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## **SERVING CONSUMERS WITH LIMITED ENGLISH PROFICIENCY**

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# **Allegheny County Department of Human Services**

The Allegheny County Department of Human Services (DHS) is dedicated to meeting the human services needs of county residents, particularly the county's most vulnerable populations, through an extensive range of prevention, early intervention, crises management and after-care services.

This report was prepared by the Office of Data Analysis, Research and Evaluation (DARE), an office within DHS. DARE supports and publishes research related to the activities of DHS offices including: Aging; Behavioral Health; Children, Youth and Families; Community Services and Mental Retardation/Developmental Disabilities.

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# Contents

Figures and Tables.....	1
Glossary.....	2
Contributors.....	3
Executive Summary.....	4
Immigrants and Internationals Initiative.....	4
Purpose of the Study.....	4
Significant Findings.....	5
Methodology.....	7
Scope.....	7
Internal Survey.....	7
Provider Survey.....	7
Data Limitations.....	8
Data Analysis.....	9
Internal Survey.....	9
Provider Survey.....	15
Conclusions and Recommendations.....	25
Internal Survey.....	25
Provider Survey.....	26
Appendix A Language Lists.....	28

**FIGURES**

Figure 1: Number of Providers with Staff Fluent in Languages Demanded ..... 19

Figure 2: Providers with Outreach as a Part of Services ..... 23

**TABLES**

Table A: DHS Language Needs..... 10

Table B: DHS Staff Fluencies ..... 11

Table C: External Language Resources Utilized by DHS Staff..... 14

Table D: Provider Language Needs ..... 16

Table E: Providers’ Abilities to Meet Language Needs ..... 18

Table F: Unmet Language Needs ..... 19

Table G: Providers with Language Assistance Services at each Point of Service.....20

Table H: Combinations of Points of Service During Which Providers had Language Assistance Services .....21

Table I: Reasons Needs of Consumer Could Not be Met According to Providers ..... 22

## Glossary

LEP	Limited English Proficiency
DHS	Department of Human Services
AAA	Area Agency on Aging
CYF	Office of Children, Youth and Families
MRDD	Office of Mental Retardation/Developmental Disabilities
OBH	Office of Behavioral Health
OCR	Office of Community Relations
OCS	Office of Community Services

## Contributors

The Allegheny County Department of Human Services (DHS) would like to thank members of the Immigrants and Internationals Advisory Council for their interest in exploring this topic. We would also like to thank Barbara Murock for her assistance in initiating this research and helping to guide the project, and to Laura Smith for all of her contributions. Finally, we appreciate all provider agencies and DHS staff who took the time to complete the survey and provide us with their feedback.

The population of immigrants and internationals within Allegheny County is growing. Although the growth may not reach the levels experienced in benchmark cities such as Charlotte, Indianapolis and Cleveland, it has been significant enough to partially offset the overall population decline in Allegheny County over the last few decades. \*The Census Bureau estimates that 19,121 foreign born individuals entered the county between 2000 and 2008. This compares to 12,687 foreign born residents entering the region during the 1990s. Of the total 53,494 foreign born residents in Allegheny County in 2008, about 5,762 (11 percent) report the ability to speak English “not well” or “not at all.” Another 2,439 native born residents who speak another language at home report their ability to speak English as “not well” or “not at all.” The Allegheny County Department of Human Services (DHS) is committed to serving all county residents, so recognizing and appropriately addressing the human services needs of this growing population is a priority.

### **DHS IMMIGRANTS AND INTERNATIONALS INITIATIVE**

DHS established the Immigrants and Internationals Initiative in 2008 to focus specifically on the needs of immigrant and international county residents. The initiative included the assembly of an Advisory Council, designed to represent diverse groups within Allegheny County. The Council has two subcommittees: Language Access and Cultural Competencies. Council members identify issues of concern and changes in the needs of immigrants and internationals, and then generate ideas for meeting these needs and improving the DHS mission to be culturally competent and inclusive. The Council’s recommendations have already led to a comprehensive resource guide for seeking information about immigrants’ eligibility for public benefits.

### **PURPOSE OF THIS STUDY**

The Immigrants and Internationals Advisory Council is interested in identifying the needs and capacities for providing services to individuals with limited English proficiency (LEP) in the community, and in assessing DHS’s ability to meet the LEP needs of its consumers. On the Council’s behalf, DHS surveyed DHS Senior Staff and contracted providers to gather data on requests for services in other languages and to determine which languages and cultures are currently represented. Information was also collected on perceived capabilities and challenges in providing services to individuals with LEP and related needs.

*\*U.S. Census Bureau (2006-2008). American Community Survey 3-Year Estimates; Tables: B05005, B16005. Retrieved March 6, 2010 from <http://factfinder.census.gov>. The Census Bureau acknowledges that accurately counting the immigrant and international communities is challenging. In the decennial Census, the undercount for the entire U.S. population is about 1.2 percent, and the undercount estimate for the Hispanic population alone, only one minority community, is about 5 percent. Therefore, these estimates are likely an undercount of the true foreign born population residing in Allegheny County.*

By assessing the current level of requests for services by individuals with limited English proficiency and identifying the services our program offices and providers currently offer and the resources they utilize, we are able to gain a better understanding of unmet needs and steps that may be taken to address these needs.

### **SIGNIFICANT FINDINGS**

Both the internal and provider survey results revealed that consumers with limited English proficiency demand services at every point of service, in every service area, and in numerous languages. The diverse nature of language demands creates many challenges for providers, but there is currently capacity in the community to provide some degree of interpretation and translation services. Some of the salient findings from both the internal and provider survey are listed below.

#### **Internal Survey**

- DHS does not have a system-wide method for documenting demand for languages other than English from consumers.
- DHS does not have a systematic method for documenting staff language fluencies.
- Knowledge of LEP policies and procedures among DHS staff seems to be unclear and inconsistent.
- DHS OCR does publish some translated documents on its webpage. The DHS brochure is available in four languages, and about ten other documents and brochures are available in Spanish.
- Language Line<sup>®</sup> is the primary resource used by DHS staff for interpretation.
- OCR did not report focusing on individuals with limited English proficiency in any of its outreach efforts.

### **Provider Survey**

- Half of the survey respondents (42/84) indicated encountering individuals with limited English proficiency in the previous year.
- The majority of providers (20+) serve a handful of consumers with LEP each year, with about half of these consumers requiring ongoing services.
- More than a dozen providers report serving consumers with LEP needs on a weekly or daily basis.
- Providers identified a total of 29 unique languages that were needed in the previous year. The variation in languages needed across providers is significant regardless of whether or not providers experience significant demand for LEP services.
- A total of 34 unique languages were reported as spoken by provider staff at some level of fluency. However, many of these languages do not match up with languages demanded by the providers' consumers.
- Providers frequently use Language Line<sup>®</sup>, volunteers, and other provider agencies when they do not have staff with the necessary interpretation/translation capabilities.
- Forty-six percent of providers report the ability to provide LEP services at some point of service. Fifty-four percent did not.
- Availability and affordability of interpreters/translators are the most frequently cited reasons for difficulty serving a consumer with LEP needs.
- Twenty-nine percent of respondents indicated engaging in outreach to some language communities.

## Methodology

This survey was developed on behalf of the DHS Immigrants and Internationals Initiative to gain a better understanding of the need for LEP services among immigrants and internationals with limited English proficiency, and the ability of DHS and local human services providers to meet those needs. This effort was part of the Department's initiative to further its vision of providing culturally competent services to the residents of Allegheny County.

The survey was administered using an online survey tool, and it was administered to two groups: (1) DHS Senior Staff and (2) DHS's contracted provider agencies. Though similar, the versions of the survey administered to each group were slightly different so they would be as applicable to the respondents as possible.

### **SCOPE**

Although some providers and DHS offices reported on the ability to assist consumers who are hearing impaired and use American Sign Language or other alternative communication devices, such capabilities are not discussed in this report. They are important but beyond the scope of this analysis.

### **INTERNAL SURVEY**

Launched in January 2009, the internal survey was announced by DHS's Executive Office in an e-mail to senior staff that stressed the importance of obtaining information on the current level of services provided by DHS to consumers with LEP. Senior staff was asked to forward the survey link, along with the message announcing the survey to the program managers they felt were most capable of answering the questions. The survey closed at the end of February 2009 and the results produced at least one response from the Office of Community Relations (OCR) and each program office: Area Agency on Aging (AAA), Office of Behavioral Health (OBH), Office of Children, Youth and Families (CYF), Office of Community Services (OCS), and the Office of Mental Retardation and Developmental Disabilities (MRDD), for a total of 14 responses.

### **PROVIDER SURVEY**

The provider survey was launched in February 2009 and closed in June 2009. The survey link was sent in an e-mail from DHS's Executive Office to the attention of provider agency Directors. In an effort to encourage participation, provider agencies who responded by February 15 were eligible for a drawing to receive a gift certificate to Eat'n Park. Multiple prompts and reminders were sent from DHS to providers in order to maximize the response rate. There were roughly 300 provider agencies that received the survey. 250 agencies viewed the survey, and 84 of them responded for a 28 percent response rate.

## Data Limitations

There are several limitations to the survey data collected that are important because they constrain the conclusions that can be drawn from this analysis. The majority of DHS offices and provider agencies are not tracking this information in any meaningful way. Staff may know that they encountered individuals with LEP needs, but it is often difficult for them to quantify that demand. Staff fluencies also may not be fully documented, especially within DHS. This survey is meant to lay the groundwork for DHS's investigation into LEP capabilities, so it covers a broad scope. This scope and the challenges of data availability limited the detail of the information collected.

As a result, this survey did not measure the magnitude of DHS's and provider agencies' capacity to provide interpretation and translation. For example, there may be a staff person who can speak Spanish, but we have no indication of how fluent that person is, how many hours per week they work, and how many hours that person is available for interpretation or translation work.

Likewise, the magnitude of demand for languages was not captured. We can see how many providers reported the need to provide LEP services in each language, but the survey did not capture how heavily demanded specific languages are from each provider reporting a need.

Nor does it provide the detail necessary to know which services in which languages are available at each point of service and how that matches up to consumer need. For example, a provider may have responded in the survey that they are able to provide interpretation/translation at intake, and that they are also capable of interpreting or translating three languages. However, we do not know which of the three languages can be offered at that point of service. Even if we do know the language, we do not know if both interpretation *and* translation are available. Therefore, we have a sense of where LEP services are available, but the scope of services is difficult to discern.

Finally, there was a low response rate from providers, and respondents may not be representative of all providers. DHS providers are contracted to perform numerous services, and some do not provide direct services to consumers, so this survey is not relevant to them. However, they do not account for all 216 providers that did not participate. There may be some selection bias if these providers have experiences different from those who responded.

These limitations result in a restricted ability to discuss the capability of providers to meet the demands of their consumers, but there is still a significant amount of information that can be gleaned from the data collected. This information will also help to identify issues that warrant further exploration and inform areas where enhanced data collection may be more useful in the future.

Survey questions solicited information from DHS staff and contracted providers about their capacity to provide LEP services and the demand they experienced for such services in 2008. This analysis seeks to describe the current state of demand and capacity in Allegheny County in order to inform solutions that may best meet current challenges. The survey results for the internal survey are discussed first, with the results of the provider survey following after.

### **INTERNAL SURVEY**

Responses to the DHS survey were received from each program office: AAA, OBH, CYF, OCS and MRDD. Representatives from OCR also responded since they directly interact with consumers. Some offices had multiple responses, for a total of 14 responses.

#### **Consumer Demand for LEP Services**

The demand for LEP services surfaced everywhere throughout DHS. Individuals seeking services with limited English proficiency ranged from families with young children to adolescents to working adults to senior citizens. Offices report programs receiving requests for LEP services during intake, information and referral, direct care, transportation, foster care, therapy, career counseling, etc. Individuals with limited English proficiency are not isolated to certain programs or services, but touch DHS at every level and every entry point. At the same time, only nine of the 14 respondents reported that their office encountered a need to serve individuals with LEP in the previous year.

## Data Analysis

Offices replied that the following languages were needed to effectively communicate and/or serve individuals with limited English proficiency in the past year:

Office	Reported Language Needs*
Area Agency on Aging	Italian Russian Spanish Vietnamese
Office of Behavioral Health	Karen Somali
Office of Children, Youth & Families	Arabic Somali Spanish
Office of Community Relations	Spanish
Office of Community Services	Chinese Hmong Indian Karen Myanmar (specific dialects) Spanish Vietnamese
Office of Mental Retardation/Developmental Disabilities	Arabic Karen

\*Languages are listed in the table as they were reported by survey respondents.

Table A: DHS Language Needs

With respect to the scope of demand in terms of LEP consumers and their need for ongoing services, the offices that were most likely to attract large LEP consumer bases (AAA, CYF and OCS) failed to report any quantitative information. They indicated that this information was not tracked in a database, or that it was tracked for some programs, but not others. Some offices and bureaus that worked with only a few LEP consumers were able to report that they worked with two or three consumers on an ongoing basis (3/9 respondents reporting a need for LEP services).

## Staff Capacity to Provide LEP Services

Respondents were asked to provide information about staff fluency in a language other than English. The ability to interpret/translate is not always a reliable indicator of whether or not an organization is able to meet the needs of a consumer with limited English proficiency, but it can be used as a proxy since it symbolizes that someone in that organization has reported a level of fluency in the language demanded by the consumer (see Limitations of the Data for more information).

Four out of the six offices have staff with the self-identified capability to speak at least one additional language. The two offices without this ability are OCR and MRDD. Although a respondent from OCS indicated staff fluency in a language other than English, no specific information (name and language) was offered. The reported languages that staff can translate and interpret within each office are as follows:

Office	Reported Staff Fluencies
Area Agency on Aging	Spanish as spoken in South America, Spain, Cuba, Dominican Republic and Puerto Rico Croatian French Hangzhou Hebrew Inner Mandarin Mongolia Ningxia Shandong Shanghai Shanxi
Office of Behavioral Health	Mandarin
Office of Children, Youth & Families	Arabic French Ibo Spanish
Office of Community Services	No information provided

*\*Languages are listed in the table as they were reported by survey respondents.*

*Table B: DHS Staff Fluencies*

*Note: There is currently no systematic effort to collect this information from staff across DHS. This list is likely incomplete, but the lack of knowledge of language capabilities speaks to the fact that individuals with other fluencies are not utilized for interpretation and/or translation.*

### **LEP Service Availability**

Respondents were asked to indicate at which points of service interpretation and/or translation were available. The three choices offered included intake, information and referral, and assessment/care management. Four of the six offices report the capability to provide LEP services in some languages at all levels of service. OBH indicated capability only during information and referral, and MRDD only during intake. This capability is likely limited to specific languages, and may or may not be available for both interpretation and translation services.

### **Meeting Consumer Needs**

Following from the identification of which program offices received requests for services, respondents were asked to indicate with a reply of “yes,” “no,” or “in part” whether the needs of the consumers were met. The question asked:

*Was your Office able to effectively serve the needs of these individuals with limited English proficiency, despite their language barriers?*

Of the nine respondents indicating a need to serve consumers with LEP, five reported that their office was able to meet consumer needs, and four reported that they were only able to partially meet consumer needs. Reasons provided to explain why needs were not fully met included:

- The lack of availability of interpreters or translators
- The lack of knowledge about DHS resources available to meet these needs
- An insufficient number of direct service workers with alternative language proficiency

Another consideration posed by OBH is to think about how to meet the needs of persons who are deaf, deaf-blind or hard of hearing who are refugees or immigrants. Traditional interpretation services will not meet these individuals’ needs appropriately.

### **Outreach to Individuals with Limited English Proficiency**

When asked if individuals with LEP were the focus of any outreach, programs or services, respondents indicated some interpretation services are available to these individuals, but outreach was virtually nonexistent. Some outreach was provided to Chinese Americans through the AAA, but whether or not that outreach is still conducted is unknown. Within the OCS, there are providers whose target populations are refugees, and individuals with LEP are served through employment services. Also, LEP posters are available to some providers.

## Data Analysis

Respondents from the OCR indicated that individuals with limited English proficiency are not the focus of any of the office's outreach, programs or services. Since this office is the primary conduit for communication with the public, a lack of outreach here indicates that the Department may not be effectively reaching these populations.

In terms of LEP services that are provided through OCR, the DHS webpage is formatted to allow for online translation, and several translated documents are available on the web. The DHS brochure, outlining all programs and services, is posted in Albanian, Arabic, Serbian and Spanish. Other documents available in Spanish include brochures on the Director's Action Line; Aging; Drug & Alcohol; Mental Health; Children, Youth and Families; Bureau of Employment and Training and Family and Community Services. Additionally, the Parent's Handbook and the Home Alone Booklet (designed for parents) are available in Spanish. These brochures cover several service areas, but numerous services are not detailed in translated documents, and only Spanish-language documents are provided beyond the DHS brochure.

Language Line<sup>®</sup> is used for interpretation with non-English speaking consumers. An article featured in the DHS March 2009 newsletter highlighted Language Line<sup>®</sup>, detailing how it is to be used and who serves as the primary contacts within each program office. At that time, 72 individuals had been trained on how to access the service. Language Line<sup>®</sup> provides the capability to interpret over 170 different languages via telephone.

## External Resources

Table C displays the resources used by each program office to serve individuals with limited English proficiency. The AAA has a contract for interpretation and translation services while OBH, OCR and OCS primarily rely on the Language Line® and provider agencies. CYF and MRDD utilize provider agencies for most interpretation and translation needs.

Office	Resources
Area Agency on Aging	Dutka International PA, Inc.
Office of Behavioral Health	Language Line
Office of Children, Youth and Families	Pittsburgh Refugee Center English as a Second Language
Office of Community Relations	Language Line
Office of Community Services	Language Line Hispanic Center Jewish Family & Children's Service Greater Pittsburgh Literacy Council
Office of Mental Retardation/Developmental Disabilities	Catholic Charities Jewish Family & Children's Service

*\*Resources are listed in the table as they were reported by survey respondents.*

*Table C: External Language Resources Utilized by DHS Staff*

## Extent of Cultural Competency and/or LEP Policies

Seven respondents indicated their offices did have cultural competency or LEP policies. These seven respondents only represented three of the offices, and answers from individuals within the same office were inconsistent. Respondents may have interpreted the question differently, but the responses display a lack of understanding or consistency in the awareness of policies, both within and across offices. Only three respondents indicated that there was a policy in place to instruct staff on how to serve a consumer who does not speak English well. Other responses indicated the existence of policy practice guidelines and a mission of cultural competency within DHS.

### PROVIDER SURVEY

Half of the providers who responded to the survey (42/84) reported encountering a need for LEP services in the last year. Thirty-five providers reported having staff that were able to interpret or translate languages. This section will begin by examining the makeup of demand providers face. This will then be compared to the LEP service capacity of providers before exploring other important issues related to serving consumers with limited English proficiency.

#### Consumer Demand for LEP Services

Providers were asked how often and in what capacities they serve individuals with LEP needs. Results are mixed, but a few categories of responses emerge. The majority of providers (20+) serve a handful of consumers each year, with about half of these consumers requiring ongoing services. Another set of providers (6-7) serve several individuals with LEP needs each month, or about 20-40 individuals/families per year. Finally, several providers (8-9) report serving individuals with LEP needs on a daily or regular basis. Throughout the report, these three groups will be referred to as those experiencing low, moderate and high demand, respectively.

These results illustrate the diversity of experiences human services providers encounter with respect to language needs. Providers within each of these groups face very different needs which create different challenges and, in turn, demand different solutions. At the same time, some common challenges are faced by all provider agencies.

In total, **29 different languages** were needed to serve the consumers of DHS providers in Allegheny County in the year prior to the survey. Providers report the following languages as those that were most in demand:

- Spanish needed by 27 providers
- Russian needed by 11 providers
- Karen and Vietnamese needed by 6 providers
- French and Mandarin Chinese needed by 4 providers
- Italian and Korean needed by 3 providers

## Data Analysis

In addition to these languages, eight additional languages were needed by two providers each, and another 13 languages were needed by only one agency. A complete list of all languages demanded and provided by staff is attached in Appendix A.

The actual languages needed by consumers of providers within different levels of demand do vary. However, the variation in language needs across organizations is significant regardless of whether or not providers experience considerable or consistent demand for LEP services. The following table details the number of providers within each level of demand and the number of total and unique language demands the whole group faced in the previous year.

Please note that not all providers are included in these numbers because some were not able to quantify their demand for LEP services, declined to do so, or did not report the language demands they faced (and therefore, could not be classified).

Level of Demand (number of providers)	Unique Languages Demanded	Total Languages Demanded	Most Frequently Demanded Languages (number of providers)
Low demand (22)	13	32	Spanish (13)
Moderate demand (7)	17	29	Spanish (6), Russian (5)
High demand (7)	15	23	Spanish (5), Karen (3)

*Table D: Provider Language Needs*

More than a third of language demands faced by low demand organizations were for Spanish. Even though this group has the largest number of providers, the diversity of the languages demanded is narrower, with only 13 unique languages demanded over 22 providers.

There are about one-third as many organizations in the other two categories, yet the number of unique languages demanded is higher. This means that each individual agency faces not only greater demand for services in terms of intensity of services, but also the number of different languages demanded. Here, only one-fifth of total language demands are accounted for by Spanish and less than one-fifth by Russian or Karen, leaving more than three-fifths of demand spread out among 13-15 different languages.

### Service Provider Capacity to Provide LEP Services

To get a sense of how well providers are able to meet the language needs of consumers, survey respondents were asked to list the language fluencies of any staff that are capable of interpreting or translating a language other than English.

Thirty-five of the 84 providers reported having staff with the ability to interpret or translate a language. Thirty-three providers listed the languages they could provide. The following numbers of organizations have the capacity to provide services in the corresponding number of languages:

- 4 providers capable of 6 or more languages
- 3 providers capable of 3-4 languages
- 10 providers capable of 2 languages
- 16 providers capable of 1 language

Providers reported a total of **34 different languages** spoken. Providers had interpreters or translators most frequently for the following languages:

- Spanish provided by 22 providers
- Russian and French provided by 5 providers
- Arabic, German and Japanese provided by 4 providers
- Swahili, Chinese, Hindi, Italian and Korean provided by 2 providers

In addition to these languages, providers had the capacity to provide services in 25 other languages (with only one agency able to translate or interpret each of those languages). See Appendix A for a comprehensive list.

Some providers have multiple staff fluent in the same language. While 22 providers are able to provide interpretation or translation in Spanish services, eight of those providers have more than one staff able to speak Spanish. Three of the five providers with Russian had more than one fluent individual.

Translation and interpretation capabilities vary significantly. There is no significant correlation between the demand experienced by providers for LEP services and the *number* of languages they provide. The *types* of languages demanded and provided do match a little more closely, but 70 percent of languages demanded by consumers are not spoken by staff of the providers experiencing the languages demanded.

## Staff Capacity to Meet Language Needs

The ability to meet the needs of consumers speaking different languages by being able to interpret or translate internally varies significantly by the level of demand providers face. Beyond Spanish, providers facing low to moderate demand for LEP services are able to provide very little translation and interpretation for the numerous languages their consumers speak. The following table numerates how many of the languages demanded are spoken by staff of the providers facing that demand.

Level of demand	Language Needs Met by Internal Staff/Total Needs	Needs Most Frequently Met
Low demand	11/32	8 are Spanish
Moderate demand	2/29	
High demand	11/23	5 are Spanish (of 5 needs)

Table E: Providers' Abilities to Meet Language Needs

Providers facing low demand have staff that is able to translate and interpret in the language demanded by consumers for only 34 percent of languages. Eight of these 11 language needs being met are Spanish, leaving only three other languages spoken by internal staff. Providers with moderate demand fare even worse with only two of 29 language demands being met (7 percent).

On the contrary, 11 of 23 languages demanded (48 percent) faced by high demand providers could be met by program staff. Of the remaining 12, only five are Spanish, leaving six other language needs also met while this one heavily demanded language is spoken by all providers reporting a need. While agencies facing high demand are more often able to provide services in the languages for which they face significant demand, they still have several languages for which LEP services are not available internally.

Figure 1 charts the most frequently demanded languages and shows how many providers facing that demand have staff capable of interpreting or translating in that language. Spanish is the only language for which a significant proportion of demand may be met by internal staff. Still, both Spanish and Russian services are demanded of 10 or more providers that do not have staff capable of interpretation or translation. Other notable gaps in the ability to meet the demands of consumers exist with Vietnamese, Mandarin Chinese and Korean, for which no providers reporting a demand for LEP services in those languages have staff capable of providing such services. In total, there is an unmet need for 24 of the 29 unique languages demanded.

## Data Analysis

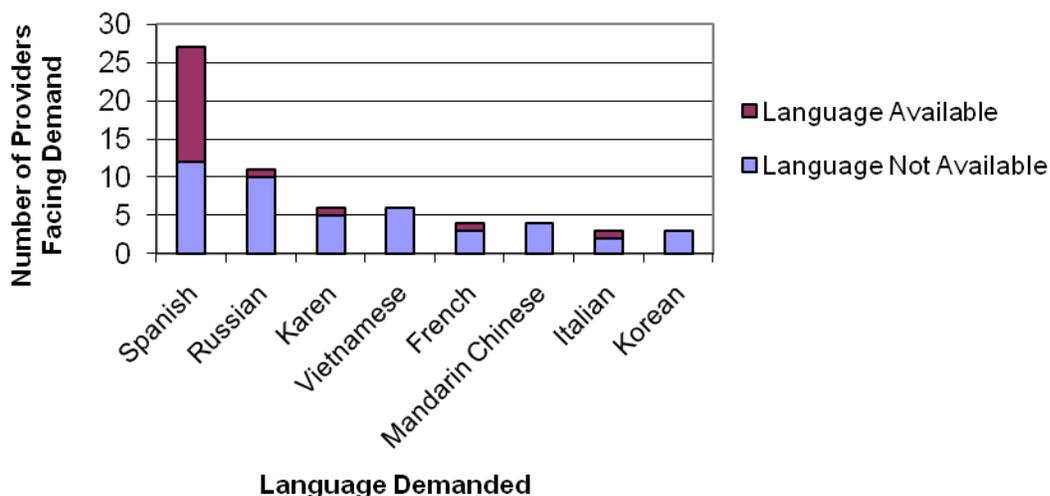


Figure 1: Number of Providers with Staff Fluent in Languages Demanded

There are 31 providers with at least one language need going unmet, which is 74 percent of those reporting a demand for LEP services. The chart below displays the number of language needs that go unmet by the corresponding number of providers. The majority of providers have one or two unmet language needs, but nearly a third have greater than three needs going unmet, with one agency facing 11 languages that they are unable to provide internally.

Number of Language Needs Unmet	Number of Providers
1	12
2	10
3	4
4	3
5	1
11	1

Table F: Unmet Language Needs

Although there are many language needs unmet by providers' staff, consumers' LEP needs are usually met by the provider in other ways. What this means is that providers must expend time, effort and funding to identify the appropriate external resources. While some of these resources do not have a monetary cost associated with them (i.e. volunteers), time and manpower are still required to recruit and match the appropriate volunteer to the consumer. Often, free resources are not available, so not being able to meet a language need internally results in the need for physical resources to be spent on interpretation services available by phone, contractor or other providers. These resources are discussed in more detail under Meeting Consumer Needs.

### **Demand versus Capacity for Provision of LEP Services**

Sometimes the ability to interpret/translate does not correspond to need. Of the 35 providers reporting a capability to interpret/translate, only 25 reported a need for interpretation/translation within their agency in the previous year. Forty-nine providers reported not having the capability to interpret or translate, and 17 of the 49 saw a need for interpretation/translation assistance in the previous year.

While many language needs go unmet by internal staff, the capacity to provide LEP services in other languages does exist. In some areas there is excess capacity for interpretation and translation. For example, three out of four agencies facing a demand for services in French were unable to meet that need internally. Meanwhile, four other providers reported having staff that could interpret or translate in French, but did not report a demand for these services. Similar deficits and excesses in capacity exist with many other languages as well, including Spanish, Chinese and other less frequently demanded languages.

A few organizations reported facing a large demand and have interpretation and/or translation capabilities. Most organizations face limited demand. When this latter group does encounter a consumer with LEP needs, they often utilize the services of the organizations with greater language capacities, placing extra burdens on them.

### **LEP Service Availability**

The level of interpretation and translation available at each provider and at which point in the process of serving an individual it is available may vary. Survey respondents were asked to identify at which points of service they were able to provide LEP services to individuals. The three options given included Intake, Information and Referral, and Assessment/Care Management. The results are as follows:

A total of 39 (46 percent) providers were able to provide some language assistance services at some point. The following number of agencies provided services at each of these points of service:

<b>Point of Service</b>	<b>Number of Providers</b>
Intake	28
Information and Referral	24
Assessment/Care Management	31

*Table G: Providers with Language Assistance Services at each Point of Service*

## Data Analysis

Some providers were able to provide services at some points, but not others. The following figures represent the number of providers with the corresponding combination of points of service at which they were able to provide LEP services, moving from all points of service to only single points of service.

All Points of Service	Number of Providers
Intake + Info & Referral + Assessment/CM	19
Intake + Info & Referral	3
Intake + Assessment/CM	3
Info & Referral + Assessment/CM	0
Intake	3
Info & Referral	2
Assessment/CM	9

*Table H: Combinations of Points of Service during Which Providers had Language Assistance Services*

Respondents also had the opportunity to provide information on other circumstances or times when services are available to consumers with limited English proficiency. Six providers specified the receipt of language accommodation services during mental health treatment or counseling. Another four providers specified receipt during the provision of physical health services.

### **Meeting Consumer Needs**

The ability to serve an individual with limited English proficiency largely hinges on the ability to communicate effectively. In an effort to better understand providers' ability to serve individuals with LEP well, they were asked the following question:

*Was your organization able to effectively serve the needs of these individuals with limited English proficiency, despite the language barriers?*

Although only forty-two providers cited a demand for LEP services, forty-six responded to the question. Thirty-four providers responded that they were able to meet their consumers' needs. Twelve said they could meet the needs in part, and no providers reported that they did not feel they could meet consumer needs.

For those that could not fully meet the needs of the consumer, a follow-up question collected information on why the needs could not be met. The list below displays the number of providers reporting that interpreters/translators were not available (not available), that funding for interpreters/translators was not available (not affordable), or that the needs could not be met for another reason.

Reason Needs Could Not Be Met	Number of Providers
Not available and not affordable	6
Not available	3
Not affordable	3
Other	4

*\* Two respondents who said they could meet needs also answered this question one replying not available and the other not affordable.*

*Table 1: Reasons Needs of Consumer could not be met According to Providers*

Providers reporting that they were not able to fully meet the needs of their consumers because of the availability and affordability of interpretation and translation experience a range of demand for LEP services, from low to high demand. A total of 12 providers felt that their consumers' needs could not be met because of the availability and affordability of interpreters and translators.

Reasons cited by the providers indicating "other" included the absence of written materials, the limitations of telephone interpretation for use in mental health therapy, and the lack of volunteers fluent in the languages needed for friendly visiting of consumers. Many consumers with LEP also do not receive their written plans of care translated into their native language.

The following external resources are most commonly utilized by providers to meet the LEP demands they face that they are not able to meet with internal staff. The first three methods seemed to be used most frequently, with Language Line® being used more frequently by providers experiencing moderate to high levels of demand.

- Language Line® and other telephone interpretation services
- Other providers (namely Catholic Charities, Latino Community Center)
- Volunteers, neighbors, community members
- University of Pittsburgh
- Contracts & consultants

Fifteen of the 55 providers responding to a question about how the services are billed report billing to a general operating account or a specific account. Most of the providers with the capability to bill provided interpretation through the use of contracts or Language Line<sup>®</sup>. All other providers were either unsure (8) or did not have a mechanism for billing these services. Many report making use of volunteers.

### Outreach to Individuals with Limited English Proficiency

A significant concern among some providers seems to be the ability to reach consumers with LEP and draw them in for service. The communication barriers are considerable before and during outreach and intake. It is difficult to get them in the door because they do not know what is available, who to call or how to access services. Some cultural differences may also prevent them from seeking service.

The survey queried providers to discover how many providers had individuals with LEP needs as the focus of any outreach efforts, programs or services. Outreach to individuals with limited English proficiency is a part of services for 24 of the providers.

Figure 2 displays the number of providers who do and do not provide outreach as a part of services, grouped by whether or not they encountered a need for LEP services from their consumers in the previous year. A majority of those engaging in outreach had encountered a need for LEP services in the previous year (19 out of 24; 79.2 percent). At the same time, less than half of those encountering a need engaged in outreach (19 out of 42; 45.2 percent).

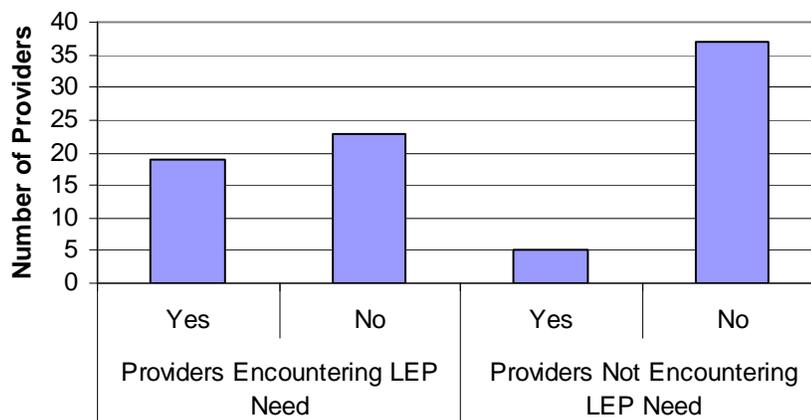


Figure 2: Providers with Outreach as a Part of Services

## Data Analysis

These results are difficult to interpret. If concerns among many providers are accurate and individuals with LEP needs are not being reached because they have difficulty making their way to the appropriate agencies, then it is possible that providers who are reporting not encountering a need for LEP services are experiencing a lack of demand because they have not engaged in enough outreach. Only five of 42 providers not reporting a need engage in outreach.

At the same time, these providers may truly not face a demand for services from populations with limited English proficiency, in which case, engaging in outreach efforts may not be the best use of their resources.

However, among providers facing a demand, greater than half of providers do not engage in outreach. These organizations may find themselves better able to serve individuals with LEP needs if they assess the needs of their communities and the potential benefits of outreach by their organization to these populations.

## **INTERNAL SURVEY**

### **Conclusions**

Language demands and capacities are not clearly understood within DHS.

Respondents had difficulty quantifying language demands and identifying staff fluencies because this data is not tracked or recorded in a systematic manner. This lack of data collection limits DHS's ability to efficiently use and develop resources to serve existing and potential consumers.

DHS staff are not fully aware of the resources that exist to assist consumers with language needs. The existence of LEP policies within DHS or program offices seems to be unclear. Among offices that had multiple survey respondents, policies or procedures related to LEP consumers were inconsistently recorded. Overall, responses across the whole Department indicated limited knowledge of the existence of the LEP policies and procedures that directly impact how staff communicate and work with consumers.

Outreach to the LEP community is minimal. DHS provides little direct service, but it does act as the communication center between the community and the service providers. These are vulnerable populations, and there appears to be a lack of sufficient outreach efforts given that DHS providers are encountering consumers with 29 unique language needs. However, without an accurate means of assessing the language needs of consumers that come to DHS, there is a limited foundation on which to build to design appropriate outreach methods and materials.

### **Recommendations**

Improve data collection. The real language demands and capacity to meet those demands needs to be better understood in order to improve DHS's ability to communicate with potential consumers. The first step in this process is documenting the language needs of consumers and aggregating them in a manner that can be utilized for assessment. At the same time, an inventory should be taken of staff fluencies, and a mechanism for collecting this information with the hiring of new staff should be instituted.

Assess need for enhanced outreach. Once these language needs are documented, an assessment of the need for outreach should be conducted. If gaps are identified in current efforts, appropriate outreach processes need to be developed and communicated to staff.

Communicate LEP policies to staff. Where LEP policies do exist, they need to be communicated more effectively to staff. If they do not exist, such policies should be developed where appropriate. These policies should be informed by enhanced data collection regarding the language needs of DHS consumers.

### PROVIDER SURVEY

#### Conclusions

Demand for LEP services is diverse and widespread. The survey reveals many providers reporting a need to serve individuals with limited English proficiency, and these providers face varying levels of demand. Most reported very little, but some providers work with consumers with LEP on a daily basis. The services needed by these individuals cover the whole spectrum of DHS services, and most providers do not have staff that is fluent in the languages spoken by the consumers who present for service. Providers report the need for LEP services in 29 unique languages. Many of these languages were needed in varying degrees by few consumers at only one or two providers during the previous year.

Provider fluencies and consumer need frequently do not align. Providers report the ability for staff to speak 34 unique languages. However, these abilities do not match up with need for the majority of providers. Seventy percent of languages needed by provider agencies are not spoken by staff, and external resources must be utilized to communicate with consumers.

Providers use external resources to supplement deficits. Providers frequently use Language Line<sup>®</sup>, although its expense is burdensome for most. Other resources commonly used include volunteers, other providers, and contractors. Providers feeling that they were not able to fully meet the needs of their consumers cited affordability and availability of interpreters as the primary reasons.

Outreach may be first step to surmounting communication barriers. Of primary concern to some providers is the ability to provide adequate outreach and draw in potential consumers with limited English proficiency. Providers express the concern that cultural and communication barriers prevent potential consumers from ever making contact with providers, highlighting the importance of outreach as an essential component to serving populations with limited English proficiency.

### Recommendation

Develop a coordinated network of resources for the community. In order to better serve the needs of individuals and families with limited English proficiency, a collaborative effort is needed among community stakeholders and providers to develop a coordinated network of resources that can be utilized to communicate with consumers who present for service and to communicate with the public at large to engage in outreach.

Some communities utilize a language bank to serve as the community resource for interpretation and translation services. A committee of the Immigrants and Internationals Advisory Council and other community stakeholders have taken steps to explore the development of a regional language bank. Given the composition of demand for numerous languages and the limited availability of language resources in the region, a language bank may be an appropriate model for Allegheny County. In an endeavor to explore this option further, the survey results raise the following considerations that need to be addressed:

- **Funding:** Establishing sustainable funding will be difficult since human services providers (mostly non-profits and local government) have limited funding to pay for interpretation/translation. This survey reveals that many already find services difficult to afford. At the same time, funding currently used for contractors or Language Line® could be diverted to the bank. One way to bring in additional funding is to reach out to other entities to utilize the language bank, such as courts, law firms and hospitals.
- **Sufficient Buy-In:** This is directly related to funding, but achieving buy-in is important for other reasons as well. Many languages are demanded by consumers, but most are demanded at varying degrees by very few consumers. In order to justify and afford the gathering of sufficient resources to provide local interpretation/translation services for the majority of languages, most sources of demand for those languages in the community need to be tapped.
- **Finding a Host Agency:** There are currently several providers who face daily demand for LEP services and at least two or three that other providers commonly utilize for interpretation and translation services. It must be carefully considered which organization is best suited to serve as the host for the language bank, or if it would be more appropriate to create a new entity.

## Appendix A

### LANGUAGE LISTS

These lists include language needs and fluencies identified by provider agencies only. Language needs and fluencies reported by DHS staff are all listed in the body of the report. Languages are listed as they were reported by survey respondents.

#### Languages Needed

A number of Native languages  
Arabic  
Asian Languages  
Chinese  
Chinese (Taiwanese)  
French  
French (folks from Africa)  
Hungarian  
Italian  
Japanese  
Karen/Burmese  
Korean  
Kurundi  
Mandarin Chinese  
Maay Maay  
Nepali  
Nigerian  
Persian  
Polish  
Portuguese  
Punjabi  
Russian  
Somali  
Southeast African  
Spanish  
Swahili  
Tagalog  
Telegu  
Vietnamese

#### Provider Language Fluencies

Arabic  
Bhutanese  
Bulgarian  
Chinese  
Croatian  
Eastern European  
French  
German  
Greek  
Gujarati  
Hebrew  
Hindi  
Ilocano  
Italian  
Japanese  
Karen/Burmese  
Kinyarwanda  
Korean  
Kutchi  
Macedonian  
Mandarin Chinese  
Nigerian  
Philippine  
Polish  
Portuguese  
Russian  
Serbian  
Slovak  
Somali  
Spanish  
Swahili  
Thai  
Uzbek  
Vietnamese