

[Agency Name]

BIENNIAL LANGUAGE ACCESS PLAN (BLAP)

PURPOSE:

The purpose of this plan is to establish and provide greater access and participation in public services, programs and activities for residents of the District of Columbia with limited or no-English proficiency that access services and information through [Agency Name]. "Access and participate" means to be informed of, participate in, and benefit from public services, programs, and activities offered by [Agency Name] at a level equal to English proficient individuals. Removing language barriers is critical to achieving access to needed services. In accordance with Section 5(a)(2) of the Language Access Act of 2004, each Language Access Plan (LAP) shall be updated on a biennial basis or every two years. The BLAP will be reported to and is subject to the review of the Mayor and City Administrator.

DUE DATE:

SUBMIT TO:

D.C. Office of Human Rights
Language Access Program
441 4th Street, N.W.
Suite 570 North
Washington, D.C. 20001

PREPARED BY:

Name

Position Title

Signature

Date

BACKGROUND

➤ [Agency Name] general mandate/mission.

- Identify all divisions within your agency and provide the function for each division that works under your agency's general mission/mandate. Identify which divisions/departments are "public service" divisions (i.e. divisions that furnish information and/or render services directly to the public). Please provide the following attachments: (1) your agency's overall organizational chart; and (2) name of program/division, address and telephone number for each division's public points of contact (if any).

➤ Summary of:

1. Total number or proportion of limited-English proficient and no-English proficient (LEP/NEP) individuals of populations served or encountered (disaggregated by LEP language) by your agency in the past two fiscal years;
2. Language services offered through your agency's services and/or programs:
 - Identify all types of language services provided to your agency's LEP/NEP clientele and describe the circumstances a language other than English is used (e.g. phone calls, walk-ins, hearings, intakes, etc.).
 - Identify by name, if any, all organizations your agency provides grants to or contracts out with to provide language services to your LEP constituency.
3. Provide a disaggregated budget allocated for Language Access purposes (i.e. identify the amount of funding that has been set aside for this BLAP period for the following: translations, oral interpretation services, bilingual staff, community partnership grants/contracts, and/or community outreach); and
4. Provide a list of your agency's bilingual staff employed in a public contact position (PCP). Include in your response the following:
 - (1) total number of budgeted employees for your agency; (2) total number of budgeted PCPs within your agency; (3) total number of bilingual PCPs currently staffed by your agency; and (4) % of bilingual staff in PCPs out of the total number of PCPs for your agency.
 - A matrix identifying all bilingual PCP staff by: (1) position/title; (2) division/unit within agency; (3) location address; (4) general contact number; and (5) language(s) spoken other than English.

BLAP INSTRUCTIONS

The following are detailed instructions for the five (5) objectives within the BLAP and the task(s) pertaining to each objective:

- Please describe your agency's plan for each objective in narrative format. Your narrative format should include responses to each requested piece of information found within the "narrative" section for each objective. Do not include the sections in bold within your narrative; however, ensure that each section has been addressed and/or responded to.
- Please indicate when your agency plans for a specific task to be completed in the table that follows each narrative by using an "x." For example, if your agency plans on completing Task 1.1 on quarters 2 and 4 of a fiscal year, you will indicate such in the appropriate boxes with an "x". The "x" designates when your agency will be reporting out on the progress of said task.
- Please complete (if required and where indicated) a BLAP matrix for each corresponding objective.
- "Universal tasks" are blanket tasks/requirements that apply to all agencies. "Agency specific" tasks are tasks tailored to your particular agency and agency's mandate. Each agency is responsible for creating an "agency specific" task where needed. These tasks can be generated, for example, from responses to narratives.
- Please leave the "___" in the Approval Checklist for the "Certification of Language Access Plan Approval for Covered Entity" section blank. This checklist is to be meant as a guide for agencies completing the BLAP, but is to be filled in by OHR after reviewing and ensuring that your agency's BLAP has met all standards within the checklist.
- Please fill in all information requested by way of bracket []. For example: "[Agency Name]" should be completed with your agency's name and "[insert date]" with the end date of the plan's second fiscal year (i.e. September 30, 20___).

OBJECTIVE 1:

To collect and update unduplicated data by “language spoken/used” and need by [insert date] in order to assess the effectiveness of [Agency’s Name] programs and services for LEP populations served. Collected data shall be used for planning, budgeting, and implementation purposes of current and future BLAPs when providing language assistance, as well as for adjustment purposes at the end of each fiscal year.

Legislative Requirement: To collect data about the languages spoken and the number or proportion of limited or no-English proficient persons speaking a given language in the population that is served or encountered, or likely to be served or encountered, by the covered entity. A covered entity’s databases and tracking applications shall contain fields that will capture this information. This provision applies to all contractors/vendors that [Agency Name] funds to carry out services to its public.

Programmatic Requirement: Data will be collected on a quarterly basis and provided to OHR by way of quarterly reports.

Narrative:

1. Describe in detail how objective and legislative requirements are being met within each of your agency’s public service divisions. Include in your response how you agency collects the data; maintains the data; and uses the data.
2. If legislative requirement has not been met, provide the following:
 - Detailed explanation for how your agency presently collects data on the constituents it serves;
 - Detailed explanation for why the requirement has not been met;
 - Detailed plan for how requirement will be met within this BLAP’s period.
3. When reporting out on the data (if data is collected through databases and/or questionnaires) please include the total number of individuals served per quarter and out of that number how many spoke English and other languages. Please disaggregate the “other” languages by name and percentage. Additionally, please include all Language Line data and any other data used in your quarterly reports.

**Identify the quarters in the table below for when each task(s) is estimated to be completed and reported on by placing an "X" in the box below the corresponding quarter.*

Tasks: Objective 1	[insert year] Quarter Due				[insert year] Quarter Due				Responsible Party (Name of individual and/or program, E-mail address)
	1	2	3	4	1	2	3	4	
Universal Tasks:									
1.1 Collect and update unduplicated data on the # of LEP/NEP clients served per quarter and languages spoken by said clients.	X	X	X	X	X	X	X	X	
Agency Specific Tasks:									

OBJECTIVE 2:

To translate agency vital documents into the LEP languages largely served by [Agency Name] by [insert date].

Legislative Requirement: [Agency Name] shall provide translations of vital documents into any non-English language spoken by a limited or no-English proficient population that constitutes 3% or 500 individuals, whichever is less, of the population served or encountered, or likely to be served or encountered by [Agency Name]. A "vital document" is defined as applications, notices, complaint forms, legal contracts, and outreach materials published by [Agency Name] that inform individuals about their rights or eligibility requirements for benefits and participation. This provision applies to all contractors/vendors that [Agency Name] funds to carry out services to its public.

Narrative:

1. Develop a systemic process for identifying documents for translation:

- Develop clear guidelines and procedures for surveying all existing English and in-language forms, correspondence and resources. Translation priority should be given to documents conveying critical information.
- Provide a narrative of agency guidelines/procedures with this plan. Narrative should include how your agency will ensure the quality of translations. Guidance on doing so includes:
 - Using the statement of work created by OHR for translations with each requisition/purchase order;
 - Drawing on focus groups comprised of community members proficient in the languages used for translation to provide effective quality control and create mechanisms to involve LEP residents in the process; and
 - Request that bilingual staff "proof" the translated documents prior to approval and dissemination.
- Describe how your agency's determination of the identification and translation of vital documents was reached.

2. Identify your agency's vital documents by using the BLAP's corresponding matrix.

3. Identify by name and contact information your agency points of contact (i.e. the agency's divisions/units) that readily display and provide the identified translations of vital documents to LEP/NEP constituents. If translations have not been printed or are unavailable to the public, please provide the following:

- Explanation as to why the translations are unavailable to the public.
- Detailed plan to disseminate translated documents within this BLAP's period.
- Plans to post documents on agency website.

4. Explain how your agency responds to correspondence written in a non-English language.

**Identify the quarters in the table below for when each task(s) is estimated to be completed and reported on by placing an "X" in the box below the corresponding quarter.*

Tasks: Objective 2	[insert year] Quarter Due				[insert year] Quarter Due				Responsible Party (Name of individual and/or program, E-mail address)
	1	2	3	4	1	2	3	4	
Universal Tasks:									
2.1 Develop, revise, and/or translate contents of [Agency name] archive of vital documents (complete corresponding matrix for this Objective).									
2.2 Develop, update, translate and maintain [Agency name] glossary of terms.									
Agency Specific Tasks:									

OBJECTIVE 3:

To provide oral language services and diversify [Agency's Name] bilingual workforce by [insert date].

Legislative Requirement: "Oral language services" means the provision of oral information necessary to enable limited or no-English proficiency residents to access or participate in programs or services offered by [Agency Name]. Services shall include placement of bilingual staff in public contact positions; the provision of experienced and trained staff interpreters; contracting with telephone interpreter programs; contracting with private interpreter services; and using interpreters made available through community services organizations that are publicly funded for that purpose. This provision applies to all contractors/vendors that [Agency Name] funds to carry out services to its public.

Programmatic Requirement: All LAA-implementing agencies are to establish, train employees on, and utilize Language Line Services or other such multilingual telephonic interpretation system.

Note: Clear protocols are to be created for staff in need of neutral interpreters. Use of family members, children, witnesses and victims as interpreters present ethical and other complications that can result in tragic consequences. It is the responsibility of your agency to provide neutral interpreters to all who need and/or request oral language assistance.

Narrative:

1. Describe the types of oral language services your agency currently provides to its LEP/NEP clientele (e.g. bilingual staff, staff interpreters, contract interpreters, telephonic interpretation, etc.).
2. Describe the types of oral language services your agency will provide to its LEP clientele within this BLAP's period. Include how this determination was reached in your response.
3. Describe how your agency notifies/advises its LEP/NEP clientele of the language assistance they are entitled to as it pertains to this objective. If your agency presently does not do this, please provide the following:
 - Plan for how your agency will accomplish this within this BLAP's period.
4. Describe agency plan on how it will implement ongoing and accurate assessments of staffing capacity by language and service area/unit.
 - How will your agency prioritize assignments of bilingual staff to programs with a high number of LEP clientele?
5. Develop a recruitment and retention plan to increase bilingual staffing in all areas of the department for this BLAP period.

- Explain how your agency currently recruits and will recruit for qualified bilingual staff.
- Explain how your agency assesses the language proficiency skills of its bilingual staff and/or applicants.
- Include incentives, if any, provided to bilingual staff for utilization of their language skills.

**Identify the quarters in the table below for when each task(s) is estimated to be completed and reported on by placing an "X" in the box below the corresponding quarter.*

Tasks: Objective 3	[insert year] Quarter Due				[insert year] Quarter Due				Responsible Party (Name of individual and/or program, E-mail address)
	1	2	3	4	1	2	3	4	
Universal Tasks:									
3.1 Provide oral interpretations to LEP/NEP populations.									
3.2 Assess bilingual staffing capacity within each agency division.									
3.3 Conduct recruitment activities for bilingual staff.									
3.4 Update bilingual employee matrix twice a year (complete corresponding matrix for this Objective).									
Agency Specific Tasks:									

OBJECTIVE 4:

To provide language access-related trainings, as well as linguistic and cultural competency trainings to Agency staff (mandatory for PCPs) by [insert date].

Programmatic Requirement: [Agency Name] shall conduct one linguistic and/or cultural competency training to Agency staff (mandatory for all PCPs) per fiscal year within this BLAP period.

*[Agency Name] shall also train each of its divisions, programs and activities on its policies and procedures of its language assistance activities/resources including, but not limited to, how to use [Agency Name] telephonic interpretation services; how to request and contract out with a translation and/or interpretation vendors.

Narrative:

1. Describe all trainings pertinent to this objective and programmatic requirement that are currently provided to agency staff. Include in your response whether said trainings are mandatory within your agency for some or all staff.
2. Provide a detailed plan for how your agency will accomplish this requirement within this BLAP's period.
3. Describe how your agency will provide staff with the skills and tools necessary to effectively serve LEP clientele. Guidance:
 - Staff should attend regular training that informs them of available language service resources within your agency. Such resources include but are not limited to:
 - a. Translation procedures;
 - b. Where translation documents can be located;
 - c. Procedures for when/how to call upon an interpreter; and
 - d. Procedures on how to use Language Line Services or other similar telephonic interpretation vehicle.
4. OHR Recommendation: Create an on-going Language Access Taskforce to assist your agency in monitoring and implementing this language access plan. This taskforce should convene regular meetings that bring together various stakeholders including but not limited to: key officers charged with implementing the language access plan, community leaders (if possible) and service providers working with LEP clientele, translators and interpreters.

**Identify the quarters in the table below for when each task(s) is estimated to be completed and reported on by placing an "X" in the box below the corresponding quarter.*

Tasks: Objective 4	[insert year] Quarter Due				[insert year] Quarter Due				Responsible Party (Name of individual and/or program, E-mail address)
	1	2	3	4	1	2	3	4	
Universal Tasks:									
4.1 Conduct a minimum of one cultural competency-related training session per fiscal year to ALL agency staff that fill a public contact position (complete corresponding matrix for this Objective).									
4.2 Train agency staff (mandatory for those who fill a public contact position) on Language Line or other telephonic interpretation services and usage (complete corresponding matrix for this Objective).									
4.3 Train ALL agency staff on [Agency Name] language assistance activities/resources (complete corresponding matrix for this Objective).									
Agency Specific Tasks:									
Suggested Task: Create an Agency Language Access Taskforce to assist in monitoring and implementing this plan and providing effective and quality services to the LEP populations of the District.									

OBJECTIVE 5:

To conduct outreach activities that target LEP populations served or encountered by [Agency Name] by [insert date] on services and programs offered by [Agency's Name].

Legislative Requirement: [Agency Name] shall develop a plan to conduct outreach to communities with limited or no-English proficient populations about their language access plans and about the benefits and services to be offered under the BLAPs. Methods of outreach may include the following:

- Organize events in LEP communities (e.g. fairs, community meetings, forums, educational workshops, etc.);
- Have agencies' mobile unit/truck/van visit specific community centers, community-based organizations (CBOs), schools, etc.;
- Disseminate information through LEP media outlets (e.g. local TV, newspapers, and radio);
- Have outreach personnel visit and/or perform regular walks throughout LEP communities;
- Partner with CBOs to implement a project and/or deliver a service (e.g. establish service agreements with CBOs to provide a specific service);
- Distribute flyers, brochures, and other printed material;
- Disseminate information through agencies' websites;
- Issue press releases;
- Run a topic-specific campaign to raise awareness of a particular service or project in an LEP community;
- Sponsor educational, informational, cultural and/or social events in LEP communities;
- Participate in LEP community events and/or meetings;
- Invite LEP community to visit agency service site(s) and government facilities;
- Cosponsor community events with CBOs and other LEP organizations;
- Participate in and/or co-sponsor OLA/OAPIA events;
- Organize regular needs assessment meetings with LEP CBOs.

[Agency Name] shall also conduct public meetings with appropriate advance notice to the public. "Public meetings" are meetings scheduled by a covered entity to foster community dialogue between the covered entity and the LEP/NEP community and allow for input or feedback from community members on issues of interest relating to the BLAP and its implementation, access by LEP/NEP constituents to services at [Agency Name], and/or other issues brought forth by the LEP/NEP community.

Narrative:

1. Describe current outreach methods and/or activities used by your agency to date to target the District's LEP/NEP populations. Please include the language populations (e.g. Spanish, Amharic, Vietnamese, etc.) targeted through said outreach and explain why your agency targeted this particular LEP population(s).

2. Identify and describe the services or activities that community grantees, if any, are performing on behalf of your agency for LEP communities (provide names of said grantees, type of services grantees are funded to deliver, number of LEP populations targeted to be served, and number of LEP population actually served).
3. Provide a detailed plan for how your agency will accomplish this objective and legislative requirement within this BLAP's period.

**Identify the quarters in the table below for when each task(s) is estimated to be completed and reported on by placing an "X" in the box below the corresponding quarter.*

Tasks: Objective 5	[insert year] Quarter Due				[insert year] Quarter Due				Responsible Party (Name of individual and/or program, E-mail address)
	1	2	3	4	1	2	3	4	
Universal Tasks:									
5.1 Conduct [insert #] outreach activities to each LEP/NEP community [Agency Name] serves that meet their "3% or 500 individuals" threshold.									
5.2 Conduct a minimum of one (1) public meeting per fiscal year within this BLAP period.									
Agency Specific Tasks:									

Certification of Language Access Plan Approval for Covered Entity

[Agency Name] has a language access plan that has met the standards and criteria outlined in the following checklist.

APPROVAL CHECKLIST

A successful Language Access Plan aligns the overall furnished information or rendered services, programs or activities to improvement objectives with the following three criteria. To qualify as an approved Language Access Plan for a specific covered entity, the plan must meet these criteria. It is critical that Language Access planning not be viewed or treated as a separate exercise. There must be strong connections between the proposed program, services, or activities of the covered entity and the plan improvements.

___ The plan establishes clear goals and a realistic strategy for the covered entity to provide public services, programs, and activities for residents of the District of Columbia with limited or no-English proficiency.

___ The plan provides for a sufficient budget to acquire and maintain the public services, programs, and activities that will be needed to implement the strategy for improved data collection, oral language services and written language services.

___ The plan includes an evaluation process that enables the Language Access Director to track and monitor progress toward the specified goals and make mid-course corrections in response to new developments and opportunities as they arise.

Approved by:

Agency Director: _____

Signature: _____ Date: _____

Language Access Director: _____

Signature: _____ Date: _____

Office of Human Rights Director: _____

Signature: _____ Date: _____