, we recommend that the LEP work group consider the following options, strategies, and concerns when developing the OCFS LEP plan:

a. **Consider proposing a two-tier system that prioritizes approaches to providing meaningful access based on the size or density of the LEP population served.** Counties that serve a large number of individuals with LEP, speaking languages determined as essential by the programs, may need to provide in-person interpretation and translation, and applications and other forms in non-English languages. For example, Spanish was encountered by 97% of the programs, and also was reported to be essential in 59% of the programs. For pervasive and essential languages, it is important to have in-person interpretation and translation services available through bilingual or multilingual staff or volunteers specifically trained as interpreters and translators. The recommended practices and training should follow the guidelines outlined by the Executive Summary, National Standards for Culturally and Linguistically Appropriate Services in Health Care (see Appendix J). In locations where the supply of trained bilingual staff is limited, incentives may be needed to attract or train additional staff. For example, Georgia attracts bilingual workers by offering those that pass a language proficiency exam a pay supplement.
In contrast, a second tier might serve counties that encounter a limited number of LEP clients, or LEP clients with diverse language needs. The use of commercial telephone interpretive services may be useful in areas where individuals with LEP make up less than 5% of the eligible population (the cutoff standard used for the Food Stamps Act). For this second tier, commercial telephone interpretive services such as the one used by Albany Memorial Hospital (described above under resources within NYS Resources) may be helpful. Alternatively, OCFS could explore expanding existing contracts with their language vendors or other vendors that already have an agreement with one of the New York State agencies (http://www.ogs.state.ny.us).

b. Consider creating, posting, and distributing signs, cards, and brochures to inform LEP clients of their rights in the languages most frequently encountered across New York State. Developing and distributing materials similar to the “I can speak” cards created by PALS would help create awareness of LEP services for both clients and staff members. In addition, expanding OCFS’s translated materials would provide additional support to clients, administrators, and frontline staff at OCFS-supervised programs. Initial efforts might better support the languages that were encountered by at least five percent of the programs that responded to the survey: Spanish, Sign Language/Braille, Russian, Arabic, French, Italian, Polish, Ukrainian, French Creole, African dialects, German, Hebrew, Hindi, Japanese, Korean, Mandarin, other Chinese dialects, Vietnamese, Cambodian, Cantonese, Farsi, Greek, Punjabi, Yiddish, Urdu, Bengali, and Polish.

c. Consider encouraging programs and LDSSs to develop their own LEP plans that comply with the OCFS plan and DHHS regulations, while tailoring them to local needs. As part of the LEP policy, staff should be required to inform individuals with LEP that free language services are available. Posters indicating language availability, in the applicable LEP languages, should be prominently displayed in waiting rooms, intake areas, and other areas. Minimum standards need to be outlined to ensure that translators are able to interpret materials accurately and understand confidentiality issues. This also applies to members of the community who often engage in the role of interpreters and are asked to translate and interpret emotionally charged materials. As reported in the survey, many programs are relying on relatives and lay members of the community to provide translation services. Use of relatives and friends as interpreters should be a last resort, and should be limited to times when an individual declines the services of a professional interpreter or when the language spoken is not one of the priority languages. When the services of a professional interpreter are declined, a professional interpreter should determine the competency of the family member to interpret. While the use of non-professional interpreters has the advantage of tapping a local resource free of charge, it is not recommended by the U.S. Department of Health and Human Services guidelines on LEP, and also presents a challenge in preserving the accuracy and confidential nature of disclosures, especially those related to abuse and neglect. The U.S. Department of Health and Human Services Office of Minority Health has developed 10 standards for
Culturally and Linguistically Appropriate Services in Health Care (2001), which provides a useful guide for establishing quality standards.

d. Consider incorporating the fiscal impact associated with the steps and activities recommended in the LEP plan.

We also recommend that the team consider including the following long-term activities or objectives in the LEP plan:

e. Develop an LEP library of forms, pamphlets, signs and posters, and other necessary printed materials in languages frequently encountered that LDSS programs can access on an as-needed basis. One possible long-term goal might be to continue to compile and catalogue a directory of OCFS materials available in English and other languages, similar to OCFS’s online list under “Publications,” to be published and/or posted on the OCFS website, as well as translations of the core applications, consent and recertification forms, and handbooks and documents that OCFS requires. A centralized database would help to facilitate consistency across districts regarding the availability and accessibility of materials in foreign languages. Once catalogued, OCFS should publicize their availability.

f. Develop, document, and enforce a protocol to assess the competency of programs using or providing interpretive services. Currently, there are no mechanisms in place to track, monitor, or evaluate use of services by individuals with LEP or improvements resulting from LEP initiatives. In addition, the evaluation of the services’ responsiveness to individuals with LEP should include a mechanism for feedback or grievances from individuals with LEP. As mentioned above, the vastness of this task would likely require dedicated staff or a unit to oversee activities related to EO 13166. Assigned staff should work with the Bureau of Training to organize the training of administrative and frontline staff regarding LEP policies, and should provide technical assistance to counties and/or voluntary agencies attempting to develop local LEP plans.

g. Provide technical assistance to LDSSs to help facilitate the development of databases to track individuals with LEP attempting to access or actively using services. Across OCFS programs, several counties reported that they “did not know” the number of individuals with LEP attempting to access or use specific OCFS programs. Without these numbers it is difficult to establish a baseline for reliable estimates when tracking how well programs are doing in serving individuals with LEP. As the OCFS LEP plan moves forward and progress is measured, the reliability and accuracy of the reported numbers will become more important. The tracking database can be developed centrally through OCFS and installed in all locations. The database should contain a form to identify, track and assess the language needs of individuals with LEP, which staff would complete at intake or at first interaction.
h. Develop a database that lists the names and addresses of translation/interpretation services and/or individual translators and interpreters by language of expertise. The lists can be compiled at the state and local level, and cataloged on the OCFS website. The Mid-Hudson Bilingual/ESL Translation Assistance Center (BETAC) serves as a useful model for this effort (See Appendix H).

i. Expand OCFS or the LDSS provisions for and facilitation of ESL services for LEP clients using OCFS services. New York State already provides some adult ESL education programs that have been designated as promising practices (visit http://www.sharingsuccess.org/code/eptw/ae/esol.html). The Home English Language Program (HELP) is monitored through public libraries with the cooperation of local teachers, while the New York State Model for Family Literacy works with adult education and early childhood/elementary school programs to teach families English. Both programs may be meaningful destinations for individuals with LEP attempting to use, or actively using, OCFS programs. As mentioned above, BETAC also provides valuable technical assistance resources for both OCFS and the families under its purview.

Finally, if OCFS decides to conduct a second survey, we recommend making several changes to the LEP Survey to obtain more informative responses. Both PIO and the Bureau of Evaluation and Research are well positioned to develop an improved version of the survey.

Summary and Conclusion

LDSS programs frequently serve individuals who speak a language other than English and who have limited English proficiency. The responses to the LEP Survey indicated that the language needs within the state and OCFS-supported services are diverse. Some LDSSs reported serving few individuals with LEP who all share the same language, while other programs serve few individuals with LEP who speak a number of different languages, while still others serve many individuals with LEP who speak a wide array of languages. Regardless of the numbers served or languages spoken, barriers to meaningful access to needed services are numerous. Examples of frequently encountered barriers include lack of access to information about available supports, difficulty completing applications, and inability to participate in groups or other activities. Hence, the need to provide meaningful access to OCFS-supported services for individuals with limited English proficiency is both an area of great importance and a considerable challenge.

Based on patterns identified from responses to the survey, several high priority areas were identified. These included:

- more support to translate mandatory forms into Spanish and to provide translation services in Spanish;
- improving access to services for the blind, deaf, and visually and hearing impaired as well as individuals speaking Russian or French Creole;
• the allocation of additional resources to counties serving large LEP populations with diverse language needs, including Erie, Nassau, Rockland, Suffolk, and New York City;
• a centralized language bank to support LDSS programs that serve a very small number of individuals with LEP or those with a large number of diverse languages; and
• dedicated staff to formulate an LEP plan and its implementation.

To begin to address these areas of need, two recommendations were made:

• establish an inter-departmental or inter-agency team or bureau to oversee the activities related to the development, implementation, and ongoing monitoring of EO 13166, and

• develop a formal LEP plan.

In addition, while the established team will assume responsibility for developing an LEP plan, based on the survey results and literature reviewed, we outlined several short activities and long-term objectives that are worthy of consideration as the OCFS moves forward in its initiative to promote meaningful access to services for individuals with LEP. A fundamental ingredient of these activities is the development of a coordinated system to help track, monitor, and enforce LEP activities throughout New York State.

In conclusion, the LEP Survey conducted by OCFS provided an important step in documenting the number of LEP persons served, the frequency of these contacts, the importance of the programs to the individuals with LEP, and the resources available to help meet the needs identified. While many OCFS-supported services are already being accessed by individuals with limited English proficiency, there is room for improvement. The challenge to the recommended team and plan is to craft creative and cost-effective methods for promoting improved access to services. As the OMB stated in its report to Congress, however, the potential long-term benefits of such efforts are also considerable.
APPENDIX A
Executive Order 13166

APPENDIX B
Department of Justice Guidance Document

New York State
Office of
Children & Family
Services

Proposal to Address Executive Order
No. 13166 on
Limited English Proficiency

Prepared by the
Division of Public Affairs
Background

- Civil Rights Act of 1964
- Executive Order No. 13166
- George W. Bush affirms Executive Order 13166
Civil Rights Act

“No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

Section 601 of Title VI of the 1964 Civil Rights Act, 42 U.S.C § 2000d
Executive Order No. 13166:
Improving Access to Services for Persons with Limited English Proficiency (LEP)

- August 11, 2000: President Bill Clinton issued the Executive Order 13166.
- Designed to improve access to federally conducted and federally assisted programs/activities for LEP persons
- Federal agencies were asked to develop and implement a system to provide LEP persons access to services.
- Each federal agency was asked to prepare a plan to improve access to LEP persons, and submit plans to the U.S. Department of Justice.
- Executive Order charged the Department of Justice with the responsibility of providing LEP guidance to federal agencies.
Memorandum

- President George W. Bush affirmed his commitment to Executive Order 13166.
- Memorandum written by Assistant Attorney General, Civil Rights Division, Ralph F. Boyd, Jr. on October 26, 2001
- Federal agencies were directed to provide guidance and technical assistance to non-federal entities to provide meaningful access to LEP persons.
Who Are the Recipients of Federal Assistance?

Federal financial assistance includes: grants, training, use of equipment, donations or surplus property and other assistance.

Recipients may include:

- State, county and local health agencies
- State, county and local welfare agencies
- Programs for families, youth and children
- Hospitals, nursing homes, home health agencies and managed care organizations
- Universities and other entities with health or social services research programs
- State Medicaid agencies
- Public and private contractors, subcontractors and vendors

Note: Subrecipients likewise are covered when federal funds are passed through from one recipient to a subrecipient. Coverage extends to a recipient’s entire program or activity.
Who Is an LEP Individual?

“Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be limited English proficient, or “LEP,” and may be eligible to receive language assistance with respect to a particular type of service, benefit, or encounter.”

Department of Justice
Policy Guidance:
Enforcement of Title VI of the Civil Rights Act of 1964

DOJ recommends an analysis of four factors:
1. Identifying the number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee
2. Frequency with which LEP individuals come in contact with the program
3. Nature and importance of the program, activity, or service
4. Resources available to the grantee/recipient and costs

* Initial guidance document published January 16, 2001; revised version went into effect June 12, 2002
What Are Other States Doing?

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What Is New York State Doing?

- www.otda.state.ny.us
- www.omr.state.ny.us
- www.health.state.ny.us
- www.nydmv.state.ny.us
- www.labor.state.ny.us
Languages Spoken in New York State

- Approximately, 18 million people 5 years and older reside in New York State.
- Approximately, 5 million people speak a language other than English in their homes.
- Top 5 languages spoken: Spanish, Chinese, Italian, Russian & French

Source: 2000 U.S. Census Bureau
What Is OCFS Doing?

www.ocfs.state.ny.us

- Developed a Model LEP Plan for OCFS
- Developed an LEP Survey for OCFS
- OCFS LEP Plan will require an agency-wide collaboration:
  - Division of Legal Affairs
  - Office of Strategic Planning and Policy Development
  - Division of Administration
  - Executive Office
  - Division of Public Affairs
  - Office of Equal Opportunity and Diversity Development
Thank You!

“...promoting the well-being and safety of our children, families and communities....”
APPENDICES D & E
Informational Letter & LEP Survey


APPENDIX G
Community Exemplars

http://www.nilc.org/immspbs/la/Language_access_issue_brief-final.pdf


*Ensuring Access to Services and Programs for Clients with Limited English Proficiency (July 2004).* Planned Parenthood Federation of America. 

http://lri.lsc.gov/pdf/03/030063_uyeharamie.pdf
APPENDIX H
Resources in Practice Within New York State

Bilingual Education Technical Assistance Center (Questar III, BETAC).
http://www.betac.org/welcome.htm

Language service used by Albany Memorial Hospital - CYRACOM. http://www.cyracom.net/
APPENDIX I

Report to Congress on the Costs and Benefits of Executive Order 13166

APPENDIX J
Executive Summary: National Standards for Culturally and Linguistically Appropriate Services in Health Care