

# Language Access Services Assessment and Planning Tool

The Language Access Services Assessment and Planning Tool was designed to help Community Health Centers (CHCs) consider and become aware of critical elements needed in providing language access services to their patients. The tool is intended to help CHC staff develop preliminary plans and have discussions with key leaders about changes to service delivery. The tool allows CHC staff to evaluate their current needs for Language Access services; helps them identify internal and external resources available and determine their current utilization; helps them assess language services available in the community; and provides considerations to implementing changes to language access services at their health center. The tool is the first step in developing a plan to address language access needs and better serve patients needing such services.

## Instructions for Use:

1. Begin by completing the initial assessment form.
2. Based on information gathered from the initial assessment, begin the development plan for your language access service program.
3. Once all considerations have been complete, develop a timeframe as to when you hope to implement the identified service delivery changes to your health center. Keep in mind your budget and staff restrictions as you create this plan.
4. Schedule a meeting with key leaders and present the completed tool for your organization.
5. Make changes to the plan according to their feedback, your health center strategic plan, available/approved budget, and staff resources.
6. Finalize the plan and present changes to all staff.
7. Begin to implement finalized plan accordingly.

<b>Initial Assessment:</b> Use this initial assessment to evaluate your current services and need for a language access program.		
<b>A. Patient population and staff demographics</b>		
<i>1. Number or proportion of LEP current and potential clients</i>	Number	Additional Notes/Comments:
# of LEP patients		
# of LEP patients receiving language services		
# of LEP community residents whom access services		
<i>2. Frequency of LEP individuals come into contact with CHC staff</i>		
# of average encounters per non-LEP patient		
# of average encounters per LEP patient		
# of outreach encounters		
<i>3. CHC staff language inventory</i>		
# of CHC employees that are monolingual?		
# of monolingual health care providers?		
# of current CHC bilingual staff?		
# of current languages available at the CHC?		



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<b>B. Asset Mapping</b> (Evaluation of internal and external services and utilization)			
<i>1. Current level of language services provided at the CHC:</i>	YES	NO	Additional Notes/Comments:
Interpretation services are provided.			
Essential documents are translated in all needed languages.			
Essential documents are translated in only some needed languages.			
Language identification tools are available.			
Patients are notified of available language services and how to access them.			
Signage in needed languages are displayed throughout the CHC.			
After-hours phone instructions are provided in needed languages.			
Phone answering services are available in needed languages.			
Phone services are TTY compatible.			
Health education material is available in needed languages.			
Webpage is displayed in needed languages.			
Above services are available at all sites.			
Pharmacy medication instructions are provided in needed languages.			
Are patients required to bring their own interpreter?			
Are family or friends of a patient allowed to interpret for them?			
Are timely interpretation services available to all patients in need?			
Are there differences in waiting among LEP and non-LEP patients?			
Are there differences in no-show rates among LEP and non-LEP patients?			
Are LEP and non-LEP patient satisfaction levels different?			
Are LEP and non-LEP patient grievances different?			
Board communication (packets are translated for LEP members).			
Interpretation is provided to LEP board members.			
Application for board membership is available in needed languages.			



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2. Interpretation Services available at the CHC:	Number	Additional Notes/Comments:	
# of CHC certified interpreters			
# of CHC trained interpreters			
# of CHC bilingual staff interested in providing interpretation			
# of CHC staff interested in receiving interpretation training			
Current services available through language line or other form of language access program?			
Current measures in place for monitoring language access performance and quality?			
Current interpreter training provided to CHC staff?			
Current translation training provided to CHC staff?			
3. Policies and procedures:	YES	NO	Additional Notes/Comments:
Are there currently any policies and procedures in place for language access services?			
Are CHC staff all familiar with these policies and procedures?			
Current training provided to CHC staff on policies and procedures?			
Current communication to staff about changes to policies and procedures?			
4. Language services available through Community Agencies:	YES	NO	Additional Notes/Comments:
Are there community agencies providing translation services?			
Are there community agencies providing interpretation services?			
Are those interpreters trained?			
Are those interpreters certified?			
Are there Sign Language interpreters?			
Are interpretation services provided face-to-face?			

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Are interpretation services provided by phone?			
Are interpretation services provided by video?			
Are language services provided by community agencies for fee- for- service?			
Are interpreters volunteers?			
Languages for which interpretation services are available through local community agencies:			

<b>Development of Language Access Services:</b> Based on results of the assessment, use the information you have gathered to develop your language access services plan.			
<b>A. Language Access Program Overview</b>		Number	Goals for Initiation or Expansion:
# of LEP patients you plan to serve?			
# of LEP encounters you plan to produce?			
# of targeted interpretation services/ hr.?			
# of LEP appointments targeted/ day?			
# of days LEP appointments to be scheduled/ wk?			
# of providers needing interpreters?			
# of sites needing interpreters?			
# of full time equivalent interpreters needed?			
What services are needed for current service delivery? (Face-to-face, phone, video)			
What services should the LAP include? (Interpretation, Translation, both)			
<b>B. Budgetary Considerations</b>			Additional Notes/Comments:
<i>1. Interpretation services are to be provided:</i>		<input type="checkbox"/> Internally	<input type="checkbox"/> Remotely
If internally, interpreters are to be:		<input type="checkbox"/> Hired	<input type="checkbox"/> Contracted
If remotely, interpreters are to be:		<input type="checkbox"/> Hired	<input type="checkbox"/> Contracted



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Desired interpreter qualifications:	<input type="checkbox"/> Certified	<input type="checkbox"/> Trained	
If only trained, will you offer certification incentives:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>2. Translation services are to be provided:</b>	<input type="checkbox"/> Internally	<input type="checkbox"/> Remotely	
If internally, translators are to be:	<input type="checkbox"/> Hired	<input type="checkbox"/> Contracted	
If remotely, translators are to be:	<input type="checkbox"/> Hired	<input type="checkbox"/> Contracted	
Desired translator qualifications:	<input type="checkbox"/> Certified	<input type="checkbox"/> Trained	
If only trained, will you offer certification incentives:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>3. Staff Training</b>			
If only bilingual staff, will you plan to access competency in both source and target languages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you planning to train staff in “How to work with interpreters?”	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How many trainings do you plan to have?	_____ Month	_____ Year	
# of people to be trained per	_____ Month	_____ Year	
<b>C. Staff Considerations</b>			
<b>1. Internal interpreters and translators:</b>			Additional Notes/Comments:
# of face-to-face services to be provided	_____ Month	_____ Year	
How will competency in both source and target languages be assessed?			
How will bilingual staff be trained in the art of interpreting/translating?			
What additional training opportunities will be provided to staff?			
What incentives will be offered if staff interested in being interpreters/ translators?			
Will CHC offer any financial reimbursement for training/ certifications?			

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2. Remote Interpreters and translators:			Additional Notes/Comments:
How are services to be provided:	<input type="checkbox"/> Phone	<input type="checkbox"/> Video	
Internet capacity needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
# of three-way conversation phones needed			
# of tablets, IPADs, or rolling cards (robots) needed			
# of hours/day services are needed			
# of phone lines needed			

D. Policy and Procedure Considerations
What policies/procedures need to be updated based on changes made to language access services?
How will these changes be communicated to all staff?
How will these changes be communicated to all staff?

E. Timeframe				
Service Change:	30 days (1 month)	90 days (3 months)	180 days (6 months)	Additional Notes/Comments:



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