

Goodwill Industries of Hawaii, Inc.

Language Access Plan

Purpose

In pursuant to Hawaii's Language Access Law, any agency, public or private, that receives state funding to provide services on behalf of the state, needs to take reasonable steps to ensure meaningful access to services, programs, and activities by persons of limited English proficiency (LEP) and to establish a language access plan. At the same time, Goodwill Industries of Hawaii, Inc. (GIH) has experienced an increase of people served who speaks a primary language other than English and have identified in our 2007 Outcome Management Report that a plan is needed to make sure persons of LEP will not be prevented from accessing services. This Language Access Plan will provide guidelines in determining what programs, services or activities need to provide language services and outlines procedures for providing different language services.

Definition of Limited English Proficient Persons (LEP)

"Limited English proficient" is defined as "individuals who, on account of national origin, do not speak English as their primary language and who identify themselves [as] having a limited ability to read, write, speak, or understand the English language". (HRS § 371-32)

General Guidelines

According to the guidelines provided under Hawaii's Language Access law (HRS § 371-33(a)(1)-(4)) and established by the U.S. Department of Labor, the following four factors will be considered in determining and providing meaningful access to our services for LEP persons.

1. The number or proportion of LEP persons served or encountered by the program;
2. The frequency with which LEP persons come into contact with the program;
3. The nature and importance of the program, activity, or service; and
4. The resources available to the program and the costs of providing interpretation/translation services.

Reasonableness is the main guideline when applying and balancing the above four factors. In all situations, the totality of the circumstances should be examined.

This Language Access Plan is developed based on the above guidelines.

Plan and Procedures

1. Data Collection
 - 1.1. GIH currently has a data collection system that collects data on person's served ethnicity and primary language. Data is usually collected at intake and orientation through completing a Participant Data Entry Form. The form is then submitted to the Data Entry Specialist who will enter the data into a database. This data collection procedure will continue.
 - 1.2. An analysis will be done at least annually on the number and percent of participants who speak a language other than English as their primary language

for each program, for each island, and for the whole agency. The information will be used to determine the level of language services to be provided in each program.

- 1.3. The Participant Data Entry Form with primary language and ethnicity tracking (included as Attachment A) is a tool that GIH currently uses to collect data. The list of primary languages in the data entry form represents the most common languages encountered in GIH (highlighted in yellow).
 - 1.4. The breakdown of Micronesian languages in the Participant Data Entry Form was recently revised. The new breakdown will be used effective January 1, 2008, which should generate more meaningful data on the various Micronesian languages.
 - 1.5. An additional tracking will be added to collect information on the type of language services provided with interpreter information and participant comments on quality and complaints, if any. (see Attachment B)
2. Compilation of Listing
 - 2.1 GIH currently maintains a list of external interpreters and interpreter agencies with the language(s) they specialize in (Attachment C). This list will be updated on an annual basis by the Human Service Administration Office.
 - 2.2 GIH also maintains a List of Staff Who Can Speak Another Language (Attachment D). This list will be updated on an annual basis by the Program Operations team.
3. Procedures of Providing Oral Interpretation Services
 - 3.1 Any LEP persons eligible for GIH services can receive free oral interpretation if they feel they can not communicate in English without assistance.
 - 3.2 A notice in different languages will be posted at all program locations informing LEP persons that GIH will provide free oral interpreting services to them upon request. They can point to the language if they need interpretation services. This notice, in poster size, is provided by the Office of Language Access.
 - 3.3 All intake and/or orientation invitation letters will include information on the provision of interpretation services. LEP persons can contact the program before their intake and/or orientation date to request interpretation services.
 - 3.4 If intake and/or orientation is being arranged through a phone appointment, staff arranging the intake and/or orientation should mention the availability of oral interpretation services to the participant, participant representative, or referral agent, and ask if the service is needed.
 - 3.5 All oral interpretation needs will be identified in the intake meeting, including identifying services and activities that interpretation is required and preferred interpreters, if any.
 - 3.6 Arranging interpreter services:
 - Upon receipt of a request for oral interpreter services, check with the participant, participant representative, or referral agent on what language the participant speaks.
 - Review the List of external Interpreters for an interpreter or interpreter agency (Attachment C) that can provide interpretation services in the

participant's primary language. Contact the interpreter or the interpreter agency to arrange interpreting services for the meeting.

- If no external interpreter is available on the date, reschedule the meeting to the closest date that both an interpreter and the participant is available.

3.7 If the need for oral interpretation is not identified until the intake and/or orientation date, follow the procedures below:

- Review the List of Staff Who Can Speak Another Language (Attachment D) for staff who is bilingual or multi-lingual.
- If the staff is in an office close by, check to see if staff is available to help with interpretation.
- If the staff is in a distant office, contact the staff and check for availability only if telephone interpretation is acceptable.
- If no staff who can speak the specific language is available, reschedule the meeting to the closest date that both an external interpreter and the participant is available.

3.8 It may be customary for LEP customers to bring their relatives or friends as interpreters. This practice is not encouraged as relatives and friends are not impartial parties and may affect the accuracy of information interpreted. Use of minors for interpretation services is not appropriate and should be avoided.

4. Written Translation of Vital Documents

4.1 An analysis will be done annually to assess the number and percent of LEP groups served in each program.

4.2 If at least 5% or 1,000, whichever is less, persons served in a program is of a specific LEP group, GIH will provide written translation of the program's vital documents in the specific language.

4.3 An initial assessment will be done upon approval of this plan to determine which programs need to provide written translation of vital documents and in which language.

4.4 Currently, seven documents in various programs had been translated into different languages. Upon identifying which programs need to provide written translation of vital document and in which language, a list of vital documents for those programs will be identified by the Program Manager / Program Coordinator and Director.

4.5 Program Manager / Coordinator will then contact suitable translators and have the documents translated.

4.6 If the LEP group of a program meets the 5% threshold, but number fewer than 50, the following procedures will be implemented:

- Written translation needs will be assessed using the four-factor guidelines.
- Oral interpretation of a document will be provided upon request.

4.7 A multi-lingual written notice will be developed with the assistance of interpreter agencies and bilingual staff to inform participants that they can request oral interpretation of a written document by telling their case worker. This notice will be posted in all program office.

4.8 A paragraph will be included in all participant handbooks, that are distributed at intakes and/or orientation which will inform participants that they can request

4.9 All agency staff will forward any request for written translation to the Language Access Coordinator, who will determine if the request is reasonable using the four-factor guidelines.

Evaluation

The Language Access Plan shall be reviewed and revised at least every two years. Comments from LEP persons, their representatives, and other stakeholders will be considered and reviewed in the revision process. Comments from all stakeholders can be obtained from satisfaction surveys, phone follow-up, and on-site feedback survey on language services (Attachment B).

Staff Training

The Language Access Coordinator will be responsible for providing training to GIH staff on this Language Access Plan and its related policies and procedures. Examples of training include procedures for accessing oral interpretation services, scenarios of possible real life cases, confidentiality regarding in-person interpretation, etc.

Language Access Coordinator

Mrs. Emily Lau, Director of Human Service Program Operations, will serve as the Language Access Coordinator. The Language Access Coordinator will be responsible for the overall implementation of the Language Access plan, responding to inquires of comments/complaints by LEP persons, making any revisions and modification to the Language Access Plan as needed, training GIH employees on the Language Access Plan and its related procedures, and compiling listing of multi-lingual employees.

**GOODWILL INDUSTRIES OF HAWAII, INC. (OAHU)
Participant Data Entry Form**

Instructions: This form should be completed during intake with each participant. Only circle **ONE** item under each category. Answer **ALL** questions.

SS#: _____ FIRST NAME: _____ LAST NAME: _____
 BIRTH DATE: _____ ZIP CODE: _____ Program Start Date: _____

SEX:
 01: Female
 02: Male

CITIZENSHIP:
 01: Compact Free Status(includes: Marshallese, Chuuk, Yap, Pohnpei, Palauan)
 02: Immigrant, Permanent Resident, Refugee
 03: US Citizen

MARITAL STATUS:
 01: Single
 02: Married
 03: Separated
 04: Widowed
 05: Unknown

MEANS OF SUPPORT:
 01: Family Member
 02: No Earnings
 03: Own Earnings
 04: Public Assistance
 05: Social Security
 06: Unemployment
 07: Worker's Comp

VETERAN?
 Yes No Unknown

FUNDING SOURCE:
 01: DHS
 02: DLIR/WDD/ETF
 03: DOH
 04: DPS
 05: DVR
 06: HCDCH
 07: OCS
 08: Other
 09: OYS
 10: Private Pay /Community
 11: Private Rehabilitation
 12: VA
 13: WIA

CRIMINAL RECORD:
 01: Currently incarcerated
 02: Currently on parole /probation
 03: None
 04: Prior Public Offender
 05: Unknown

PRIOR SUBSTANCE ABUSE?
 Yes No Unknown

MULTIPLE DISABILITIES?
 Yes No Unknown

LIVING SITUATION:
 01: Board and Care Home
 02: Family Member
 03: Foster Home
 04: Homeless
 05: Independent
 06: Other
 07: Public Housing

PRIMARY LANGUAGE:
 01: Chamorro
 02: Chinese
 03: Chuukese
 04: English
 05: Filipino
 06: Hawaiian
 07: Japanese
 08: Korean
 09: Marshallese
 10: Other
 11: Other Micronesian Languages: Carolinian, Kosraean, Yapese, Palauan, Pohnpeian, etc.
 12: Samoan
 13: Spanish

ETHNIC ORIGIN:
 01: Asian
 02: African American
 03: Caucasian
 04: Chuuk: Chuukese, Mortlockese, Puluwatense
 05: Filipino
 06: Hawaiian / Part Hawaiian
 07: Hispanic
 08: Kosrae: Kosraean
 09: Marshallese
 10: Other
 11: Other Pacific Islander: Samoan, Chamorro, Carolinian, Kiribati etc.
 12: Palauan
 13: Pohnpei: Pohnpeian, Pinglapese, Nukuoro, Kapingimarangese, Mokilese
 14: Yap: Yapese, Ulithian, Woleaian

TRANSPORTATION:
 01: Family
 02: Handivan
 03: Other
 04: Own Automobile
 05: Public Bus
 06: Van Pool

EDUCATION:
 01: Certificate of Completion
 02: High School Grad or GED
 03: Less than High School
 04: Special Education Certificate
 05: Trade School or College

DISABILITY: (Designate one as primary)
 01: Autism
 02: Cerebral Palsy
 03: Down's Syndrome
 04: Epilepsy or Seizure Disorder
 05: Hearing Impairment
 06: Learning Disability
 07: Psychological Disorder
 08: Mental Retardation
 09: None
 10: Other
 11: Other Physical (cardiac, arthritis)
 12: Substance Abuse
 13: Traumatic Brain Injury
 14: Visual Impairment

PROGRAM:
 01: Employment 1st (Honolulu)
 02: Employment 1st (Kapolei)
 03: Employment 1st (Wahiawa)
 04: Employment Works (Honolulu)
 05: Employment Works (Aiea)
 06: Employment & Training
 07: H&CBS Waiver -- ADH
 08: H&CBS Waiver -- Hab-SE
 09: H&CBS Waiver -- PAB
 10: Job Connections -- OCS
 11: Job Connections -- DPS
 12: Job Connections -- Hina Mauka
 13: Job Connections - Laumaka
 14: Job Placement & Retention
 15: LASR
 16: Occupational Skills -- Basic Computer Skills
 17: Occupational Skills -- Cashier/Customer Service
 18: Occupational Skills -- Retail Sales
 19: Occupational Skills - Short-Term Assessment
 20: Occupational Skills -- Power of Work
 21: Ola I Ka Hana (Out of School)
 22: Ola I Ka Hana (OYS)
 23: Ohana Self Sufficiency Program
 24: Project Independence
 25: SEE Oahu
 26: Sheltered Employment
 27: Support Services (through Career Solutions)
 28: Supported Employment
 29: Ticket To Work
 30: Vocational Rehab (Ala Moana)
 31: Vocational Rehab (Waipahu)

Section Below is For Goodwill Use only

Program Discharge Date: _____ (Circle one item below)
 CS-Completion of Service, goals met (positive)
 DC-Discharge due to participant's choice or lost contact with participants, goals not met (negative)
 DO-Discharge due to other reasons beyond control, such as relocation, medical, inappropriate referrals, or violation of Goodwill policy, goals not met (neutral)

Original Data Input To Pathways: Date: _____ Initials: _____
 Discharge Data Input To Pathways: Date: _____ Initials: _____

