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Language Assistance Toolkit



Developed by Covian Consulting, Inc.

IN PARTNERSHIP WITH

the Center for Community Learning, Inc. and University of South Florida for the
Technical Assistance Network for Children's Behavioral Health

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Language Assistance Toolkit Contents

1. Introduction	1
1.1 Importance of Addressing Culture and Language in Behavioral Health Care	1
1.2 Policies on culturally and linguistically appropriate health care services.....	2
1.3 Purpose of the Toolkit	3
1.4 Audience of the Toolkit.....	3
2. Continuum of Language Assistance Policies and Services	4
3. Phase ONE: Understanding Language Proficiency and Multilingualism in Behavioral Health Care ...	5
3.1 Challenges of immigrant and other minority populations.....	5
3.2 Determining If an Individual has Limited English Proficiency	6
3.3 Communication with Individuals with Limited English Proficiency.....	6
3.4 Avoiding Communication Bias	7
3.5 Reducing Language Barriers	8
3.6 Working with Interpreters and Translators	8
3.7 Using Staff Members as Interpreters.....	9
3.8 The Role of Culture in Translation and Interpretation.....	10
3.9 Collecting Information from Individuals with Limited English Proficiency	12
4. Phase TWO: Conduct Individual and Organizational Assessments	13
4.1 Understanding the Policy Process	13
4.2 Checklist for Working with Interpreters.....	16
4.3 Vital Documents and Multilingual Materials	17
4.4 Guiding Questions for Printed Materials.....	18
4.5 Evaluating LEP Services	18
4.6 Behavioral Health Care Staff Training Tool.....	19
5. Phase THREE: Adapt and Implement Language Assistance Tools and Services.....	20
5.1 Action Plan.....	21
6. Phase FOUR: Conduct Ongoing Evaluation of Language Assistance Policies	23
7. “What would you do?”	
Interpretation and service delivery Vignettes	24
References	28
Appendix A — Glossary of Terms.....	29
Appendix B — List of online resources.....	31

PREFACE

The US Census indicates a growing number of non-English speakers in the United States (US Census, 2010). Experts expect this number to increase as past and current immigration patterns reshape U.S. demographics, as well as the number of languages spoken (US Census, 2010).

Data from the 2010 US Census shows that around 60 million people speak a language other than English at home. Individuals with Limited English Proficiency (LEP) are those individuals who do not speak English as their first language, and have limited ability to read, speak, or understand the English language. As the number of individuals with LEP continues to grow, and the demographics of the US continue to change, a renewed focus on appropriate services for individuals seeking behavioral health care is needed.

To adequately address the behavioral health needs of individuals with LEP, providers must offer appropriate and meaningful language assistance services that are culturally appropriate. Although there are many resources for health care providers working with persons with LEP, there are fewer resources that discuss the practical implementation strategies and practices into place in the everyday routine. This toolkit takes a practical approach to addressing language proficiency and multilingualism in behavioral healthcare, as well as the cultural aspects of language and how these issues can impact health disparities. The toolkit also provides sample tools and assessments that can be easily adapted, as well as vignettes to examine potential challenges with interpretation and service delivery for people with limited English proficiency.

This toolkit is intended for practitioners working in child-serving behavioral health care settings, including service coordinators, administrators, front office staff, etc. However, we expect it to be useful for a broad range of community service providers. The content emphasizes not only the importance of language, but also of cultural competence related to language access. By adopting this information and adapting the sample tools into the everyday culture of the service environment, behavioral health organizations can provide more appropriate services and improve the quality of care and its outcomes.

If you are interested in learning more about language assistance in behavioral health settings, a recorded webinar and online course are also available. The webinar guides the reader through the toolkit and the online course offers a more in-depth look at the topics covered in this toolkit.

1. Introduction

1.1 Importance of Addressing Culture and Language in Behavioral Health Care

The best health outcomes occur when people seeking care for behavioral health issues are treated holistically and in a culturally and linguistically appropriate manner (Sanchez, Chapa, Ybarra, & Martinez, 2014). In order to meet this need, policymakers have put in place national standards for Culturally and Linguistically Appropriate Services (CLAS) in medical and behavioral health care. The goal of these national standards is to improve quality of care and increase health equity through a framework for understanding diverse communities (US Department of Health and Human Services, 2014). These standards stem from Title VI of the Civil Rights Act of 1964, prohibiting discrimination based on national origin, and Executive Order 13166 issued in 2000, which states that people who have limited English proficiency (LEP) should have meaningful access to federally conducted and federally funded programs and activities. CLAS standards are intended to provide a reference and framework of recommended practices for appropriate service delivery that complies with Title VI and Executive Order 13166. They assist organizations in meeting the requirements of equal access and equal rights as provided for in Title VI and Executive Order 13166.

This toolkit addresses CLAS Standards 5-8 related to *Communication and Language Assistance*:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

CLAS Principles are:

- A starting point for your organization
- A set of recommendations for your way of providing services
- A guideline set in place by the federal government to ensure there is no discrimination due to language or culture

Keep in mind that...

Failure to follow the CLAS Principles and provide language services to LEP individuals is a violation of Title VI.

Why do we need this toolkit?

There is a need to examine culturally and linguistically appropriate services in behavioral health care because:

- There is no national language in the US
- Over 60 million people in the US speak a language other than English at home (US Census, 2010)
- There is a growing number of non-English speaking citizens in the US (US Census, 2010)
- Immigration numbers will continue to increase (US Census, 2010)
- Racial and ethnic minorities face additional barriers in seeking behavioral healthcare
- Research shows health outcomes are better when utilizing culturally and linguistically appropriate services (Sanchez, Chapa, Ybarra, & Martinez, 2014)
- Minorities are underserved in the current behavioral health care setting (http://www.nami.org/Template.cfm?Section=New_Freedom_Commission&Template=/ContentManagement/ContentDisplay.cfm&ContentID=28338)
- Individuals with LEP report lower satisfaction with medical encounters, receive less discussion and follow up on treatment, and receive different rates of diagnostic testing than English proficient patients (Patient Safety Authority, 2011).
- Persons with LEP will gain more attention as healthcare becomes more complex and the population more diverse. (Patient Safety Authority, 2011).
- Compared to individuals who are English proficient in similar circumstances, individual with LEP with behavioral health disorders are:
 - » Significantly less likely to identify a need for behavioral health services
 - » Experience a longer time having untreated disorders
 - » Use fewer health care services for behavioral health disorders

**Source: Bauer, Chen, & Alegria (2011)*

1.2 Policies on culturally and linguistically appropriate health care services

Organizations across health care fields are often required by their funders and accrediting agencies to develop and implement policies and procedures to address disparities that exist for persons with LEP. For example, organizations should have policies and procedures in place that:

- Identify and assess the language needs of persons with LEP
- Provide a variety of verbal language assistance options
- Ensure adequate translation of written materials
- Ensure persons with LEP are given language appropriate notice of their right to free language assistance
- Outline the cultural and linguistic competence training plans for staff
- Monitoring any existing language assistance program

1.3 Purpose of the Toolkit

The purpose of this toolkit is to help organizations to:

- Increase understanding of the barriers faced by individuals with LEP seeking behavioral health care services access to behavioral health care
- Better equip staff to provide linguistically and culturally appropriate services
- Provide tools to address the disparities that exist among individuals with LEP and behavioral health care
- Prepare for the number of individuals with LEP in the US to increase in the coming decades

1.4 Audience of the Toolkit

This toolkit is created for:

- Behavioral health practitioners (psychologists, social workers, nurses, case managers, counselors, family intervention specialists, etc.)
- Community health practitioners (community health workers, community educators, community advocates, community leaders, peer support specialists, etc)
- Administrators (program managers, program directors, board members, etc)
- Front line staff (receptionists, intake staff, outreach staff, etc.)

2. Continuum of Language Assistance Policies and Services

Understanding and incorporating language proficiency and multilingualism in behavioral health-care services is a cyclical process. For the purpose of guiding this toolkit and exploring the process, the process is broken down into four phases:

- Understanding language proficiency and multilingualism in behavioral health care
- Conducting individual and organizational reflection and assessment
- Adapting and implementing language assistance tools and services
- Evaluating language assistance policies and procedures

Figure 1: Continuum of Language Assistance Policies and Services



Keep in mind that...

The process should be repeated as needed and incorporated into the agency's strategic plan.

3. Phase ONE: Understanding Language Proficiency and Multilingualism in Behavioral Health Care

3.1 Challenges of immigrant and other minority populations

To meet the needs of immigrant populations in terms of behavioral health care, we must first understand the many barriers that can lead to disparities in care:

- Erroneous beliefs about people of certain races or ethnicities
- Fragmentation of services requiring many contacts with different systems
- Lack of availability of services
- Financial limitations making some available services inaccessible
- Insurance status
- Immigrations status creating fear of seeking services

(Source: <http://journals.psychiatryonline.org/article.aspx?articleid=87454> and DHHS, 1999)

Racial and ethnic minorities may face additional barriers, including:

- Mistrust and fear of treatment based on negative experiences in the past
- Cultural beliefs about illnesses and health that mainstream providers do not understand
- Racism and discrimination from individuals and institutions. These may be intentional or unintentional behaviors and policies.
- Language barriers that limit understanding
- Communication differences that challenge understanding
- Differences in help-seeking behaviors that may be misinterpreted as ignorance or “non compliance”

(Source: DHHS, 2001; National Alliance on Mental Health, 2014)

Although not all of these challenges are directly related to language access, they all play a role in the experience of people with limited English proficiency. Organizations and individual practitioners must consider all these disparities causing barriers when addressing language access policies. It is important to have open discussions about how language barriers affect the people seeking behavioral health services, and the risk that this may pose on quality of care. Similarly, it is important to be clear about the costs and the benefits of overcoming these language barriers.

3.2 Determining If an Individual has Limited English Proficiency

Staff at the point of first contact with an individual should do the following: determine whether that person is an individual with limited English proficiency, determine the primary language of the individual, and know how to request the appropriate language assistance services. In order to provide consistent and meaningful access to the services sought, it is recommended that the organization have in place a standard method to identify the language of a person with LEP.

The primary language of an individual seeking care can be identified through one or more of the following methods:

- “I Speak” Language Identification Cards
- A language identification poster displayed in the reception or intake area;
- Verification of foreign language proficiency by qualified bilingual staff (in-person, telephonically, or through video interpretation services);
- Verification of foreign language proficiency by a qualified interpreter (in-person, telephonically, or through video interpretation services); or,
- Self-identification by the individual with LEP or identification by a companion. (See Appendix for sample tools and useful links)

Did you know...

According to DHHS (2001), nearly half of Asian Americans and Pacific Islanders have problems with availability of mental health services because of limited English proficiency and lack of providers who have appropriate language skills.

3.3 Communication with Individuals with Limited English Proficiency

Communication is absolutely essential to ensure that individuals receive effective, individualized, timely, efficient, and equitable care (Green et al., 2005). Inadequate communication with individuals with LEP can impact the quality of care they receive (Minas, Stankovska, Ziguras, 2001). Poor communication can affect:

- Adequate monitoring of symptoms, medication, or treatment
- Understanding the experiences and point of view of the individual with LEP
- Perceiving the cultural context of a behavior

(Minas et al., 2001)

Communication is much more than language (speaking and writing). It is also paralanguage, which includes:

- Gestures (pointing)
- Changes in tone of voice
- Kinesics (body language: expressions, postures, etc.)
- Proxemics (distance between two people in conversation)
- Clothing
- Body decoration (tattoos, makeup, piercings, etc)

In a multilingual and multicultural context, it is important to examine our own interpretations of paralanguage and understand that these behaviors may have different meanings across different cultures. When there are individuals from different cultures and ethnicities in a conversation, misunderstandings, tensions, and miscommunication can arise, even when they are speaking the same language (Metge & Kinloch, 1978). This is especially true in circumstances in which conversation may involve complex medical meanings and vocabulary, topics that are sensitive or difficult to discuss, and personal matters. When people are attempting to communicate in different languages, the importance of nonverbal cues increases, as does the possibility of misinterpretation.

Certain communication behaviors may have different meanings in different cultures, such as:

- Shrugging, winking, nodding
- Eye contact
- Standing vs. sitting
- Personal space in conversation
- Appropriate language to express formality
- Addressing elders
- Greeting/meeting
- To gauge a person's culture, it is not inappropriate for the behavioral health specialist to ask the individual further questions about the person's culture if the answers are not clear

3.4 Avoiding Communication Bias

Communication bias results when we apply our own cultural standards to judge or interpret an individual based on his or her appearance, gestures, kinesics, language, or accent. Communication bias can be both nonverbal and verbal, and can have numerous implications for individuals with LEP and specialist in the behavioral healthcare setting.

Nonverbal Communication Bias

- Bias based on wardrobe
- Bias based on hair style
- Bias based on hand gestures
- Bias based on makeup

Verbal Communication Bias

- Bias based on accent
- Bias based on languages spoken
- Bias based on tone of voice
- Bias based on the use of slang or euphemisms

3.5 Reducing Language Barriers

There are three key approaches to address language access for individuals with LEP seeking behavioral health services. These are:

Providing qualified interpreters.

To do this it is necessary to:

- Identify professional interpreters in your area
- Understand the different modalities of professional interpreters (e.g. in-person, telephone, video)
- Train staff and clinicians to work with interpreter services

Hiring language concordant staff and clinicians

To do this it is necessary to provide:

- Language training for partially bilingual staff to increase their ability to communicate (not necessarily interpret)
- Proficiency testing of bilingual staff to assess their ability to translate non clinical, non confidential interactions (e.g. questions about parking, scheduling appointments, etc. – only professional interpreters may be used for clinical and other confidential information)
- Training on cultural and linguistic competence for all staff to better understand the needs individuals with LEP seeking care

Providing written and audiovisual materials in appropriate languages.

This includes:

- Language appropriate forms
- Language appropriate pamphlets, privacy statements, and other informational documents
- Language appropriate multimedia materials (e.g. videos, posters, photo stories, etc.)

These services are essential to provide the best care, and ensure the best outcomes for individuals with LEP. It is important that these services, materials and resources should be considered individually, and may vary by individual.

3.6 Working with Interpreters and Translators

Professional interpreters and translators are subject to specific codes of conduct and should be well trained in the skills, ethics of their craft, as well as the subject-matter and specific language of their field. When your organization is hiring translators or interpreters, it is important to ask about certifications, best practices, experience and training. The quality of interpretation should be the primary driver of the hiring decision. It is also important to provide training to the interpreter on any agency specific jargon, rules, and provisions of confidentiality. Interpreters will hear everything that the person seeking care shares with the clinician or staff member. This carries a high level of trust. All parties must feel comfortable that the interpreter will maintain strict confidentiality.

Interpreting is a complex task that combines several abilities beyond language competence in order to enable delivery of an effective professional interpretation in a given setting. The interpreter must be able to:

1. Comprehend two languages as spoken and written (if the language has a script)
2. Speak both of these languages
3. Choose an expression in the target language that fully conveys and best matches the meaning of the source language

A successful interpretation is one that faithfully and accurately conveys the meaning of the source language orally, reflecting the style, tone, and cultural context of the source message, without omissions, additions or embellishment by the interpreter.

Keep in Mind...

Avoid using uncertified bilingual staff, family members and children as interpreters or translators

Note that...

An interpreter translates orally while the translator translates written documents

3.7 Using Staff Members as Interpreters

Whenever possible, it is always preferable to use professional interpreters that are not officially affiliated with the service provider. However, if it does not violate confidentiality policies, bilingual staff may be asked to interpret or translate, but only if they are qualified. Bilingual staff who will be providing interpretation services must be assessed for their interpreter skills, and they must receive training on interpreter ethics and standards. Furthermore, there should be clear policies that delineate appropriate use of bilingual staff members, and contracted or staff interpreters, to ensure effective use of resources.

Think about this:

You just finish explaining a detailed treatment plan. The individual with LEP asks for an interpreting staff member as he does not feel comfortable with his English. When the interpreting staff member, an uncertified translator, comes to the office, you observe some cultural differences between the interpreter and the individual with LEP. The interpreting staff member nods his head as he ask the individual if he understands this plan of action. The individual raises his eyebrows, which the interpreting staff member understood it as confusion. So, without hesitation the interpreting staff member begins to explain the treatment plan once again, using simplified language and elaborating on possible confusing points. What the interpreting staff member may not have realized is that in the culture of the individual with LEP, raised eyebrows signifies, yes, I understand.

Remember, fluency must be assessed before to relying on any bilingual employee for interpretation. Bilingual staff must be certified as interpreters if they are going to interpret clinical or other technical communication.

It is possible that some staff members in your organization have some proficiency in more than one language, but not be completely bilingual. It is very difficult - probably impossible - for non-speakers of a language to assess the fluency of someone in another language. A person may be bilingual, but not be proficient enough in one or both languages to fully convey meaning adequately. The following figure illustrates some of the different possible levels of bilingualism among people who identify themselves as bilingual in English and Spanish.

Did you know...

Spanish is the second most common language in the United States, and is spoken by approximately 35 million people (US Census, 2010).

Keep in mind...

Without regular assessment and training, bilingual staff may not be able to provide the language access services necessary to ensure LEP individuals have meaningful access to your agency's program.

3.8 The Role of Culture in Translation and Interpretation

When using translators or certified interpreters, there are certain aspects in the culture of an individual with LEP that must be addressed.

Although the interpreter may be competent when translating spoken language, he or she may not understand the consequences of cross-cultural communication. In order to prevent incidents like this, interpreters should be aware that:

- Cross-cultural differences in spoken language exist not only between groups but also may vary by individuals regardless of the country of origin or other cultural associations.
- Cross-cultural differences exist in non-verbal language. Always seek clarification when an answer is unresponsive instead of making assumptions such as the person is impolite or does not want to collaborate.
- Stigma associated with accents may cause cross-cultural miscommunication. Keep in mind that everyone has an accent, but many people assume their accent is "neutral", and that other people's accents are "different." Many of accents carry harsh stigmas, even if you speak the same language as the individual with LEP.

(Source: Gluszek & Dovidio, 2010; Hale, 2013)

When translating documents into another language, consider the following:

- Not all languages have perfect translations for all English terms. Some words and phrases cannot be directly translated. It may take several sentences or a series of questions and answers to convey a meaning for which there is no word.

Think about this:

There are some terms that have been developed in U.S. English to refer to concepts that are difficult to explain. For example, terms such as “HMO” (health maintenance organization) or even “health disparity.” These ideas probably exist in all languages but if the words are translated literally, they would have no immediate meaning. Indeed, many English speakers would not understand the meaning of those phrases if they have not encountered them before in context.

- English uses many idiomatic expressions that cannot be translated literally.

Think about this:

Someone asks you where the treatment center is located. You respond that she should go around the corner and walk down the hall to the last door on the left. The person seeking services looks at you puzzled. You did not initially understand that the phrases “around the corner” and “down the hall” do not make sense to her and cannot be translated directly.

- It may be difficult for some people to understand the translation of scales or the concept of applying numerical concepts to abstract ideas.

Think about this:

You ask your patient what his pain level is, on a scale of 1 to 10. The patient responds, “How can my pain have a number?” You may have to rephrase the question and it may take several sentences to explain what you are asking.

- Translations of time may vary across cultures. Some cultures may not use clocks to tell time.

Think about this:

You ask the individual with LEP to keep a log of the times when he feels like he needs a drink. Instead of marking times (8 am, noon, etc), he marks “dinner time, driving home, bedtime.” “Every 12 hours” may be interpreted as “at 12 noon and 12 midnight.”

It is typical in Western cultures to operate on “clock time” (measured by minutes and hours). However, other cultures operate on “event time”, referencing how long it takes to get somewhere, or how long it takes to complete a task (Staff, 2012). Instructions such as “Wait a little while after eating,” can be interpreted differently, even if the words are translated adequately.

- There are certain assumptions associated with accents. Keep in mind that everyone has some sort of accent, and many of these accents carry harsh stigmas.

Think about this:

A white woman with a German accent and limited English proficiency walks into a clinic wearing jeans and a t-shirt. She is very worried about her child’s behavior and speaks very seriously and harshly demands to see a doctor. A brown skinned woman with a Philippino accent and limited English proficiency walks into a clinic seeking services wearing a pretty dress. She is very worried about her child’s behavior, weeps and desperately tries to ask for help. Think about the assumptions that clinic staff

might make about these two women, both positive and negative, based on their accent, skin color, dress, and communication style. Think about the combinations of appearance, accent and help-seeking communication style of the cultures you encounter in your community.

Figure 2: Understanding Different Levels of Language Proficiency

It's not as simple as "Do you speak English?" or "Do you speak Spanish?" There are many different levels of abilities and language comprehension.



3.9 Collecting Information from Individuals with Limited English Proficiency

When gathering information from individuals with LEP, particularly sensitive information, staff can take steps to ensure that the interaction is positive and yields accurate data. For example, during this interaction staff can:

- Explain why they are requesting the information so that the individual with LEP feels more comfortable disclosing it.
- Calm fears of discrimination by assuring the individual that the information is being collected so your organization can better serve his or her language and cultural needs.
- Ask the person directly about his or her needs to prevent profiling or stereotyping, such as making assumptions based on appearance, name, or address.
- Emphasize your organization's commitment to maintaining confidentiality.
- Be respectful of those who do not wish to disclose this information to you.

4. Phase TWO: Conduct Individual and Organizational Assessments

4.1 Understanding the Policy Process

All recipients of federal funds and all federal agencies are required by law to take reasonable steps to provide meaningful access to persons with limited English proficiency even if they operate in jurisdictions in which English has been declared the official language under state or local law. Implementation of a policy may present a challenge to many organizations unless there is an understandable operational definition of what the policy means for that agency. In an attempt to understand how the CLAS standard 5 is defined, and how it can be applied in your organization, consider the following criteria to evaluate how a policy is being implemented: directness, manageability, and visibility.

Directness. The extent to which an organization is carrying out the CLAS standards related to language assistance in terms of service type, program sustainability, and evaluation.

Manageability. The extent to which an organization has a management team or task force overseeing CLAS standards related to language assistance.

Visibility. The extent to stakeholders and individuals with LEP perceive that an organization is fulfilling CLAS Standards related to language assistance.

CLAS Standards Related to Language Assistance Policy Assessment

Are CLAS standards being implemented in your organization?

DIRECT Statements	Yes	No	In Process
My organization offers language assistance through the use of certified interpreters			
My organization provides translated documents in all languages spoken by our target population			
My organization seeks funding to meet the needs of individuals with LEP			
My organization has found ways to provide language assistance at not cost to individuals with LEP			
My organization provides timely language assistance services			
My organization evaluates the work of interpreters on a quarterly basis			
My organization evaluates the work of translators on a quarterly basis			
My organization uses language identification cards and other displays in different languages that state the availability of translators and interpreters in several languages at office entries and exists			
My organization has a LEP policy in place			
My organization has a discrimination complaint procedure in place			

MANAGEABILITY Statements	Yes	No	In Process
My organization participates in a task force to address the needs of individuals with LEP			
My organization has an internal committee that oversees the implementation of language assistance practices			
My organization's internal committee is made of diverse staff representing multiple languages			
My organizations internal committee meets on a quarterly basis to discuss the ongoing needs of individuals with LEP and reports back to the rest of the staff			
My organization has created systematic procedures for effective communication between staff and persons with LEP on phone calls			
My organization recruits and hires bilingual staff as needed			
My organization participates in a task force to address the needs of individuals with LEP			
My organization has an internal committee that oversees the implementation of language assistance practices			
My organization's internal committee is made of diverse staff representing multiple languages			
My organizations internal committee meets on a quarterly basis to discuss the ongoing needs of individuals with LEP and reports back to the rest of the staff			
My organization has created systematic procedures for effective communication between staff and persons with LEP on phone calls			
My organization recruits and hires bilingual staff as needed			

VISIBILITY Statements	Yes	No	In Process
My organization states our LEP policies and procedures on our website for LEP individuals, stakeholders, and other community members			
My organization states our LEP policies and procedures and language identification cards in our office for individuals with LEP, stakeholders, and other community members			
My organization offers language assistance in its automated telephone system and TTY / TDD Phone Messaging			
My organizations conducts an annual evaluation to document the perception of individuals with LEP regarding our language assistance practices			
My organization solicits feedback from community -based organizations on our LEP policies and procedures			
My organization states our LEP policies and procedures on our website for individuals with LEP, stakeholders, and other community members			
My organization states our LEP policies and procedures and language identification cards in our office for individuals with LEP, stakeholders, and other community members			
My organization offers language assistance in its automated telephone system and TTY / TDD Phone Messaging			
My organizations conducts an annual evaluation to document the perception of individuals with LEP regarding our language assistance practices			
My organization solicits feedback from community -based organizations on our LEP policies and procedures			

4.2 Checklist for Working with Interpreters

If the behavioral health specialist, practitioner, staff member, or other person dealing with the individual does not speak the same language and/or appropriate dialect, professional interpreters must be used. Each individual has the right to be informed of their behavioral care and treatment in a language that they can understand. The following checklist will help you consider important dimensions of working with an interpreter:

HIRING & RECRUITING Statements	Yes	No	In Process
My organization recruits only certified interpreters from credible institutions			
My organization only hires certified interpreters			
My organization ensures interpreters comply with code of ethics and standards of behavior			
My organization is familiar with the interpreter's ethical obligations and professional responsibilities			
My organization has clearly defined the role of the interpreter within the interpreter contract			
My organization includes a confidentiality agreement in the interpreter's contract			
When individuals with LEP request language assistance, my organization uses interpreters at all encounters, including intake, initial evaluation, designed examinations, and treatment interventions (including treatment planning, medical/psychiatric assessments, and counseling sessions)			

EVALUATING Statements	Yes	No	In Process
My organization assesses the performance of interpreters on a quarterly basis			
My organization develops satisfaction surveys to document satisfaction levels of individuals with LEP regarding interpreting services			
My organization makes observations during interpreting sessions to address best practices			
My organization makes observations during interpreting sessions to address areas for improvement and lessons learned			

4.3 Vital Documents and Multilingual Materials

Materials that are printed and presented to individuals with LEP (such as brochures, informational documents, intake forms, etc) as well as displays in the office (posters, signage, etc) should be linguistically appropriate to the extent possible. But ALL vital documents MUST be translated into the non-English language of each regularly encountered LEP group eligible for services or likely to be affected by the program or activity.

A document is considered vital if it contains information that is critical for obtaining federal services and/or benefits, or is required by law.

Vital Document Checklist

- Applications
- Consent and complaint forms
- Notices of rights and disciplinary action
- Notices advising persons with LEP of the availability of free language assistance
- Letters or notices that require a response from the beneficiary or client

Keep in Mind...

- Vital documents must be translated when a significant number or percentage of the population eligible to be served, or likely to be directly affected by the program/activity, needs services or information in a language other than English to communicate effectively.
- For many larger documents, translation of vital information contained within the document will suffice and the documents need not be translated in their entirety.
- Outreach materials: Though meaningful access to a program requires an awareness of the program's existence, we recognize that it would be impossible, from a practical and cost-based perspective, to translate every piece of outreach material into every language.
- In some circumstances lack of awareness of the existence of a particular program may effectively deny individuals with LEP meaningful access, it is important to continually survey/assess the needs of eligible service populations in order to determine whether certain critical outreach materials should be translated into other languages
- Materials on websites are subject to the same rules as printed materials. The decision to place something on the web will not affect whether the document is considered vital and must be translated. If documents are translated within a website, the existence of the translation should be noted (in the appropriate language) at an initial entry point to the site (usually the homepage).

4.4 Guiding Questions for Printed Materials

Think about the printed materials and vital documents from your office for individuals with LEP and reflect on the following questions:

- Do the people in the images reflect the target audience after translation?
- Do the images make assumptions about the target audience that may not hold after the text is translated?
- Does the text include idioms or jargon that may be difficult to translate?
- Does the material reinforce negative or exaggerated stereotypes?
- Does the material contain controversial or politically loaded language?
- Is the target audience represented as “other” or exaggeratedly different from the normally accepted mainstream?

4.5 Evaluating LEP Services

After working with an individual with LEP for 5 sessions, she or he should be asked to assess his or her interactions and interpretations of the language assistance policies of the organization. The following is checklist to obtain the perception of an individual with LEP on language assistance services.

Check the box if you agree with the following statements.

- I found the brochures, handouts, or other printed materials given to me were linguistically appropriate for me.
- I found the intake forms and other important documents I filled out were available in my primary language.
- I was provided a language appropriate interpreter for my intake appointments, initial evaluation appointments, designed examinations, and treatment interventions (as needed).
- All of my questions were answered in a language I could understand.
- I felt that the staff provided me with a welcoming environment.
- I felt that the overall atmosphere of the office was very respectful. Using an interpreter, I did not encounter any problems communicating with my behavioral health care specialist.
- Overall, I am satisfied with the language assistance that I received throughout my interactions with the behavioral healthcare staff, specialists, practitioners, etc.

Do you have any comments or suggestions?

4.6 Behavioral Health Care Staff Training Tool

Staff will not be able to provide meaningful access to individuals with LEP if they do not receive training on language access policies and procedures, including how to obtain language assistance services. Your organization must ensure that the following practices are in place for the following staff members: all who have the potential of interacting or communicating with individuals with LEP, staff whose job it is to arrange for language support services, and managers. Use this tool to ensure your agency follows the best practices for critical staff training on language access issues:

- All staff members (new and existing) receive mandatory periodic trainings on organizational language access policy
- All staff members (new and existing) receive mandatory periodic training on language assistance services to individuals with LEP
- All staff members (new and existing) receive mandatory periodic training on making procedures clear and readily available to ensure seamless provision of language assistance services.
- Bilingual staff members who communicate “in-language” to individuals with LEP, or who serve as interpreters or translators are assessed and receive regular training on proper interpreting and translation techniques, ethics, specialized terminology, and other topics as needed.
- All staff members (new and existing) should regularly receive communication bias training.

5. Phase THREE: Adapt and Implement Language Assistance Tools and Services

The tools presented in this toolkit so far have provided a way for you to consider linguistically appropriate services throughout the various levels of the behavioral health continuum, including the organizational level, service delivery level, practitioner level, and the individual level for the target population. The goal of this toolkit is to ensure that your organization has met all of the needs of individuals with LEP seeking behavioral health care and to ensure that your organizational policies have fallen in line with CLAS Standards related to language assistance. Reflect back on the tools that have been provided to you in phase 2 of the continuum:

- CLAS Standard Related to Language Assistance Assessment (Organizational Level)
- Working with Interpreters Checklist (Service Delivery Level)
- Guiding Questions for Printed Materials (Service Delivery Level)
- Vital Documents Checklist (Service Delivery Level)
- Behavioral Health Care Staff Training Tool (Practitioner Level)
- Individual with LEP Perceived language assistance services (LEP individual Level)

Each tool addresses a different level of analysis in responding to language needs. Keep in mind this figure as you reflect upon these tools:



Now think about the next phase of the continuum, in which you should adapt and implement language assistance tools and services. The following action plan will help you to address areas that need to be developed or need to be revised to ensure compliance with CLAS Standards related to language assistance. Please keep in mind that this action plan can be used for all tools developed in this tool kit.

5.1 Action Plan

A. Type of assessment conducted:

	Initial Date
CLAS Standards Related to Language Assistance Assessment	
Working with Interpreters Checklist	
Guiding Questions for Printed Materials	
Vital Documents Checklist	
Behavioral Health Care Staff Training Tool	
LEP Individual Perceived Language Assistance Services	

B. Complete the following table to address areas that need improvement, what you need to do to make changes in your organization, or personal improvements and identify stakeholders that need to be involved to ease the implementation process.

List items not checked, or items that are in the process of being developed	Which stakeholders do you need to involve?	If met with stakeholders, indicate date	What needs to happen moving forward?

C. List your answers to the open-ended questions addressed in the tools if applicable

What do you need to do to improve the situation?	List areas that need improvement based on the individual and organizational assessments

D. Decisions made:

1. _____

2. _____

3. _____

4. _____

5. _____

E. Final Products Made (e.g., LEP satisfaction tool, Interpreter performance assessment tool, etc)

	Date Developed
1.	
2.	
3.	
4.	

6. Phase FOUR: Conduct Ongoing Evaluation of Language Assistance Policies

In order to ensure that individuals with LEP have meaningful access to agency programs or activities, it is important to monitor the effectiveness of your Language Access Implementation/ Action Plan. Also, ongoing evaluation will help determine whether some strategies are more effective than others. This ongoing evaluation will help make the best use of limited resources.

One of the most important aspects of this monitoring is establishing a process for individuals with LEP to provide feedback if they are denied services because of their lack of English proficiency. The agency must ensure that its process for receiving feedback from individuals with LEP is transparent and accessible to persons with LEP.

Monitoring the effectiveness of your Language Access Implementation/Action Plan may include:

- Analyzing current and historical data on language assistance usage, including languages served
- Observing the provision of language assistance services through audits or testing
- Surveying staff on how often they use language assistance services, if they believe there should be changes in the way services are provided or the providers that are used, and if they believe that the language assistance services in place are meeting the needs of the LEP communities in your service area
- Conducting satisfaction surveys of applicants with LEP and beneficiaries based on their actual experience of accessing the agency's programs, benefits or services
- Soliciting feedback from community-based organizations and other stakeholders about the agency's effectiveness and performance in ensuring meaningful access for individuals with LEP
- Updating community demographics and needs by engaging school districts, faith communities, refugee resettlement agencies, and other local resources
- Considering new resources including funding, collaborations with other agencies, human resources, and other mechanisms for ensuring improved access for individuals with LEP; and
- Monitoring your agency's response rate to complaints or suggestions by individuals with LEP, community members and employees regarding language assistance services provided.

It also important for service providers to consult with or seek input from other community organizations such as faith-based groups, civic groups, civil rights organizations, etc. Organizations that have significant contact with persons with LEP, such as schools, religious organizations, community groups, and groups working with new immigrants can be very helpful in linking persons with LEP to an agency's programs and its language assistance services. Furthermore, community based organizations can:

- Provide important input into the language access planning process
- Assist in identifying populations for whom outreach is needed and who would benefit from the agency's programs and activities were language services provided.
- Recommend which outreach materials the agency should translate.
- Help determined whether translated documents are written at an appropriate level for the audience.
- Provide feedback to help determine whether its language assistance services are effective in overcoming language barriers for persons with LEP.

7. “What would you do?”

Interpretation and service delivery Vignettes

Read following scenarios or vignettes about language access in behavioral health case settings. Discuss with your colleagues how these situations would be addressed in your organization.

Vignette A

Mensah is the father of seven-year-old Ali. They immigrated to the US from Egypt two years ago. Ali has picked up speaking English nearly fluently through school and other after school activities, but Mensah still has limited knowledge of English and feels very self-conscious speaking English or letting people know he does not fully understand written English. Ali frequently translates for Mensah when they go out of the house to restaurants and grocery stores. Mensah has used a cultural broker in his community to help him with other documents in the past, such as getting a license and filing his taxes, but only after several months of friendship and establishing trust. Ali has been referred for behavioral testing due to some problems at school. Neither Ali nor Mensah know exactly why Ali was referred except that he “got in trouble.” When Mensah and Ali arrive at the appointment, Mensah immediately turns to his son as an interpreter. Mensah expresses that he does not feel comfortable with another translator. But Ali has difficulties understanding the forms. A front desk staff member offers to help by reading the forms in English to Ali. As the child is translating, however, he does not know how to express to his father all of the terms on the intake forms. The office does not have any intake materials in Egyptian Arabic on hand.

Questions to consider:

1. How would you go about helping Mensah and Ali?
2. Could you serve Mensah and Ali at this appointment?
3. What policies do you have in place that could help them?
4. What policies should be put in place to enhance Mensah’s and Ali’s experience, care, and treatment?
5. What community resources do you need to have in order to provide a culturally and linguistically appropriate treatment?

Vignette B

Sisa and Amaru, a Quechua couple from Guatemala, come to your organization seeking information about services for their children who have been affected by traumatic exposure to violence in their home country. The kids are having trouble adjusting in the U.S. and an outreach worker for Guatemalan immigrants has referred them to your organization. They communicate with you, a Spanish-speaking staff member, and indicate that they speak Quechua as their primary language, very basic Spanish, and no English. You communicate in simple Spanish that no Quechua interpreter is available at this time, and that in order to serve them adequately, they will need to make an appointment when an interpreter is available. Sisa and Amaru are not accustomed to planning future events with a calendar, and find it difficult to say when they will be available on any future day. They do not seem to own a calendar or a watch. They would like to come back tomorrow at around the same time, but you are not sure that you can get an interpreter for exactly that time. They understand that you are asking them for a date and time, they just don't know when they can come and are frustrated at your insistence for a specific time.

Questions to consider:

1. How would you go about helping Sisa and Amaru?
2. Could you serve Sisa and Amaru at this appointment?
3. What policies do you have in place that could help Sisa and Amaru?
4. What policies should be put in place to enhance Sisa's and Amaru's experience, care, and treatment?
5. What community resources do you need to have in order to provide a culturally and linguistically appropriate treatment?

Vignette C

Babatunde is a Nigerian immigrant. Since English is the former colonial language of Nigeria, it is still the official language, and although his accent is difficult to understand for some of the staff, no interpreter is needed. During a family team meeting regarding services for his teenage daughter, you ask Babatunde how he would rate his level of stress on a scale of 1 to 5. He responds by explaining how he feels when he gets worried or upset about his daughter. You ask him to select a number from 1 to 5 to represent his level of stress. He asks you to select a number for him because he doesn't know how to assign a number to feeling upset. You determine that although you do not need an interpreter, you need a cultural broker.

Questions to consider:

1. How would you go about helping Babatunde?
2. Could you serve Babatunde at this appointment?
3. What policies do you have in place that could help Babatunde?
4. What policies should be put in place to enhance Babatunde's experience, care, and treatment?
5. What community resources do you need to have in order to provide a culturally and linguistically appropriate treatment?

Vignette D

Your organization's community advisory board has developed an excellent easy-to-read brochure about family's rights to language assistance services. The brochure has excellent photos of diverse people representing your community. It has been translated into Spanish and Mandarin because these are the languages that represent the two largest LEP linguistic groups in your area. A new member of the advisory board is Pakistani and insists that the brochure should be translated into Urdu, and offers to translate it herself.

Questions to consider:

1. What policies do you have in place that would guide the decision to translate the
2. How would you go about translating this brochure?
3. What policies should be put in place to ensure the quality of the translation?
4. What resources do you need to have in order to provide a culturally and linguistically appropriate translations?

Vignette E

Pauline, a recently immigrated 18-year-old Haitian high school student, is having difficulty dealing with her mood swings. She has had this trouble in the past and sought support from friends and spiritual healers in Haiti. Having no real support system in the U.S., Pauline's aunt makes an appointment for her at your counseling center. Pauline only speaks Haitian Creole and will require a translator at her appointment. Her aunt has notified the behavioral health office that she will be needing language assistance services. When she arrives for her first visit with a clinician, however, there was a mix-up and the office only had a certified French translator prepared. The documents were also prepared for Pauline in French, instead of Haitian Creole. Although Haitian Creole is a French based language, there are many differences.

Questions to consider:

1. How would you go about helping Pauline?
2. Could you serve Pauline at this appointment?
3. What policies do you have in place that could help Pauline?
4. What policies should be put in place to enhance Pauline's experience, care, and treatment?
5. What community resources do you need to have in order to provide a culturally and linguistically appropriate treatment?

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Appendix A — Glossary of Terms

Behavioral Health A general term that encompasses the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for substance abuse, addiction, substance use disorders, mental illness, and/or mental disorders. (SAMHSA)

behavioral healthcare An umbrella term and refers to a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive disorders. Behavioral health, as a discipline, refers to mental health, psychiatric, marriage and family counseling, and addictions treatment, and includes services provided by social workers, counselors, psychiatrist, psychologists, neurologists, and physicians. (National Business Group on Health)

CLAS standards The collective set of CLAS mandates, guidelines, and recommendations issued by the HHS Office of Minority Health intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services.

cultural competence Having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities.

culture “The thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. Culture defines how health care information is received, how rights and protections are exercised, what is considered to be a health problem, how symptoms and concerns about the problem are expressed, who should provide treatment for the problem, and what type of treatment should be given. In sum, because health care is a cultural construct, arising from beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services treatment and preventive interventions. By understanding, valuing, and incorporating the cultural differences of America’s diverse population and examining one’s own health-related values and beliefs, health care organizations, practitioners, and others can support

a health care system that responds appropriately to, and directly serves the unique needs of populations whose cultures may be different from the prevailing culture” (Katz, Michael. Personal communication, November 1998).

culturally and linguistically appropriate services Health care services that are respectful of and responsive to cultural and linguistic needs.

cultural and linguistic competence “Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities” (Based on Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). *Towards A Culturally Competent System of Care* Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center).

direct “in-language” communication Monolingual communication in a language other than English between a multilingual staff and an LEP person (e.g., Korean to Korean).

discrimination Treatment or consideration based on class or category rather than individual merit.

effective communication Communication sufficient to provide the LEP individual with substantially the same level of services received by individuals who are not LEP. For example, staff must take reasonable steps to ensure communication with an LEP individual is as effective as communications with others when providing similar programs and services.

ethnicity The characteristic of a group of people that share a common and distinctive racial national, religious, linguistic or cultural heritage.

healthcare disparities are the differences in the quality of health care received by racial and ethnic minorities, even after patient needs, patient preferences, and the availability of services are taken into account. (Institute of Medicine 2004)

health care organization Any public or private institution involved in any aspect of delivering health care services.

health disparities Differences in health across individuals in the population.

interpretation The act of listening to a communication in one language (source language) and orally converting it to another language (target language) while retaining the same meaning.

interpreter A person who translates orally from one language to another.

language access implementation plan A management document that outlines how the agency defines tasks, sets deadlines and priorities, assigns responsibility, and allocates the resources necessary to come into or maintain compliance with language access requirements.

language access policy directives Policy directives set forth standards, operating principles, and guidelines that govern the delivery of language appropriate services. Policy directives may come in different forms but are designed to require the agency and its staff to ensure meaningful access. Policy directives should be made publicly available.

language access services are also commonly referred to as language assistance services and linguistically appropriate services. LAS are services that are designed to ensure effective communication between limited English proficient individuals and English speakers. Primary LAS include interpretation (oral) and translation (written) services. LAS can also involve provisions that enhance communication, such as signage and symbols for way finding.

language assistance services Oral and written language services needed to assist LEP individuals to communicate effectively with staff, and to provide LEP individuals with meaningful access to, and an equal opportunity to participate fully in the services, activities, or other programs administered by the organization.

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

meaningful access Language assistance that results in accurate, timely, and effective communication at no cost to the LEP individual. For LEP individuals, meaningful access denotes access that is not significantly restricted, delayed or inferior as compared to programs or activities provided to English proficient individuals.

multilingual staff A staff person who has demonstrated proficiency in English and reading, writing, speaking, or understanding at least one other language.

prejudice An opinion, prejudgment or attitude about a group or its individual members. A prejudice can be positive, but in our usage refers to a negative attitude.

primary language An individual’s primary language is the language in which an individual most effectively communicates.

race A local geographic or global human population distinguished as a more or less distinct group by genetically transmitted physical characteristics. A group of people united or classified together on the basis of common history, nationality, or geographic distribution.

staff Individuals employed directly by a health care organization, as well as those subcontracted or affiliated with the organization.

stereotype An exaggerated belief, image or distorted truth about a person or group — a generalization that allows for little or no individual differences or social variation. Stereotypes are based on images in mass media, or reputations passed on by parents, peers and other members of society. Stereotypes can be positive or negative.

stigma A mark of shame or discredit. A sign of social unacceptability.

translation The replacement of written text from one language (source language) into an equivalent written text in another language (target language).

Appendix B — List of online resources

A. CLAS and LEP Services Implementation Guides

- American Institutes for Research
<http://minorityhealth.hhs.gov/Assets/pdf/Checked/HC-LSIG.pdf>
- California Primary Care Association
<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/providinghealthcaretoleppdf.pdf>
- Sample LEP policies from the Department of Justice
http://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf
- Sample Language Access Implementation Plan, Policy Directives, and Procedures
http://www.lep.gov/guidance/fed_plan_index.html
- Sample Agency Self Assessment and Planning Tool: U.S. Department of Justice
http://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf
- TIPS on Hiring the Right Telephonic Interpretation Vendor - TIPS to finding a high- quality telephone interpretation vendor. (PDF)
http://www.lep.gov/resources/TELEPHONIC%20INTERPRETATION%20VENDOR%20SELECTION%20_%203-19-14%20_%20508.pdf
- TIPS for Working with Telephone Interpreters - TIPS for planning, placing, and troubleshooting phone-calls with telephone interpreters. (PDF)
http://www.lep.gov/resources/TIPS%20FOR%20WORKING%20WITH%20TELEPHONE%20INTERPRETERS%20_%203-19-14%20_%20508.pdf
- The International Medical Interpreters Association (IMIA) maintains a list of available interpreter tests
<http://www.imiaweb.org/education/lltesting.asp>

B. Tools to assess language preference and proficiency of individuals seeking care:

- Henry Ford Health System Patient Demographic Form
<https://www.henryford.com/documents/Why%20We%20Ask/PatientDemographicForm.pdf>
- Patient Health Care Preferences Questionnaire
http://www.geneticcounselingtoolkit.com/pdf_files/english-spanish-hcp-workgroup-questionnaire_Final.pdf
- Sample Employee Language Skills Self-Assessment
[http://www.lacare.org/files/English/file/Providers/DownloadableForms/InterpretationForms/Language%20Self-Assessment-ICE_Self-assessment-update_approved_main_team_final\(2\).pdf](http://www.lacare.org/files/English/file/Providers/DownloadableForms/InterpretationForms/Language%20Self-Assessment-ICE_Self-assessment-update_approved_main_team_final(2).pdf)
- American Institute for Research Tools for Implementing Language Access Services in Healthcare Organizations
http://minorityhealth.hhs.gov/Assets/pdf/Checked/HC-LSIG.pdf_
- Department of Justice Tool for Understanding How LEP Individuals Interact with Your Agency
http://www.transcend.net/library/legalCourts/DoJ_Instruments.pdf
- Interagency Round Table Self-Assessment of Speaking Proficiency
<http://www.govtilr.org/Skills/speakingassessment.pdf>
- FBI Staff Language Proficiency Self-Assessment
<https://www.fbijobs.gov/1243.asp>

C. Sources of information about LEP needs in your community:

- The U.S. Census Bureau through its American Community Survey (ACS) maintains statistics on the linguistic composition of LEP individuals in your service area:
<http://www.census.gov/hhes/socdemo/language/data/index.html>
- Beginning with the 2010 Census, the Census Bureau stopped collecting decennial census data on language use and English-speaking ability. Language data continues to be gathered on an annual basis by the ACS and can be found on the American FactFinder website
www.factfinder.census.gov
- The Census Bureau has also created a website explaining how to use the ACS language data it collects:
<http://www.census.gov/hhes/socdemo/language/index.html>
- The U.S. Department of Education maintains a Civil Rights Data Collection, which has information from the nation's school districts including student enrollment and educational programs and services disaggregated by race, ethnicity, sex, limited English proficiency, and disability.
<http://ocrdata.ed.gov/>
- The National Center for Education Statistics, has information on children who speak a language other than English at home.
<http://nces.ed.gov/fastfacts/display.asp?id=96>
- The Federal Interagency Working Group on Limited English Proficiency Website also has demographic information available at:
http://www.lep.gov/demog_data.html

D. Cross-agency federal resources regarding language assistance:

- View federal agency plans, DOJ guidance documents, and other resources at:
www.lep.gov
- Consult with the Civil Rights Division, Federal Coordination and Compliance Section
<http://www.justice.gov/crt/about/cor/>
- Contact the National Virtual Translation Center for help in obtaining translations:
<http://www.nvtc.gov/>
- Obtain help in constructing multilingual websites at
<http://www.usa.gov/webcontent/multilingual/index.shtml>
- Participate in the Federal Interagency Working Group on Limited English Proficiency by visiting:
<http://www.lep.gov/iwglep.htm>
- Participate in the Interagency Language Roundtable
<http://www.govtilr.org/>

E. Sample language identification tools

- Language identification Flashcard
<http://www.lep.gov/resources/ISpeakCards2004.pdf>
- Language Identification Card
http://www.njha.com/media/51122/language_identification_guide.pdf
- I-Speak Cards for LEP individuals
<http://www.cultureconnectinc.org/ispeak.html>
- Sample Right to an Interpreter Poster
http://www.ssa.gov/multilanguage/20x32Poster8_13_03.pdf
- Customizable poster with relevant languages
<http://www.masslegalservices.org/content/interpreter-poster-editable>