

New York City Department of Health and Mental Hygiene
Local Law 73 Implementation Plan

Introduction

This implementation plan presents the steps that the New York City Department of Health and Mental Hygiene (DOHMH) will take in order to ensure compliance with Local Law 73 of 2003.

This plan also shows DOHMH's commitment to provide meaningful access to all individuals seeking benefits and services, including individuals with limited English proficiency. Individuals should not face obstacles to receiving social services for which they may be eligible because they do not speak English. The purpose of this plan is to ensure that persons eligible for social services receive them and to avoid the possibility that a person who attempts to access services will face discrimination based on the language he or she speaks.

The mission of DOHMH is to protect and promote the health and mental health of all New Yorkers, which includes those with limited proficiency in English. DOHMH currently strives to ensure that limited English proficient (LEP) clients receive meaningful and timely access to our services through various methods, including employing appropriate bilingual staff, providing intake forms and important health information documents in various languages, and using a contracted telephone interpretation service.

1. Identification of Primary Language

Relevant Portion of Law:

Upon initial contact, whether by telephone or in person, with an individual seeking benefits and/or services offered by an other covered agency, the other covered agency shall determine the primary language of such individual. If it is determined that such individual's primary language is not English, the other covered agency shall inform the individual in his/her primary language of available language assistance services.

“Primary language” means the language in which a limited English proficient individual chooses to communicate with others.

Implementation Plan:

- A. Upon initial contact, whether by telephone or in person, with an individual seeking benefits and/or services offered by DOHMH, the employee shall determine the

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- primary language of such individual and whether the person prefers an interpreter or translation assistance.
- B. Employees should use Language Identification Cards to determine a client's primary language. Employees can ask the client to point to his or her primary language on the Language Identification Card. DOHMH will provide clinics and other appropriate service sites with Language Identification Cards. It is planned that all appropriate sites will have a supply of language identification cards by the end of calendar year 2005.
 - C. If an employee has difficulty determining a client's primary language, the employee shall first use the Language Identification Card and then, if necessary, shall contact the Language Assistance Coordinator or the telephonic interpretation service for assistance.

2. Notice Regarding Free Language Assistance

Relevant Portion of Law:

Upon initial contact, whether by telephone or in person, with an individual seeking benefits and/or services offered by an other covered agency, the other covered agency shall determine the primary language of such individual. If it is determined that such individual's primary language is not English, the other covered agency shall inform the individual in his/her primary language of available language assistance services.

Implementation Plan:

- A. Once the primary language of a client has been determined, using language identification cards or other appropriate means, the client shall be informed of his/her right to free language assistance services in his/her primary language by DOHMH staff or interpreters, or using the language identification card.
- B. DOHMH will post multilingual signage in clinics and other appropriate service sites advising clients of the availability of language assistance. These posters will be made available by DOHMH Office of Cross Cultural Communications. The posters are available from our contracted telephone interpretation service. Signage is planned to be posted up in clinics by the end of calendar year 2005.
- C. Protocols will be developed for answering telephone calls and providing notification of the availability of interpretation services. The protocols will be disseminated throughout DOHMH and adapted for the needs of each programs. This training will be provided by the end of calendar year 2007.

3. Language Assistance Services

Implementation Plan:

- A. DOHMH will develop protocols for delivery of language services for LEP clients.

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- B. DOHMH Office of Cross-Cultural Communications will assemble and distribute a “Language Access Toolkit,” including guidelines for staff providing service to LEP clientele and resources to facilitate communications during the encounter. Options will include direct service by bilingual staff, interpretation by staff, the DOHMH Volunteer Language Bank, and telephone interpretation. All sites will have access to telephone interpretation through the existing agency contract. Resources in the toolkit will include language identification tools, contact information for community organizations, and other references. Guidelines will also specify standard operating procedures for determining language preferences. Information contained in the toolkits will also be made available on the DOHMH intranet.
- C. As staffing and available language skills will vary at each clinic site, each program will adapt the communications protocol to prioritize responses depending upon program or site-specific capacity. Guidelines will discuss benefits and caveats of various options. Community demographics, including information on languages spoken and immigrant populations represented in the catchment area, will be included.
- D. DOHMH will distribute the Language Access Toolkit by July 2005.
- E. DOHMH translates materials into multiple languages. As requested by individual programs and sometimes by other agencies, the Cross-Cultural Communications unit (CCC) solicits translations and review by qualified translators. In FY04, CCC translated over 300 documents, up from 230 in FY03. CCC works with its vendors and clients to improve accuracy and appropriateness of translations. In recent years, the agency has translated health materials into over 20 languages. Fact sheets on West Nile virus have been available in 17 languages. Other materials from Oral Health, School Health, and HealthStat have been produced in more than five languages. Individual bureaus attempt to develop materials that reflect the linguistic profile of its clientele. The TB Control Bureau provides materials in several languages including Spanish, Chinese, Haitian Creole, Russian, and French, and has added patient brochures in several new languages, including Hindi, Urdu, and Bengali. The agency recently licensed machine translation technology from the Pan American Health Organization to assist with the translation of health information into Spanish. All Health Bulletins and most press releases are now translated into Spanish and Chinese, and in some cases, other languages as deemed appropriate. The agency will improve multilingual access to its public website over the coming year.

4. Quality Assurance Measures

Relevant Portion of Law:

No later than the first day of the sixtieth month after the effective date of the local law that added this chapter, every other covered agency shall maintain records of the

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primary language of every individual who seeks or receives ongoing benefits or services. At a minimum, the other covered agency shall maintain specific records of the following:

- 1. The number of limited English proficient individuals served, disaggregated by type of language assistance required and primary language;*
- 2. The number of bilingual personnel and the number of interpreter personnel employed by the other covered agency, disaggregated by language translated by such personnel;*
- 3. Whether primary language determinations are recorded properly; and*
- 4. Whether documents are translated accurately and disseminated properly.*

Implementation Plan:

- A. DOHMH will devise quality assurance methods for testing the accuracy of primary language recording.
- B. DOHMH currently provides quality assurance for translations, through the selection of qualified vendors; reviews by independent translators; and the development of reference materials, such as glossaries, to improve accuracy and consistency of translated documents. DOHMH will also establish periodic reviews by language review panels for the most requested languages. Periodic review panels will be established by the end of calendar year 2005.

5. Training

Implementation Plan:

- A. DOHMH will provide, or contract to provide, to all appropriate personnel in covered programs, training in how to elicit (using language identification cards) and record clients' primary languages. This training will be provided by the end of calendar year 2006.
- B. Protocols will be developed for answering telephone calls and providing notification of the availability of interpretation services. The protocols will be disseminated throughout DOHMH and adapted for the needs of each programs. This training will be provided by the end of calendar year 2007.
- C. **DOHMH will train all appropriate personnel on protocol for delivery of language services.**

6. Record Keeping and Monitoring

Relevant Portion of Law:

No later than the first day of the sixtieth month after the effective date of the local law that added this chapter, every other covered agency shall maintain records of the primary language of every individual who seeks or receives ongoing benefits or services. At a minimum, the other covered agency shall maintain specific records of the following:

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- 1. The number of limited English proficient individuals served, disaggregated by type of language assistance required and primary language;*
- 2. The number of bilingual personnel and the number of interpreter personnel employed by the other covered agency, disaggregated by language translated by such personnel;*
- 3. Whether primary language determinations are recorded properly; and*
- 4. Whether documents are translated accurately and disseminated properly.*

Implementation Plan:

- A. "Ongoing benefits and services." The Department's programs encompass areas of disease control, environmental health, epidemiology, health care access and improvement, health promotion and disease prevention, and mental hygiene services, serving the more than 8 million people who live in New York City. Certain programs see clients on an ongoing basis. Those programs will be covered by this portion of the plan.¹¹:
- B. DOHMH programs that serve individuals seeking "ongoing benefits and services" shall maintain records of the primary language of every individual. Certain programs already track clients' primary languages. Other programs will change client intake procedures to track this information. Programs will also track the type of language assistance provided to clients.
- C. Record Keeping of Bilingual/Interpreter Personnel. DOHMH programs that serve individuals seeking "ongoing benefits and services" will keep records of the number of bilingual personnel disaggregated by language translated or interpreted by such personnel, as well as by office location.

7. Coordination

DOHMH will designate a Language Assistance Coordinator to ensure compliance with Local Law 73 and this implementation plan.

8. Implementation Updates and Annual Reports

Relevant Portion of Law:

Implementation updates and annual reports. No later than 90 days after the end of each calendar year after the publication of the implementation plan and before implementation is complete, the agency and each other covered agency shall publish an implementation update. The implementation update shall describe steps taken over the prior year to implement the requirements of this chapter and shall describe any changes in the agency or other covered agency's plan for implementing the remaining requirements of the local law that added this chapter before the date set forth in

¹¹ Many of DOHMH's services are contracted. Contracted services are not covered by the law.

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subdivision a of this section. The implementation update for every year after 2004 shall include a report on the number of limited English proficient people served, disaggregated by language and by agency office or other covered agency office. Not later than 90 days after the end of each calendar year beginning with 2008, the agency and each other covered agency shall publish an annual report on language assistance services. At a minimum, this annual report of the agency, each agency contractor and each other covered agency shall set forth the information required to be maintained by this chapter.

Implementation Plan:

- A. DOHMH will collect the above information from the covered programs, and produce an annual report, beginning 60 months from the effective date of the law.
- B. Prior to the effective date for producing annual reports (60 months), DOHMH will produce implementation updates every year. These reports will provide updates about our implementation of the plan, and detail any changes in the plan.

9. Use of Friends & Family Members as Interpreters

It is DOHMH's policy that personnel should never require an individual to use family members or friends as interpreters.