Washington State Department of Social & Health Services

Transforming lives

REPORT TO THE LEGISLATURE

Language Access Work Group

2023

Authorizing Legislation: Substitute Senate Bill 5304, Sec. 3

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Secretary

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EXECUTIVE SUMMARY

Throughout the United States, the need for language equity increases due to ever-growing numbers of people who speak a primary language other than English, referred to in this report by the acronym PLOTE. [a] Under Title VI of the Civil Rights Act of 1964, federal law guarantees meaningful access to persons needing language assistance that results in accurate, timely and effective communication and is available without cost to the PLOTE individual.[1] Accordingly, states must take reasonable steps to ensure that PLOTE individuals have meaningful access to their programs and activities. [b]

The State of Washington has been at the forefront of addressing language equity for over 30 years. Substitute Senate Bill 5304 Sec. 3[c] directed the Department of Social and Health Services to convene a work group with specific participants and develop a report to the Legislature on topics related to interpretive service certification testing policies and programs for PLOTE Washingtonians. This Legislature-directed work is a demonstration that Washington state continues to recognize the importance of language equity for all its residents. DSHS launched the work group in July 2023.

DSHS convened the Language Access Work Group in accordance with SSB 5304 to create recommendations for medical interpreter testing and certification options. During the first three meetings, various participants from the community and state agencies questioned why the work group was only focusing on medical interpreters when all types of spoken-language interpreters are needed to ensure PLOTE Washingtonians receive the state services for which they qualify. For instance, interpreters are needed to: 1) support an increasing number of PLOTE speakers throughout the state, and 2) demonstrate an awareness statewide that PLOTE speakers also have needs related to legal services (contracts, leases, wills, etc.), education and school services,[d] courts and hearings, and government services as well as health and wellness. DSHS communicated that the scope of the work group was focused on recommendations for testing and certifying medical interpreters. A few discussions with work group participants followed, reviewing the purpose and intent of the bill. Throughout their meetings, participants drew attention to the need for a more expansive solution. In the end, the work group voted to include recommendations in support of all types of language access providers in the final report submitted to the Legislature.

The top recommendation of the work group is that Washington state form a new office to oversee all types of LAPs. This option recognizes that a new state office will work across the state with current stakeholders to address the needs of PLOTE individuals. These needs include standards for adequate LAP testing, examination preparation, qualifications and procedures to become a credentialed LAP professional, certification system processes, continuing education, and post-certification monitoring to ensure compliance with professional standards and code of ethics are met. This recommendation is a vision for the future. If the Legislature decides to pursue this option, or any of the other stated options, interim process steps will need to be considered. As the current provider of certification services for medical interpreter test candidates, DSHS is committed to supporting transition activities as required by the Legislature in support of language equity.

[a] While the terms “Limited English Proficiency” and “non-English-speaking” appear in SSB 5304, as well as current related federal and state laws, these terms can inadvertently lead to a negative connotation. In this report, the phrase Primary Language Other Than English or PLOTE will substitute for those terms.

[b] See Appendix A, Federal Government Language Access Training.

[c] See Appendix B, Substitute Senate Bill 5304.

[d] See Appendix C, Discussion on Certification by American Association of Interpreters and Translators in Education.

Through a review of the attached recommendations, including responses and comments from work group participants, it is clear there is a level of urgency to create interim and long-term solutions. There is a consensus that a combination of solutions should be considered by the Legislature to accurately: 1) capture the positive impact of increased language access, 2) determine the fiscal impact of each of the recommendations considered, and 3) assess what relationships across community-based organizations, professional organizations (legal, court, medical, wellness, educational, etc.) and governmental entities need to be formed to truly support language equity in Washington state.

The work group made the following recommendations on the five topics delineated in the bill:

1. Ensure Quality and Accurate Interpretation Skills

The work group finds that pre-test training is desperately needed, not just to increase the number of qualified LAPs, but also to protect PLOTE individuals and the organizations that need LAPs to communicate with PLOTE individuals. Tests should meet professional standards and be easily accessible.

2. Increase Access in Rural Communities and for Languages of Lesser Demand

The work group endorses increasing connections with community-based organizations to enhance engagement with PLOTE individuals. To identify growing areas of need, the work group recommends reviewing immigration trend data. To increase access to testing and interpreting, the work group favors expanding the use of technology. The work group suggests that the state adjust its perspective and delivery when working with languages of lesser demand.

3. Workforce Resiliency

Besides adequate workload and pay, the work group upholds the need to show dignity and respect for LAPs. Candidates and professional LAPs should be offered more and better career counseling, training and continuing education activities. The work group suggests the state conduct a survey to ensure fair pay. The work group suggests that medical providers be coached on how to work with LAPs. To build capacity, the work group urges investment in communities with high concentrations of PLOTE individuals. Another strategy for workforce resiliency is to lower the cost of entry into the field, especially for those with a financial need. Due to the nature of some LAPs' work, the work group suggests providing support to LAPs who need to debrief or receive counseling. The work group also favors creating multiple pathways to credentialing.

4. Standards of Ethics and Professional Responsibility

The work group favors building on existing ethics orientation training, such as what DSHS provides. National standards of ethics already in existence can be adopted. The work group endorses meaningful continuing education to keep professional standards high. Disciplinary oversight should be exercised over LAPs to protect PLOTE clients and ensure professional performance consistently meets standards.

5. Investments Needed to Implement the Plan for Online Testing

The work group noted that any chosen online testing platform should meet national and industry standards as well as be updated over time. The costs to create such a system would be expensive

and ongoing; years would be needed to ramp up. Professional language testing providers, such as national certifying entities, already have tests in place.

Implementation Plan for an Online Testing System

Substitute Senate Bill 5304 Sec. 3(4) directed the work group to develop an implementation plan for an online testing system for language access providers. Since the implementation plan can vary considerably depending on which recommended option the Legislature decides upon, this report does not address that topic.

A Change Is Needed

Most work group participants agreed that Washington state's outdated approach to medical interpreter testing and certification should be replaced with one that is responsive to present-day needs, that uses up-to-date technology, and that positions Washington state for the future. Work group members identified current pinch points as well as innovative strategies for moving forward.

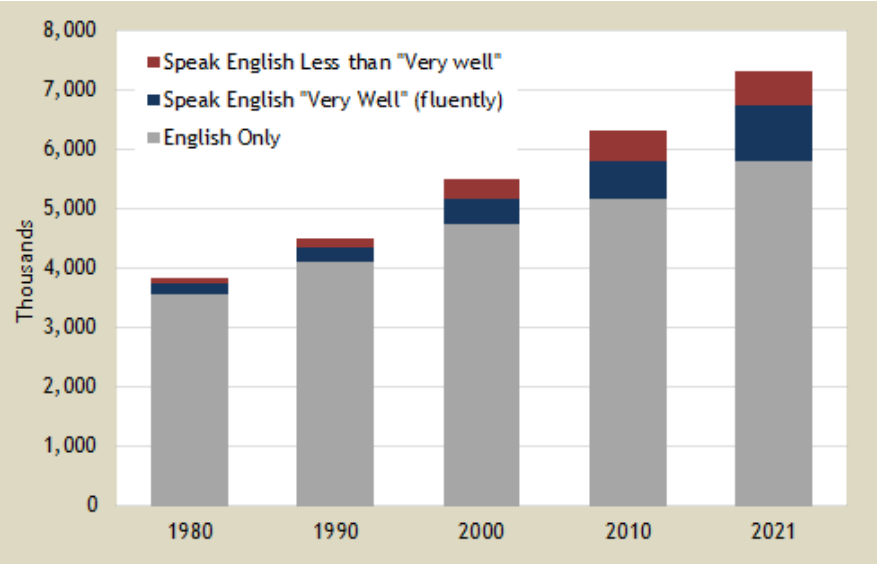
INTRODUCTION

Title VI of the Civil Rights Act of 1964 requires all states to take reasonable steps to make their programs, services and activities accessible by eligible persons, including those who speak a primary language other than English.

> "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."
> 42 U.S.C. § 2000d.

Washington state recognizes that language access is crucial to preserve and recognize the civil rights of PLOTE individuals. This state is home to a diverse population, including individuals born in the United States who speak a primary language other than English as well as immigrants and refugees coming from various ethnic and language backgrounds.

In 2021, the Office of Financial Management published Washington Trends to chart economic, demographic and social trends in the state.[2] In Figure 1, below, OFM used U.S. Census data to reveal the increasing numbers of persons living in Washington households where a language other than English is spoken.[3]



Year	Percent
2021	20.8%
2010	18.3%
2000	14.0%
1990	9.0%
1980	6.9%

Figure 1: Persons Living in Households Where Language Other Than English Is Spoken, Age 5 and Over, 2021. Source: Washington State Office of Financial Management.

Also in 2021, OFM issued Limited English Proficiency Population Estimates,[4] which show a detailed picture of the diverse PLOTE population in the state by language and county. Figure 2, below, presents the percent in households where a language other than English is spoken.[5]

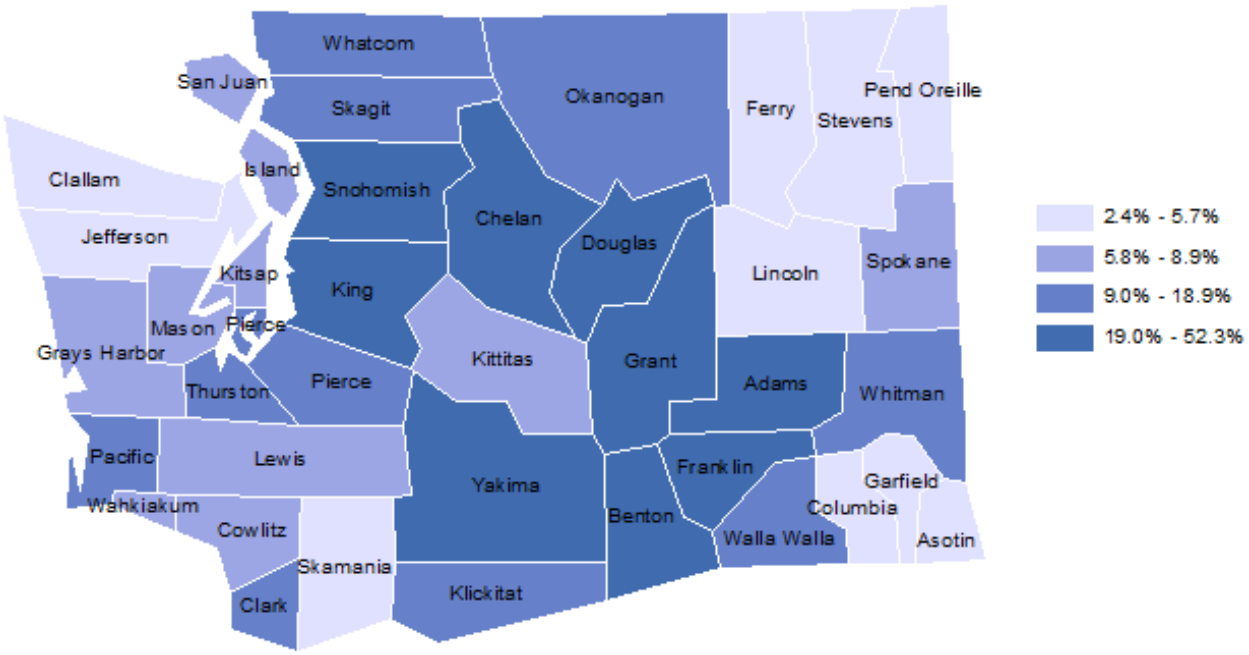


Figure 2: Percent of Washington state households where language other than English is spoken, population age 5 and above, 2021. Source: Office of Financial Management.

Each year, many newly arrived refugees and humanitarian immigrants apply for social services from DSHS throughout the state, as seen in Figure 3 below:

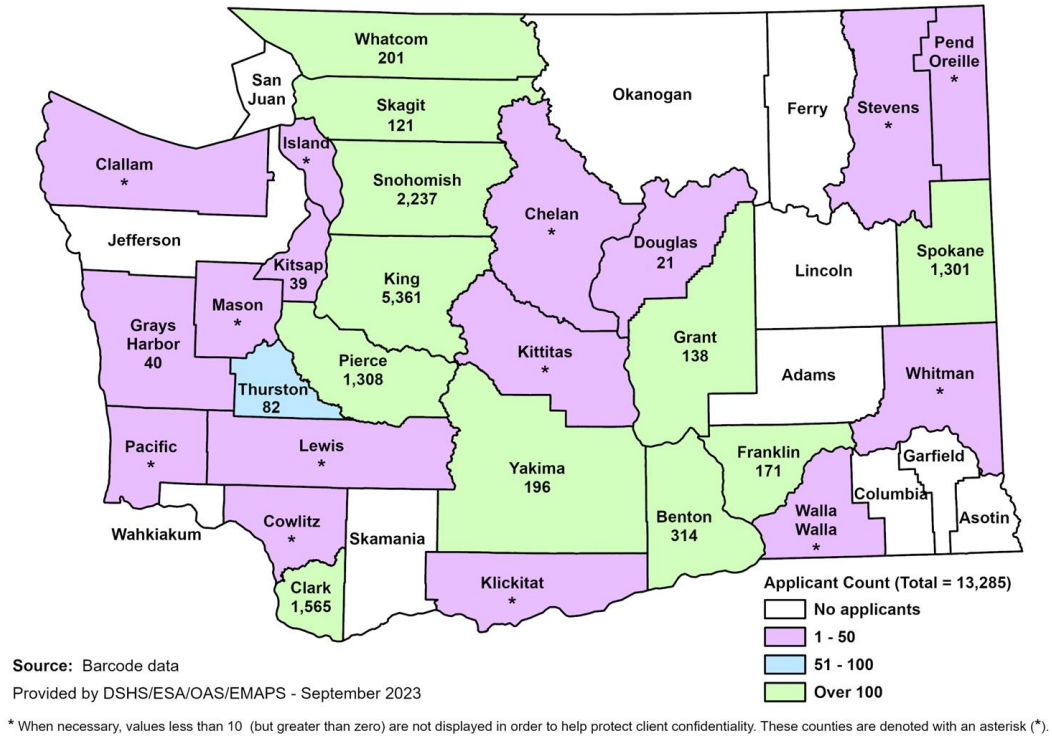


Figure 3: Newly Arrived Refugee and Humanitarian Immigrant Applicants for DSHS Services by Residential County in Washington State: Oct. 2022 - Aug. 2023. Source: DSHS Client Services Database. Graphic prepared by DSHS Research and Analysis Division and provided by DSHS Office of Refugee and Immigrant Assistance.

This report identifies recommendations to continue and strengthen language equity across the state moving forward. Effective communication is critical in health care and human services, where miscommunication may lead to misdiagnosis, improper or delayed medical treatment, and barriers to necessary services and programs.

Recognizing the importance of this issue, policy makers mandated the development of a work group to study certification policies and programs and to make recommendations necessary to support language access and interpretive services in the State of Washington.

The work group identified criteria to demonstrate that certified language access providers have the skills necessary to ensure quality and accurate services; strategies for increasing access to LAPs in rural communities and for languages of lesser demand; strategies for workforce resiliency including adequate workload and compensation; standards of ethics and professional responsibility; and investments needed to implement the plan for online testing.

The following sections provide background on the work group, the history of DSHS Language Access and detailed recommendations from the work group.

BACKGROUND, CONTEXT AND PURPOSE

Past Practices Pathway to DSHS Certification for Medical Interpreters

In 1991, the Washington State Department of Social and Health Services initiated an effort to certify its bilingual staff and provide interpreter services to ensure equal access to public assistance benefit services for clients who speak a primary language other than English, in accordance with the *Reyes Consent Decree*.

In 1992, DSHS started the initial development of standardized tests and a pilot period of language-proficiency testing, to create an adequate pool of language access providers and to ensure the quality of language access services. The initial tests were developed for bilingual staff who provided direct services to PLOTE clients. The multiple-choice tests were completed using a pencil and a piece of paper, which was fed into a Scantron machine for grading. Test scores were then manually entered into a database.

Tests were also developed the following year, to certify or authorize social services and medical interpreters as well as document translators who wished to contract with DSHS to serve DSHS clients. Medical interpreter and social services interpreter tests were developed to qualify LAPs who provided services for DSHS' different program areas at the time: Medicaid Purchasing Administration, Division of Behavioral Health and Recovery, Juvenile Rehabilitation Administration and Children's Administration. The pencil-and-paper Scantron tests continued to be used.

The DSHS language testing program was then expanded into a larger language access designated office called Language Interpreter Services and Translation, or LIST, to ensure meaningful access to services for PLOTE clients. The development of the LIST office and standardized tests were part of the *Reyes Consent Decree*. The LIST office had 16 dedicated full-time employees for program management, test development, interpreter skills assessment and content analysis, translating, proctoring, evaluating, grading and administrative support.

The LIST office was eliminated in 2002 due to a required budgetary reduction across the department. At that time, all language-access duties were delegated to individual administrations/divisions. The remaining 1.5 full-time employees formed DSHS' Language Testing and Certification program.

"When it was developed, the DSHS tests were shown to be valid and reliable. However, high stakes tests such as these must be maintained periodically in order to maintain their validity and reliability; this means that new items are continuously tested and substituted into the test, raters are tracked and periodically retrained to prevent rater drift.

"The DSHS healthcare interpreter certification tests have not been regularly maintained since they were designed in 1995 and so are no longer valid and reliable. Bringing these high stakes tests up to standard would cost hundreds of thousands of dollars." – *Cindy Roat, Medical Interpreter*

With the Washington State Health Care Authority being the major user of medical interpreters after Medicaid moved out of DSHS, the DSHS and OFM policy workgroup, formed in 2011 at the direction of

then-Governor Christine Gregoire, recommended that the state's medical providers could more effectively use the new national medical interpreter certification program, such as what was offered by the National Board of Certification for Medical Interpreters. However, the recommended change to use the new national medical interpreter certification program was not enacted by the Legislature. Since 2011, DSHS has had an unfunded requirement to continue testing and certifying medical interpreters using contracted proctors and graders.

Medicaid moved to HCA in 2011, and DBHR followed in 2018. In July 2017, the Department of Children, Youth and Families was formed. DSHS' Children's Administration joined DCYF in July 2018 and JRA followed in July 2019.

In March 2020, DSHS Language Testing and Certification paused public testing of medical interpreters, social service interpreters and document translators due to in-person safety and health concerns related to the COVID-19 pandemic. From April 2020 to March 2022, employee testing continued monthly in the two test locations that remained open, Olympia and Yakima. During that time, the former internal-only interpreter database system was updated to the online Gateway system, which is accessible to test candidates, credentialed holders and other public users.

Because of DSHS' commitment to providing a qualified pool of medical interpreters, DSHS researched alternative approaches to interpreter and translator certification process during the two-year pause on in-person testing. The research included the option to use medical interpreter tests developed by professional agencies that meet DSHS' standards for candidates who wish to pursue a DSHS medical interpreter credential. DSHS established that professional testing agencies have the resources and expertise to develop language-proficiency tests that are secure, meet recognized national standards and are regularly reviewed and updated. The tests could also be taken online, at a time and place convenient and safe for candidates.

With the ongoing research, DSHS gradually resumed public in-person testing in April 2022, with three to nine days of tests scheduled per month in Olympia and Yakima. The same pencil-and-paper Scantron tests that had been continuously administered since the early 1990s were again made available to medical interpreter candidates. At that time, DSHS discovered that most of the pre-pandemic contracted graders and proctors chose not to be available for in-person testing and the manual transmission of test documents. With limited staff resources, DSHS had to proctor tests in the Olympia location while searching for new proctors for other locations.

> "**WA State cannot continue on the legacy of being a leader on an 'old' test and should be developing linguistically responsive and culturally responsive test approaches that are not 'one size fits all' (language support cannot all be the same for all populations) and a more successful approach is not [to] view design through a monolingual lens where the systems are developed primarily for an English literate population.**"
>
> *– Lynora Hirata, DCYF*

To this day, DSHS continues to set and maintain social service LAP qualification standards; provide language proficiency testing to certify/authorize bilingual employees, interpreters and translators; and manage credentials. The Social Service Interpreter and Employee Cluster written multiple-choice tests are completed using Scantron tests. Contracted graders assess the other part of the employee written test, which is a brief assessment of writing skills, as well as the document translator tests, and all oral tests. Test scores are then manually entered into a database.

With 1.5 FTEs, DSHS' Language Testing and Certification administers in-person tests using part-time contracted proctors in a few locations across the state, including in Olympia and Yakima. This work ensures an adequate pool of qualified social service interpreters and document translators, in accordance with *Reyes,* to provide services for clients receiving public assistance benefits.

Current State Pathway to DSHS Certification for Medical Interpreters

In August 2022, after extensive and careful research, DSHS launched a third-party language test referral process for medical interpreters. The referral process aimed to expand the Language Testing and Certification office's capacity for certifying interpreters and to clear the two-year backlog in language testing due to the COVID-19 emergency response pause. The referral process provided a sustainable and efficient approach to test development and routine test updates in accordance with recognized national standards. Currently, the referral process addresses the increasing demand for medical interpreter testing and the growing need for qualified language access providers throughout the state. It also provides the convenience of online testing at any time versus DSHS's limited schedule and location model involving in-person pencil-and-paper tests. Test scores are available to medical interpreter candidates within a shorter time after completion of a test (no more than 48 hours compared to DSHS's turnaround window of within 30 days).

On Jan. 1, 2023, DSHS completed the transition of all medical interpreter testing to third-party referral entities approved and vetted by DSHS to continue medical interpreter certification. The transition to approved third-party referral entities addressed concerns raised by health care professionals and advocates for PLOTE speakers in Washington state related to DSHS' medical interpreter tests, which were developed more than three decades ago, as well as newly adopted federal guidelines for medical interpreters. The third-party tests are in accord with national standards – which did not exist 34 years ago. They are secure and regularly updated based on the input of health care professionals and the nationwide professional medical interpreter/translator community.

By referring candidates to third-party medical interpreter testing entities, DSHS' 1.5 FTEs are able to maintain the candidate database, manually input test scores, issue certifications, approve continuing education, process and track credential renewal requirements, and engage in complaint resolution and revocation.

The DSHS referral testing process for medical interpreters, which launched on Aug. 1, 2022, does not incur any cost to the state or taxpayers. No funds are collected by DSHS, and DSHS has no contractual agreements with any of the testing entities. This process allows for a faster and more cost-effective testing method for medical interpreters. DSHS continues to support medical interpreter certification and continuing education credits approval and tracking to ensure interpreters' skills remain current and relevant.

Medical interpreter candidates pay approximately $250 for the third-party tests, depending on which test they select. Additional expenses may be incurred if a candidate needs to meet the prerequisites of a national credentialing body. The referral cost to candidates continues to offer a reasonable investment amount to receive a medical interpreter credential.

For more information, see DSHS Language Testing and Certification Background, Appendix D.

Legislative Directive and Work Group Description

Substitute Senate Bill 5304 was proposed in February 2023. The bill was approved and passed on April 5, 2023, with an effective date of July 23, 2023.

SSB 5304 mandated DSHS to convene a language access work group "to study and make recommendations to the legislature regarding interpretive service certification policies and programs for limited and non-English speaking Washingtonians."

The bill directed the work group to hold its first meeting on or before Aug. 1, 2023, and to submit its final report on or before Dec. 1, 2023. In July 2023, DSHS convened the Language Access Work Group, which is comprised of members mandated by SSB 5304 that represent the following groups[e]:

- One member from each of the two largest caucuses of the Senate.
- One member from each of the two largest caucuses of the House of Representatives.
- Interpreters working in the medical settings.
- Interpreter unions.
- Families with language-access barriers.
- Community-based organizations supporting families with language-access barriers.
- Professionals with experience delivering interpreter certification services online.
- DSHS leadership.
- Other parties DSHS deems relevant.

The effort to organize the work group began in May 2023 and included inviting potential work group members specified in the bill's mandated participant categories. Additionally, some members of the public contacted DSHS to either volunteer to participate or to nominate someone to participate. Originally, DSHS planned to hold in-person meetings with the option for participants to attend virtually. In the end, all meetings were held virtually over Zoom.

During their initial meeting, the work group participants identified their unifying goal as ensuring that all Washingtonians have access to medical interpreter services without language barriers. To achieve this goal and to gather recommendations for the Legislature, six 90-minute meetings took place between July 25, 2023, and Oct. 3, 2023. During the first five meetings, participants met in breakout rooms to discuss an assigned topic, then their feedback was shared in the main room by breakout room facilitators. Additionally, one 60-minute meeting and one 90-minute meeting took place with state agencies to hear their unique needs.

To be a "successful medical interpreter, one must complete formal classroom training which includes, medical terminology, healthcare systems, sensitivity, roles/limitations, cultural sensitivity, public speaking, customer service, active listening and focus on being proficient in both English and the other language.

"Medical Interpreters make common mistakes such as ineffective communication, translating word for word, using incorrect words, using incorrect tone and style, and working in a language you are not proficient in and exaggeration of word meaning which causes major problems for patients.

"By completing this classroom training, medical interpreters will be ready in aiding patients." – *Nadia Damchii, HAPPEN BRG*

[e] See Appendix E for a list of all work group participants.

Initial efforts to reach PLOTE families began in June 2023 and involved emailing and mailing letters through the U.S. Postal Service to families throughout the state who had required interpreter assistance to communicate with DSHS about its services.

An invitation letter was written in English and translated into the top 20 languages used by PLOTE individuals in Washington state, as identified in 2021 by OFM. The letter, in each PLOTE individual's primary language followed by the same message in English, invited families to participate in the work group. It listed the dates of the meetings and the option to attend in-person or virtually.

Figure 4: Picture of two women chatting in front of a DSHS Mobile Office at an event for Afghan refugees in August 2023 where some PLOTE families were contacted for the family survey.

Response to those efforts did not produce actionable results. DSHS decided to pivot to invite PLOTE families to participate in two special, families-only meetings.

DSHS created a flyer, had it translated into the top 20 languages used by PLOTE individuals in the state, and began reaching out to CBOs and health centers to have the flyer distributed. That effort resulted in feedback that inviting families to participate either virtually or in person would likely lead to low participation due to families' circumstances as well as their potentially wary view of the government. DSHS received a recommendation that the best way to reach families would be to contact them in person.

Around that time, DSHS learned of an event for Afghan refugees. DSHS secured a table at the event, hired interpreters and asked them to administer a survey created by the agency's Research and Data Analysis division to willing families. Following the success of that endeavor, DSHS reached out to community-based organizations that work with PLOTE families throughout the state and enlisted willing CBOs to administer the questionnaire to their constituents.

"It would be great to have a training program for youth (mainly high schoolers), who have interpreted for their community elders and family members most of their lives and possess the skillsets to be great interpreters to have a pipeline in to this profession." – *Shelby Lambdin, CHAS*

The Language Access Work Group website was created to provide participants with information related to the work group's activities. Regular updates are posted there, which include meeting agendas, notes[f], homework assignments, informational resources, answers to frequently asked questions, recommendations for language testing options submitted by work group participants[g], and public comments.

In accordance with SSB 5304, the work group will submit its final report to the Washington State Legislature by Dec. 1, 2023.

[f] See Appendix F, Work Group Meeting Notes
[g] See Appendix G, Draft Recommendations

WORK GROUP RECOMMENDATIONS

Proposed Recommendations for Future Pathways for Certification of Medical Interpreters

Using ideas presented by participants during meetings and in draft recommendations, DSHS shared program options for participants to reflect on. DSHS noted that some options reflected a vision of the future that may require further research or modification of state statutes to be implemented. Following participant feedback, that working document was updated several times.

During the final work group meeting, each participant had an opportunity to share their thoughts about the options. Some chose to share which way they planned to vote and why. Some shared that they were dissatisfied with the options. For instance, some wanted DSHS to resume medical interpreter testing, but the intent of the SSB 5304 was to explore other options. Other participants offered hybrid ideas based on the options. Some participants imposed their opinion that not everyone should be allowed to vote, although the Legislature saw fit to solicit feedback from a variety of stakeholders. In the end, some participants did abstain from voting.

Following the sixth and final work group meeting, participants were invited to rank the options. The final poll results are shown below[h]:

Interpreter Options – FINAL Poll Results	Rankings				
	1st	2nd	3rd	4th	5th
DSHS Receives Additional Funding and Partners with Community Colleges (medical)	4	12	1	2	3
DSHS Receives Additional Funding and Continues Third-Party Testing (medical)	0	1	5	5	11
State Certified Office Contracts with National Medical Interpreter Certifying Bodies (medical)	3	2	3	8	6
State Centralized Office Partners with National Medical Interpreter Certifying Bodies (medical)	2	4	10	6	0
State Centralized Office Partners with Community Colleges (medical + other professional interpreters and document translators)	14	3	3	1	2

Source: Appendix H

In the end, most voting participants chose a vision of the future – a to-be-created state centralized office overseeing all types of language access providers that would partner with community colleges – as their top choice.

This choice reflects the work group's desire to see that candidates and credentialed LAPs receive more training, which can be easily accessed (virtually and in-person) through community colleges.

[h] See Appendix H for a fuller version of the voting process as well as participant feedback.

Recommendations

SSB 5304 charged the work group to make recommendations necessary to support language access and interpretive services in five categories:

1. Criteria necessary to demonstrate that certified language access providers have the skills necessary to ensure quality and accurate services.
2. Strategies for increasing access to language access providers in rural communities and for languages of lesser demand.
3. Strategies for workforce resiliency, including adequate workload and compensation.
4. Standards of ethics and professional responsibility.
5. Investments needed to implement the plan for online testing.

"I have a concern that when I asked for Ukrainian speaking interpreter, that person speaks to me in Russian language." *– PLOTE Family Member*

The Legislature wisely chose to mandate participants from many facets of the community. From such varied backgrounds came varied responses – not all of which agree – yet common themes emerged. Each participant brought a unique perspective which when combined presented a holistic approach to improving language access. It is impossible to add every idea shared. As the Legislature considers next steps, it is highly encouraged to view Appendices F, G and H to see participants' views in greater detail.

The following five numbered subheadings correspond to recommendations the work group made In response to the categories outlined in the bill. Please note that some recommendations from the work group were a vision of the future and broader than any existing program or collective bargaining agreement, so some ideas might seem to conflict.

1. Ensure Quality and Accurate Interpretation Skills

The recommendations to ensure quality and accurate interpretation skills include:

- Increase the required pre-test training to result in higher pass rates and better interpretive services for PLOTE individuals and providers.
- Investigate potential public and private partnerships with key stakeholders including community colleges and community-based organizations to increase training programs that include specialized skills programs and language-specific curriculum to support LAP education.

"I hope all the document and information have Chinese version and have more Chinese speakers available to help." *– PLOTE Family Member*

- Educate candidates and credentialed LAPs to succeed in this profession. Require candidates to complete formal classroom training which would include medical terminology, ethics, roles and limitations, cultural sensitivity, customer service, and proficiency in English and the language other than English. (Some participants questioned

whether English need be included. See Appendix G, Draft Recommendation 09.1.) The core prerequisites of CCHI and NBCMI were generally favored.

- Provide the best quality services to PLOTE clients by offering nuanced training and incentives to LAPs who can specialize. General language proficiency, while extremely important, should not be the only factor when determining who to send where. Terminology, language style and delivery can vary depending on the venue. Social services vs. child protective services vs. delicate medical situations all involve differences that LAPs should understand and honor. Present dropdown options to allow selection of specialized LAPs for specific needs.

- Ensure quality medical interpreting through quality tests taken prior to certification. DSHS has noted that its test materials and procedures are outdated. Some participants asserted that DSHS' tests meet industry standards and should be used to resume testing; others suggested testing be conducted by another party. Regardless of who conducts the tests, participants agreed that interpretive skills tests should meet national and industry standards and be easily accessible by candidates.

2. Increase Access in Rural Communities and for Languages of Lesser Demand

The strategies to increase access in rural communities and for languages of lesser demand include:

- Monitor immigration data in Washington and work with community partners to determine emerging language needs. During times of crisis, when a large influx of refugees arrives in the state, provide a process to fast-track LAPs due to the high level of need.

- Partner with community-based organizations that support immigrants and refugees to better support the people who are served by them.

- Provide incentives for those in rural areas or those who speak languages of lesser demand to become LAPs through scholarships or compensation programs.

Top 10 Newly Arrived Refugee Applicants by Country of Origin		
Country	**August 2023**	**October 2022 - August 2023**
Ukraine	502	7,884
Afghanistan	162	2,106
Cuba	26	432
Syria	33	265
Democratic Republic of Congo	13	218
Haiti	34	186
Colombia	15	140
Eritrea	*	101
Somalia	*	99
Iran	11	96

Source: DSHS Client Services Database. Graphic prepared by DSHS Research and Analysis Division and provided by DSHS Office of Refugee and Immigrant Assistance.

- Make virtual/online testing available in rural communities and communities using languages of lesser demand. Remote testing can be easily accessed by candidates anywhere without the need for a long-distance drive.

- Offer the option of video interpreting to increase LAPs access to PLOTE individuals who speak any language in all locations of the state, to reduce travel costs and to allow LAPs to have sufficient work and opportunities to practice their craft.

- Adjust perspective and delivery when considering the needs of those who speak languages of lesser demand. Work with community-based organizations to understand terminology used by people in specific language groups. Rather than designing an LAP program to exclusively work through an English-first lens, allow for other methods such as interpretation from Spanish to a language of lesser demand. Additionally, consider assigning LAP duos composed of a certified LAP and an informal LAP to provide services. Both would be compensated.

3. Workforce Resiliency

The strategies for workforce resiliency, including adequate workload and compensation are:

- Health care providers and agencies in Washington state require qualified LAPs to serve patients. Those who provide this invaluable service need to be shown dignity and respect for their expertise and their profession.
- Rate of pay and working conditions are common elements people consider when choosing a profession. To ensure fair pay, conduct a survey of current industry standards for compensation to determine what is a fair rate of pay and whether there is a pay differential for experience, training, travel, shift differential, etc.
- To promote good working conditions, train LAPs on how to interact with and/or coach medical providers to work with the LAPs. Encourage medical providers to take training to ensure that LAP services are provided as designed, and to prevent unnecessary travel for canceled appointments.
- Provide PLOTE individuals in immigrant and refugee communities with a career path to become certified LAPs. Target immigrant students and children of immigrants as possible LAPs, starting in high school.

200 **= The minimum number of training hours required to become a yoga teacher. Specialty designations are available with more training. To maintain credentialing, registered yoga teachers must complete 75 hours of continuing education every three years.** – *Yoga Alliance*

0 **= The current number of training hours to be credentialed as a medical interpreter in Washington state. To maintain certified or authorized status, medical interpreters must earn 20 continuing education credits every four years or retake the exam.** *(WAC-388-03-160)*

"Increase funding, policy and capacity to better support … language interpretation needs for the growing Marshallese community in Washington." *– Jon Gould, Childhaven*

- Help individuals enter the field. Support individualized career counseling. Remove barriers for entry into the field by providing financial assistance for training and testing to needy candidates. This can include scholarships from community partners. To help credentialed individuals stay in the field, provide low-cost continuing education as well as financial assistance to those who need it.
- Provide avenues for LAPs to debrief and/or receive counseling.

- Establish multiple pathways to credentialing. Allow candidates to take nationally recognized medical LAP tests, if those tests meet Washington state requirements and where there is no conflict of interest on the part of the testing entity. Tests should meet national standards for LAPs in health care and should incorporate ethics as well as basic knowledge on how to provide culturally and linguistically appropriate services.

4. Standards of Ethics and Professional Responsibility

Regarding standards of ethics and professional responsibility, the work group proposes to:

- Maintain ethics orientation training such as what DSHS provides. Some participants noted that the National Code of Ethics for Interpreters in Health Care already exists.[6] That code can provide a launching point for Washington, should it decide to tailor something for LAPs working in this state.

"The national certification exams have historically had higher passing rates than DSHS, despite being more rigorous in content, due in large part to the training prerequisite." – *Yvonne Simpson, UW Medicine*

- Increase skills, shift perspectives and maintain a high level of professionalism through meaningful continuing education. Allow continuing education ethics credits to be earned in the same manner as other CE credits during a single reporting cycle.

- *"*Ensure availability of both in-person and virtual/remote LAP services. Work to assure that there is appropriate training for LAPs on utilization of remote interpreting so that patient safety is not jeopardized." (See Appendix G, Draft Recommendation 01.)

5. Investments Needed to Implement the Plan for Online Testing

"Remaining mindful that if testing populations present a need for tuition assistance, supplemental curriculum, tech accessibility or nuanced dynamics specific to supporting an agency's need … the colleges could provide prep courses (resulting as a feeder population). Work-first programs that credential child care cert programs have been doing a version of this for years." – *Lynora Hirata, DCYF*

The work group confirms that an online testing platform should meet national and industry standards as well as be updated over time. The costs to create such a system would be expensive and ongoing; years would be needed to ramp up. Third-party testing providers already have tests in place that meet national and industry standards.

Based on DSHS evaluation of the fiscal impact of SSB 5304, the estimated cost for DSHS to update its tests and bring them in line with national standards and online testing systems would be $27,807,000 over five years. An additional budget would need to be allocated at least every five years to update the online test content and software. The budget for staffing, contractors, equipment, materials and facilities to maintain an efficient internal language testing and certification program would also need to be allocated.

CCHI, representing the mandated category of professionals with experience delivering LAP certification services online, estimates initial test development to be $200,000 per test. Per exam delivery costs would range from $80-$200/seat. Maintenance costs for psychometric reports to monitor the validity of tests and continuous test updates (every 2-5 years) could be averaged at about $60,000 annually per test. (See Appendix G, Draft Recommendation 03.)

Eliana Lobo, a participant representing the mandated category of higher education, estimates the creation of new written and oral test questions and scenarios to cost $100,000 for the initial job task, $100,000 for written test development, and $100,000 for each language specific exam. She offers a conservative timeline of 18-30 months to accomplish initial test development, with more time needed for languages of lesser demand. (See Appendix G, Draft Recommendation 05.)

"Online is not the future, it's now. An entity must have a proven track record to provide testing online on either Mac or PC." – *Yvonne Simpson, UW Medicine*

Highline College shared that community college testing centers have the resources (staff, technology, physical setup) to be able to meet in-person and online medical LAP testing requirements. Washington State Community and Technical Colleges' testing centers are well equipped to administer industry accredited tests and national exams. Testing centers regularly collaborate with third-party testing entities to ensure the tests are up to date; technology and physical setup are also checked to meet testing standards. (See Appendix G, Draft Recommendation 07.)

ANOTHER OPTION

DSHS suggests the Legislature establish a Washington state LAP association. As with other professional organizations, the association would carry out credentialing and disciplinary functions as well as provide support to candidates and LAPs through networking, continuing education and professional development.

Why is this option being presented here?

Late in the work group process, the option of a professional LAP association came to light. There was no time for participants to discuss and reflect on this idea. Yet, it is too valuable not to bring to the Legislature's attention.

Interpretation is a skill. Skilled employment is often overseen by a professional organization. Professional organizations may have national as well as state-level components. Depending on the vocation, the professional organization will involve and require more or less.

For example, to practice law in this state, one must be a member of the Washington State Bar – which was established by the Legislature – and pay an annual license fee. At the WSBA, "admissions, regulation, and disciplinary functions are combined with professional association functions into one organization."[7]

Another example of professionals being overseen by a professional organization is paralegals. Many state paralegal associations belong to the National Federation of Paralegal Associations. NFPA offers credentialing exams, training, continuing education, awards, scholarships and more. Member paralegal associations have their own codes of ethics and standards of professional conduct, in addition to abiding by the NFPA and American Bar Association Model Rules.

"As a provider of continuing education to DSHS-certified interpreters, I have been frequently chagrined at the general ignorance and high level of inaccuracy in the interpreting of students who are already certified by DSHS. Requiring training before testing will lead to a higher pass rate among those who test, and better service being provided to LEP Washingtonians and the providers who serve them." – *Cindy Roat, Medical Interpreter*

How would a professional LAP association benefit stakeholders?

- LAP candidates would gain a clear career path as well as understand education and credentialing requirements.
- Credentialed LAPs would gain peer support, advocacy, continuing education opportunities and greater esteem for their work.
- Individuals who speak a primary language other than English and the organizations that need LAP assistance to communicate with PLOTE individuals would have the reassurance that the people sent to interpret meet professional standards.
- Washington state, with its growing population of PLOTE individuals, would gain a unified approach.

OUTREACH TO FAMILIES WHO SPEAK A PRIMARY LANGUAGE OTHER THAN ENGLISH

Efforts to reach out to the mandated participant category of PLOTE families included sending letters, preparing flyers and in-person contact through community-based organizations throughout the state. The final method proved to be the most successful, perhaps due to bonds of trust between CBOs and PLOTE individuals in contrast with the general lack of trust PLOTE individuals have in government.

DSHS reached out to families speaking the following languages: [i]

- Amharic
- Arabic
- Cambodian
- Chinese, Cantonese
- Chinese, Mandarin
- Chinese, Taishanese
- Dari
- Farsi
- French
- Hindi
- Japanese
- Korean
- Lingala
- Luganda
- Mam
- Marshallese
- Mongolian
- Pashto
- Punjabi
- Q'anjob'al
- Runyoro
- Russian
- Samoan
- Somali
- Spanish
- Swahili
- Tagalog
- Tamil
- Telugu
- Ukrainian
- Urdu
- Vietnamese

DSHS' Language Testing and Certification office worked with the Research and Data Analysis division to create a questionnaire to collect information on the language access needs of PLOTE families. Questions were designed to be general and brief, and they asked for minimal identifying information to encourage participation. Still, many PLOTE individuals refused to share information once they realized there was a tie to the government. To maximize opportunities for PLOTE individuals' feedback, links to an online form were provided to CBOs, who then sought people who could speak the PLOTE individuals' language and ask them the questions. See Appendix I for questions posed to PLOTE individuals.

Of the 192 respondents, 176 know someone who needs interpreter services and 110 know how to get interpreter services. The following table shows the percentage of respondents who answered affirmatively to the question, "Do you know of anyone who needs any of the following services?"

Service Needed	Affirmative
Food Assistance	80%
Medical Services	76%
Education	74%
Housing	74%
Cash Assistance	63%
Employment	62%
Health and Wellness	25%
Child Support	13%
Elder Care	9%
Disability Support	8%

Source: DSHS LTC PLOTE Family Questionnaire. Table prepared by DSHS Research and Analysis Division.

While the PLOTE participants are not a representative sample of all PLOTE individuals in Washington state, their responses suggest certain patterns of need exist.

[i] "Chinese" is a blanket term covering many different dialects, including the three dialects shown here. Written documents to Chinese-speaking individuals were prepared using Chinese Simplified and Chinese Traditional characters.

At the end of the survey, a relatively low number of PLOTE participants decided to provide additional comments, as shown below.

Primary Household Language(s)	PLOTE Participant Comments
Dari	I have a newborn baby who needs child care because I am going to attend some classes
Dari	Employment
Dari	Housing and electricity bills Also electricity
Dari	Housing and also electricity bills
Dari	Housing
Luganda	I want to go to school
Spanish	Needs housing
Spanish	It's a good idea to have this survey
Spanish	Our community needs helps with kids with autism
Spanish	Cielo offers good services
Spanish	Cielo offers great services and benefits a lot of people
Spanish	Cielo offers great benefits and they are very kind
Spanish	More bilingual staff in Health care, Police, deferent areas, we need help in our language
Spanish	more bilingual staff in different departments, from health all the way to labor department
Chinese – Cantonese	I would like to have more recourse and support about that
Chinese – Mandarin	Participant seek CISC for help if he needs interpreter services
Chinese – Cantonese, Chinese – Mandarin	Hiring more Chinese speaker staffs to for different service office to provide service to us
Chinese – Cantonese, Chinese – Mandarin	I hope all the document and information have Chinese version and have more Chinese speaker staffs available to help
Chinese – Cantonese	Need more language support when call or in person service
Russian, Ukrainian	Мне нужна машина. (Google translate = I need a car.)
Ukrainian	I have a concern that when I asked for Ukrainian speaking interpreter, that person speaks to me in Russian language.

MEDICAL INTERPRETER TESTING AND CERTIFICATION IN OTHER STATES

The DSHS Language Testing and Certification Program and the Research and Data Analysis Division collaborated to ascertain whether any state agencies conduct their own testing and certification of medical interpreters and translators.[j] The State of Minnesota maintains a volunteer interpreter roster and "does not verify whether an interpreter is certified by National Certification Organizations." The State of Utah certifies medical interpreters, but certification is voluntary. The State of Oregon accepts national third-party testing[8] for its Health Care Interpreter[9] Registry.

The national review of medical interpreter testing and certification revealed many more options for training to become a medical interpreter than testing. Training to help candidates prepare for and pass national tests is offered by local, regional, and national organizations, including community colleges and universities.

In all 50 states, medical interpreter candidates are either approved to perform interpreter duties due to their certification with an approved entity or are certified by the specific state using scores from approved testing entities. Washington state currently uses both processes for DSHS Certification for Medical Interpreters. DSHS uses passing scores from approved third-party entities who base their tests on national standards to qualify candidates for DSHS certification. DSHS accepts certified individuals from national medical interpreter certification entities.

[j] See Appendix J, Overview of Medical Interpreter Testing and Certification in 50 States.

ARTIFICIAL INTELLIGENCE AND MEDICAL INTERPRETATION

The use of artificial intelligence, such as with machine translation, is becoming more prevalent in everyday life. Some may wonder if AI can be used to communicate with PLOTE individuals – instead of humans – thereby saving money.

While AI can be a useful tool, negative aspects should also be considered as AI relates to the language access provider industry,[10] such as:

- Loss of human connection.
- Inaccurate interpretations.
- Lack of cultural sensitivity.
- Ethical and privacy concerns.
- Displacement of human interpreters.
- Technical limitations and reliability.
- Bias and discrimination.

The U.S. Department of Justice provides guidance for states to follow. The DOJ's 2023 Language Access Plan states that machine translation should not be used "without human review and quality control. In particular, machine translation is discouraged when information communicated is vital to a person's rights or benefits; when accuracy is essential; or when the source materials use non-literal language (like slang or metaphors), have unclear grammar or structure, contain abbreviations or acronyms, or are complicated, technical, or wordy." [11]

Similarly, a 2023 language access training offered by the federal government discouraged using AI to translate websites. (See Appendix A.) That training highlighted concerns such as reduced accuracy and changed meaning. It suggested that organizations using machine translation software "should have a human translator proofread all content containing vital information." The training materials further noted that "website content that is translated and checked by qualified human translators is more likely to be accurate and locatable by LEP users."

Given the concerns regarding using AI to translate general things such as websites, how much more should there be concerns when translating medical information, which can be delicate and nuanced? Human lives are at stake. More must be considered than just cost. Accordingly, this report does not consider the topic of AI replacing humans and eliminating the need for a language testing and certification program.

CONCLUSION

Substitute Senate Bill 5304, Sec. 1 states, “The legislature declares that quality, competent interpretive services for Washingtonians whose primary language is not English is a vital public policy priority. The legislature finds that informal or erroneous interpretation can result in significant personal consequences. Therefore, the legislature intends to require that interpreters be able to pass both written and oral certification exams to ensure quality, competent services for all Washingtonians.”

The Language Access Work Group thanks the Legislature for mandating a review of such a worthy issue. According to the Health Care Research Center at the Office of Financial Management,[12] the immigrant population in Washington state increased by 29% during 2010-2021. Individuals who speak a primary language other than English are among the ever-growing immigrant population, so the need for qualified language access providers in Washington continues to expand.

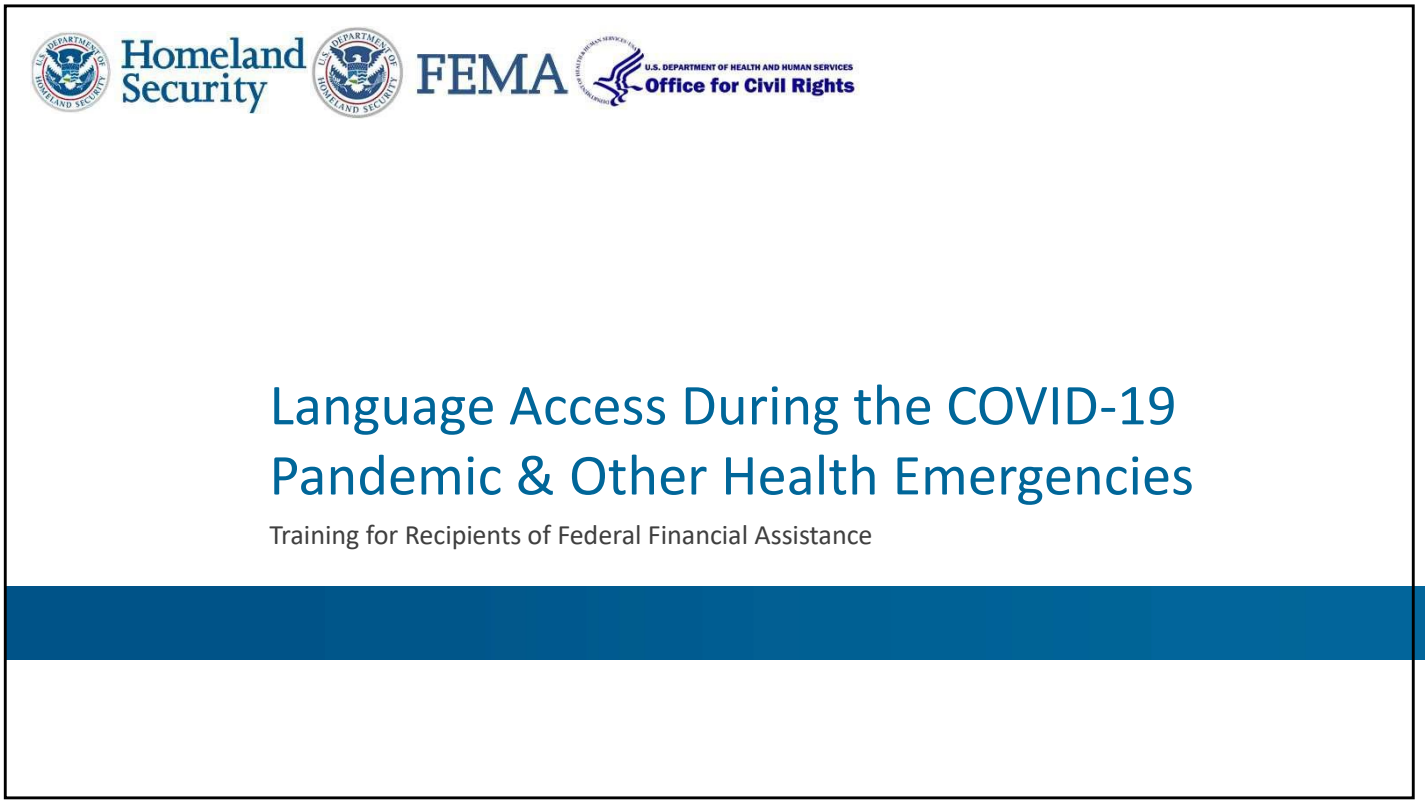
Language is not just a health and social services equity issue; it is a human right that each and every person possesses. Given the close connections between language, culture, identity and participation in community life, the right to express ourselves in our language is fundamental. The consequences of the lack of qualified LAPs include barriers to access to services which could lead to harmful outcomes up to and including death.

For the State of Washington to assure this right for all, we need more comprehensive support. Many of the recommendations include ideas that go beyond a testing process for medical interpreters. Recommendations point to a need for increased education and ongoing training in many areas of interpretation, support in a variety of geographical areas, financial assistance to enter and remain in the field, and support for LAP candidates, including those from families with a primary language other than English, to access a pipeline to ease entry into the professional LAP field as a means of economic self-sufficiency.

Individuals with a primary language other than English need easy access to competent LAPs who can accurately interpret in a professional and ethical manner, no matter how the demand for the language or where PLOTE individuals live in the state. State agencies need a fair distribution of LAPs. Medical providers need easy, reliable access to qualified LAPs. The current process of DSHS referring medical interpreter testing candidates to third-party entities is working for now but is not sustainable considering the growing number of Washingtonians who continue to need LAP services.

Thank you for your consideration of the recommendations included in this report to help move language equity in the state forward.

Appendix A: Federal Government Language Access Training



Agenda

I. Welcome and Introductions
II. Legal Background & Framework
III. Overview of Effective Practices & Things to Avoid
    1) Identifying LEP Populations
    2) Engaging with Community-Based Organizations
    3) Translation of Written Material
    4) Quality Assurance in Translation
    5) Interpretation
    6) Subrecipient Monitoring & Compliance
    7) Identification Requirements
IV. Additional Resources
V. Questions & Contact Info

2

Legal Background and Framework

Title VI of the Civil Rights Act of 1964 is a federal law that prohibits discrimination on the basis of race, color and national origin (including limited English proficiency) in programs and activities that receive federal financial assistance.

> "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."
>
> 42 U.S.C. § 2000d

3

Legal Background and Framework (continued)

National origin discrimination includes discrimination on the basis of limited English proficiency (LEP).

A person who is limited English proficient (LEP) is someone who does not speak English as their primary language and has a limited ability to read, speak, write, or understand English.

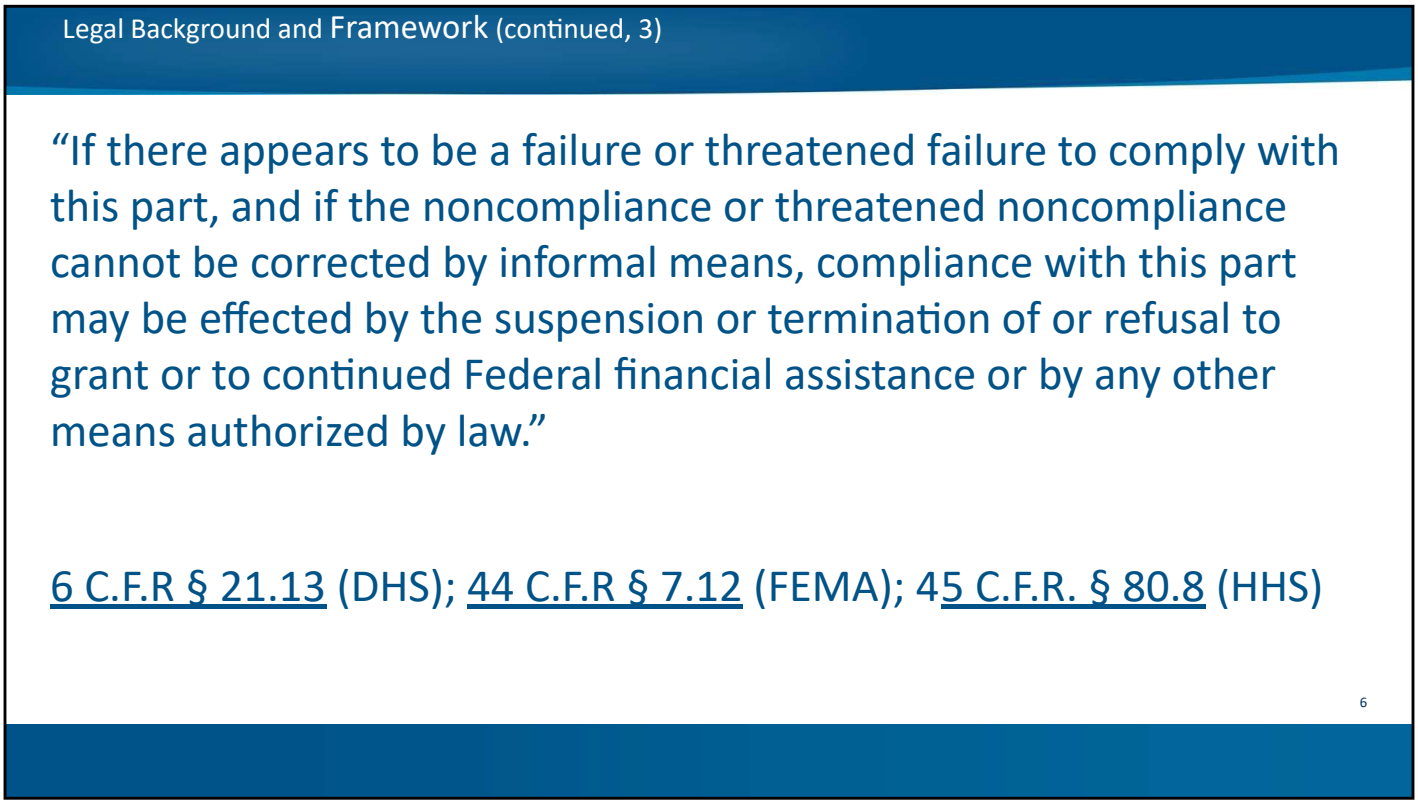
4

Legal Background and Framework (continued, 2)

Overarching requirement: Recipients must take reasonable steps to ensure that LEP persons have **meaningful access** to their programs and activities.

Meaningful Access is language assistance that results in accurate, timely, and effective communication and is available at no cost to the LEP individual.

5



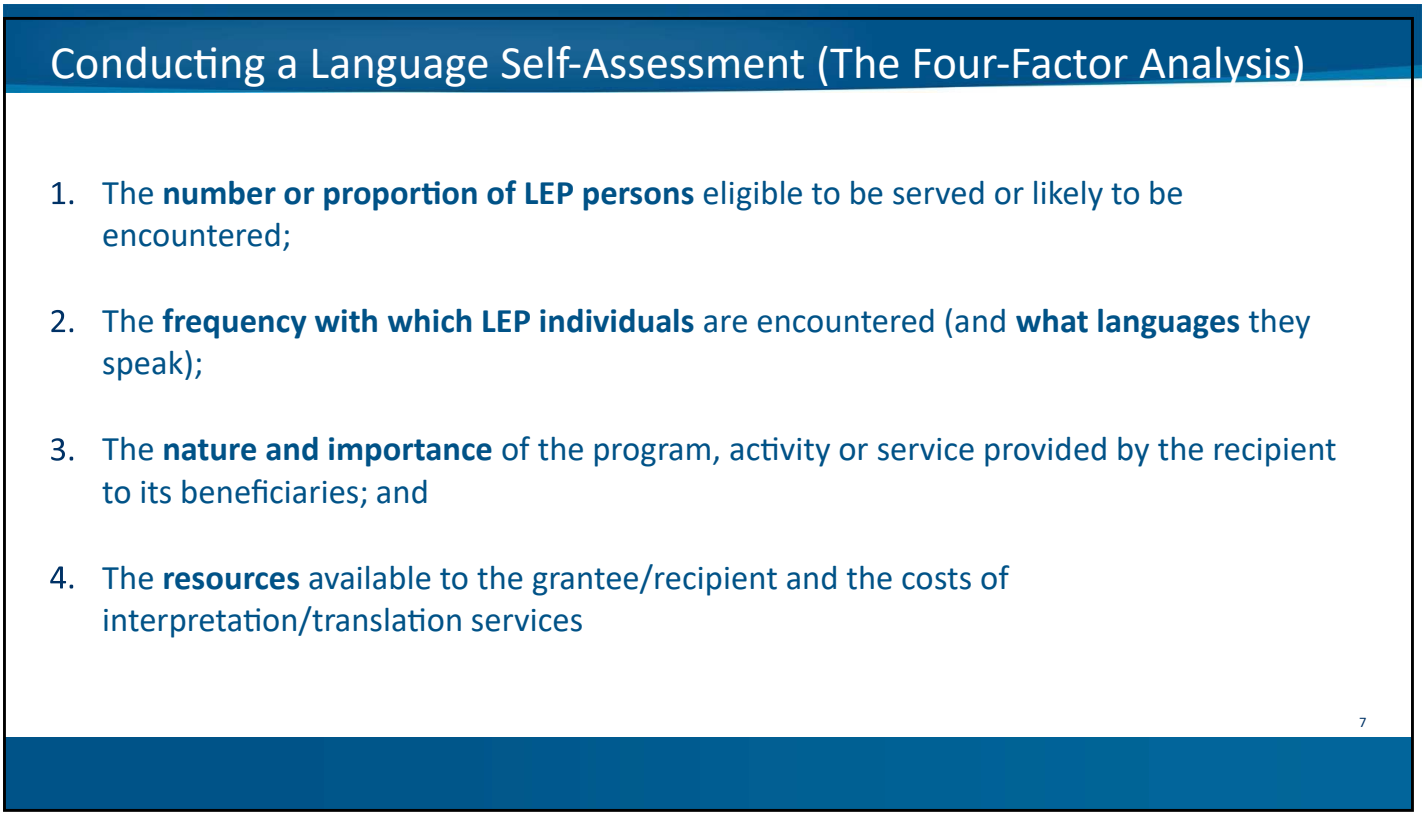
- This slide contains the enforcement mechanism for noncompliance with Title VI of the Civil Rights Act of 1964.
- This includes violations based on national origin discrimination and limited English proficiency.

Links from slide:

https://www.ecfr.gov/current/title-6/chapter-I/part-21

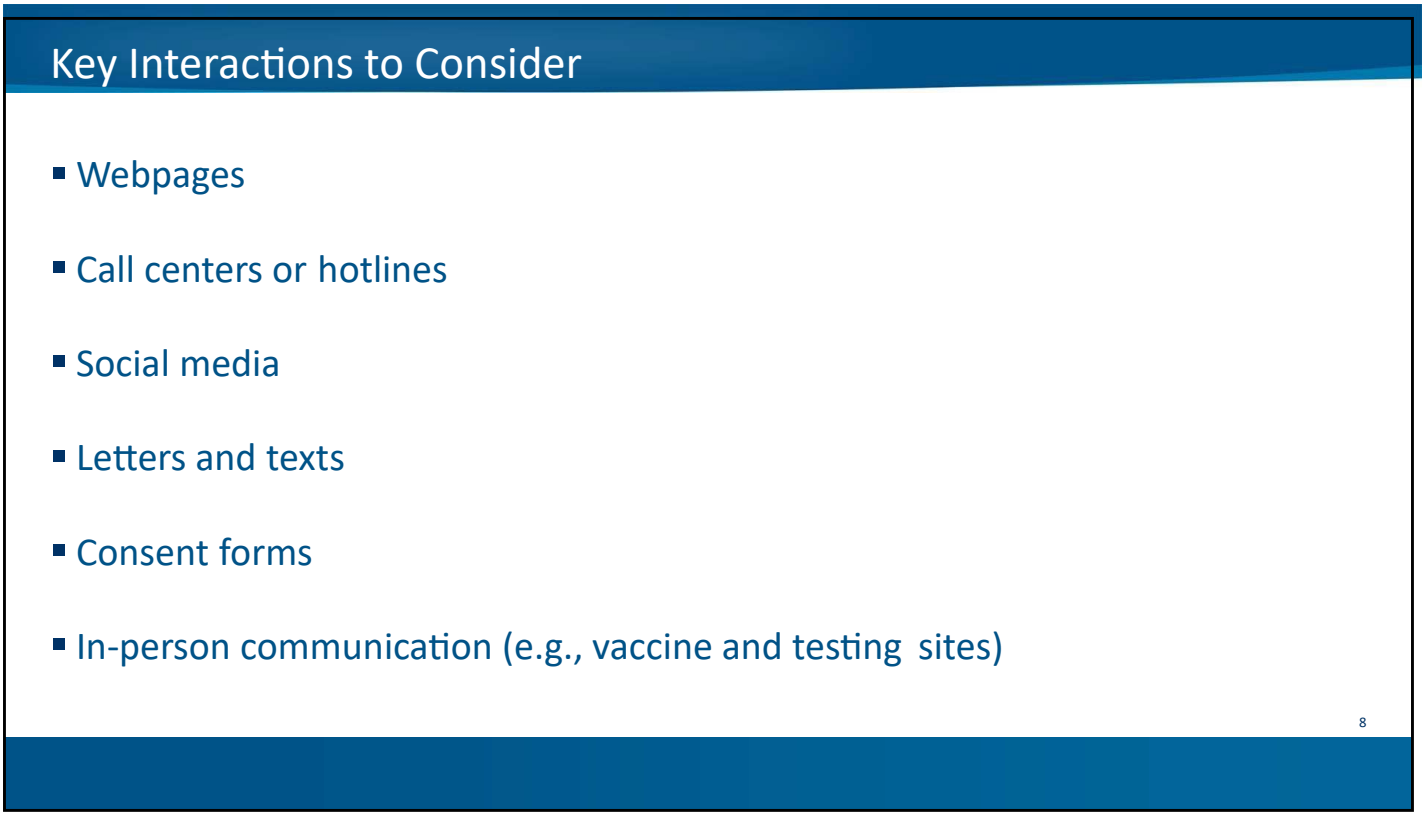
https://www.ecfr.gov/current/title-44/chapter-I/subchapter-A/part-7/subpart-A

https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-80/section-80.8



Effective Practice:

- Conduct a language self-assessment of your conducted programs and activities.
    - The self-assessment should examine programs and activities that have contact with the public.
    - The self-assessment could contain the elements indicated on the slide.

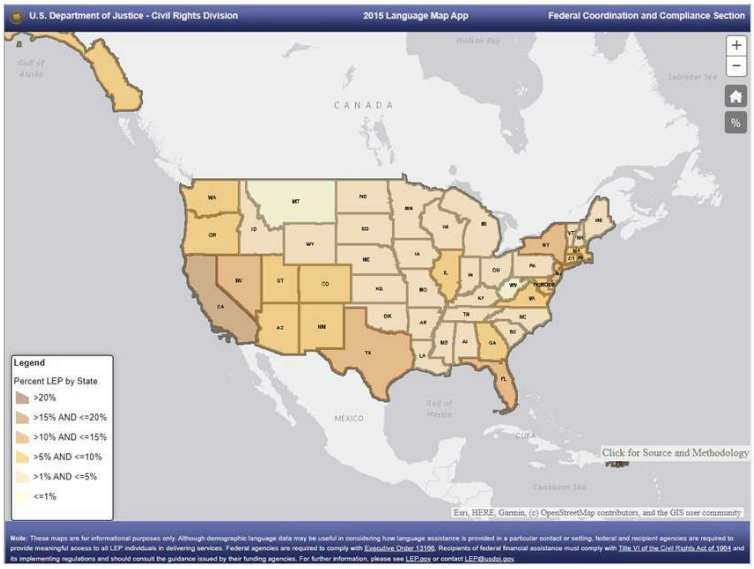


- Your organization may want to examine these interactions with members of the public as part of a language self-assessment.
- Note that this list is tailored to programs and activities that are particularly relevant during public health emergencies and is not exhaustive.

1. Identifying LEP Populations

Effective Practices – Identifying LEP Populations

- Data from the U.S. Census Bureau
  - Language Use in the US: 2019
  - DOJ Language Access Map App
- Data from state/local governments
  - Pennsylvania Languages Map
  - City of Portland LEP Map
  - City of San Francisco Language Diversity Data
- Surveys of community-based organizations to identify LEP populations



10

- The DOJ Map App is not the most recent census data, more recent data may be available through the Census' American Community Survey.

Examples of Effective State Practices:

- Use U.S. Census data combined with surveys of community-based organizations to identify LEP populations throughout the state, including geographic pockets where certain LEP communities may be concentrated.
- Use U.S. Census data, including data from the American Community Survey and State government data, to determine the top ten languages most commonly spoken by LEP individuals. Later, expanded LEP groups by utilizing data from the State Department of Education and State Court System to identify the top ten non-English languages.
- Use recent U.S. Census data maintained by the state's Office of Financial Management, an interactive online map displaying language access needs, and a COVID-19 Social Vulnerability Index mapping tool.
- Some community-based organizations assisted state officials in identifying Indigenous languages speakers that required video and/or telephonic interpretation due to lack of available in-person interpretation services.
- Received recommendations from the COVID-19 Health Equity Response Team taskforce – made up of community, government, and academic stakeholders who have developed COVID-19 recommendations to help serve vulnerable populations, with each community represented by its own committee.

Links from slide:

https://www.census.gov/library/publications/2022/acs/acs-50.html

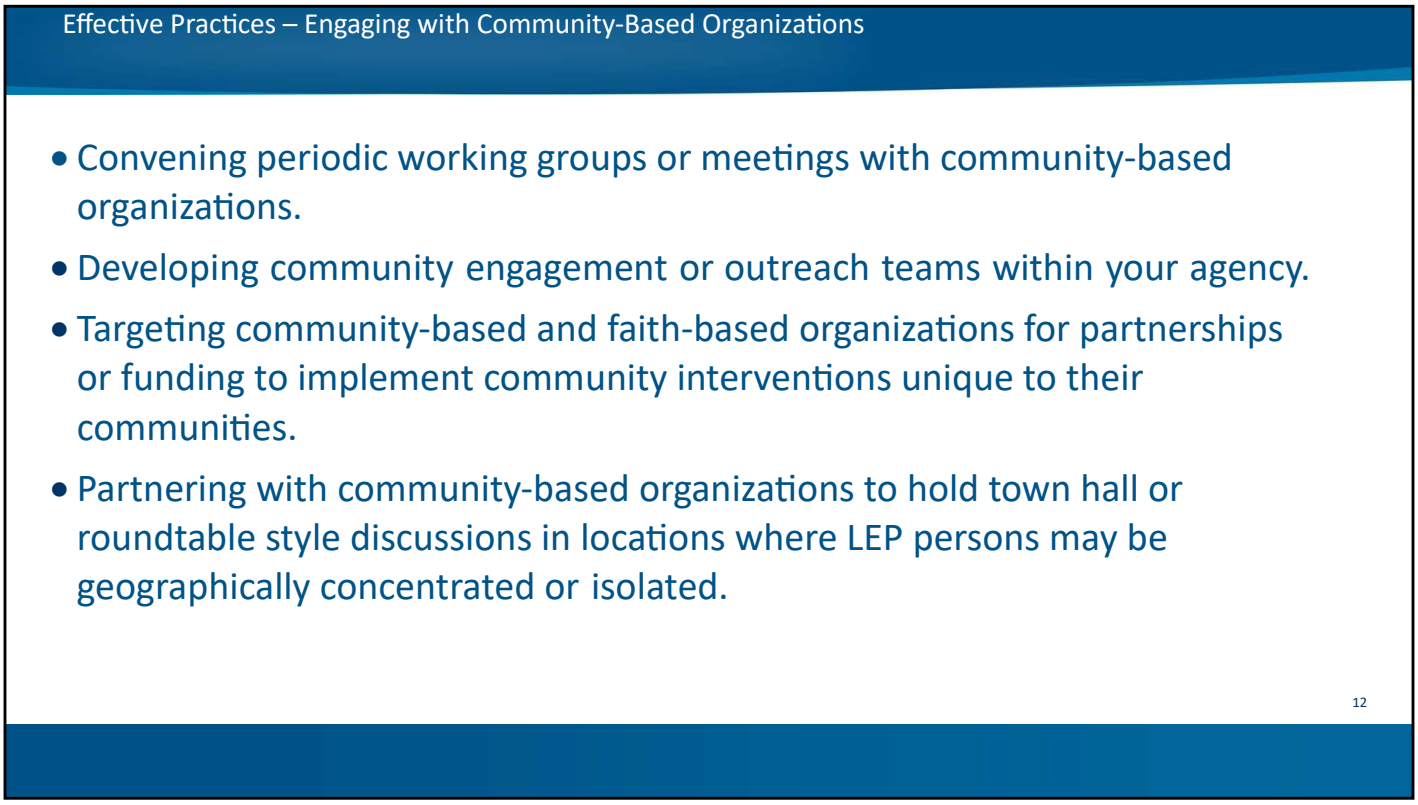
https://www.lep.gov/maps/lma2015/Final

https://padoh.maps.arcgis.com/apps/webappviewer/index.html?id=edea3b61247d4aa08a833cd52abbf573

https://gis-pdx.opendata.arcgis.com/datasets/limited-english-proficiency/explore?location=45.580674%2C-122.449875%2C10.55

https://sf.gov/data/san-francisco-language-diversity-data

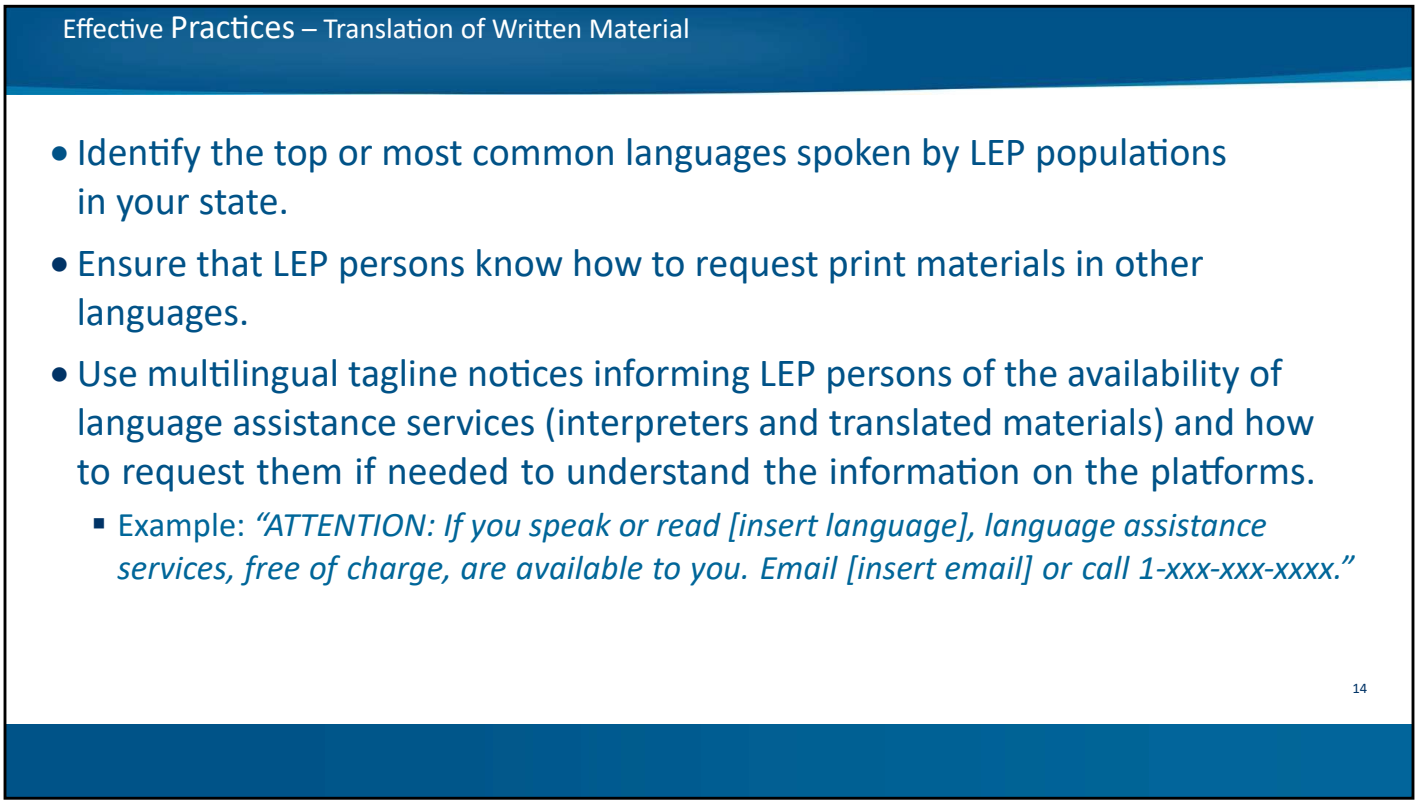
2. Engaging with Community-Based Organizations



Examples of Effective State Practices:

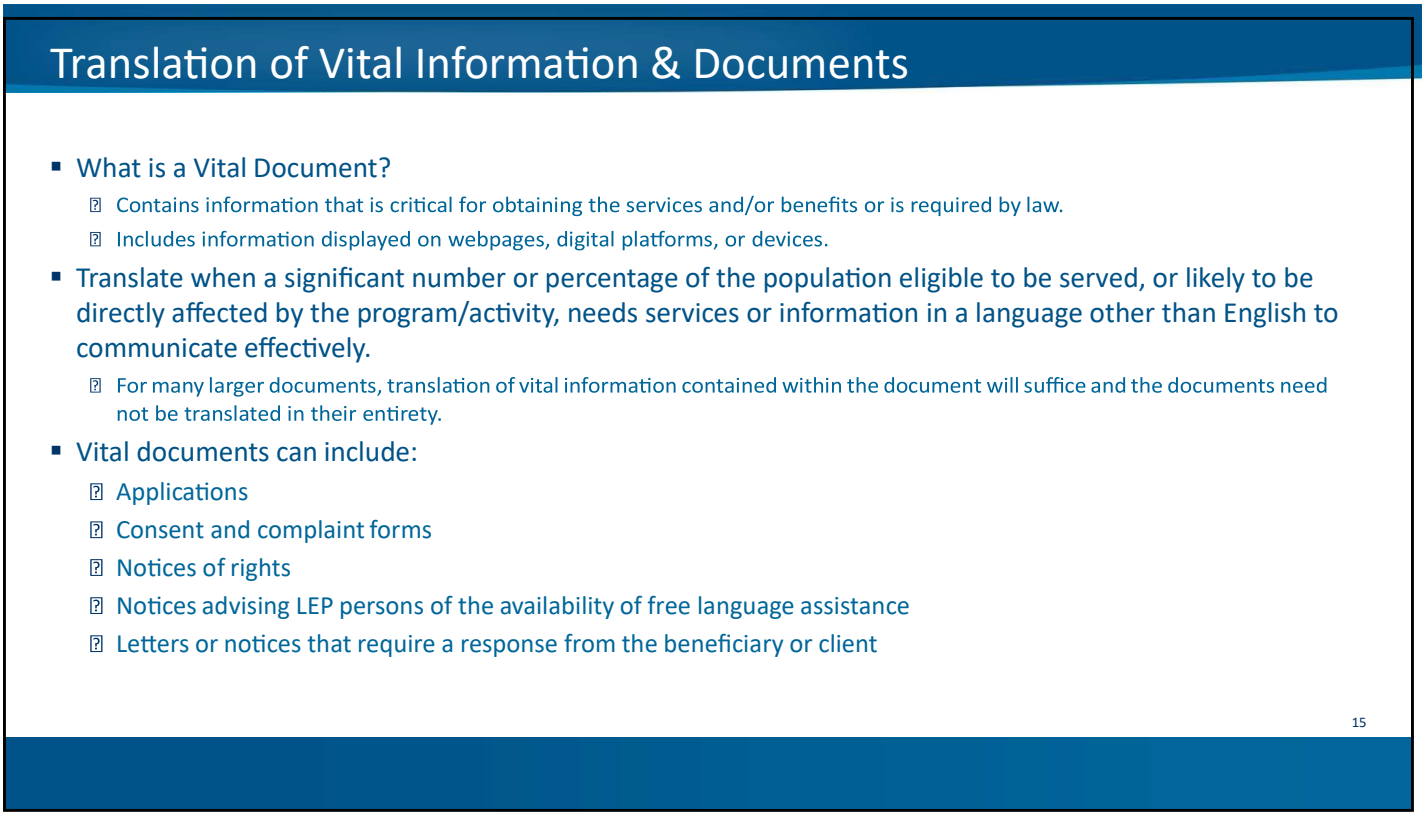
- State Department of Health COVID-19 Outreach and Public Health Education initiative has been convening a working group of community partner organizations that serve LEP community members. The organizations receive state and federal funding to identify needs and increase outreach to the LEP populations.
- Partner with trusted community leaders to conduct door-to-door canvassing, traditional and social media outreach, business walks, and visibility events to deliver culturally and linguistically-tailored messages and education materials.
- Locally-hired staff who speak over a dozen languages knocked on doors and had phone conversations to conduct vaccine outreach, delivering information in linguistically and culturally-appropriate ways, reducing vaccine hesitancy, and increasing vaccination rates.
- Award grant money to community-based and faith-based organizations to implement community interventions unique to their communities.
- One state's Community Engagement Team focused on supporting community partners to best engage LEP individuals across the state. Another Vaccine Operation Team collaborated with partners to co-create vaccine solutions with communities. The goal was to provide vaccine opportunities for communities disproportionally impacted by COVID and to create collaborative approaches to addressing health disparities.
- The Community Partner and Outreach Program team led efforts across the state to reach migrant and seasonal farmworkers through its bilingual/ bicultural staff and by providing funding to organizations that support migrant and seasonal farmworkers and implemented a Rapid Community Assessment survey of 500+ migrant and seasonal farmworkers.

3. Translation of Written Material



Examples of Effective State Practices:

- Translate all COVID-19 media campaigns and critical testing and vaccine information in 12 languages and offers them through multiple channels to reach the widest audience. The State also regularly partners with Spanish language media outlets, e.g., Telemundo and Univision, on sending press releases and conducting interviews in Spanish.
- Provide a resource library of translated materials (structured by language, for easy access by LEP users) on the State Department of Health COVID-19 website.
- State webpages also have a link to Language Assistance Services that connects users to the taglines in the top 17 languages advising the user of their option to contact a state service to request language assistance.
- Taglines are short statements written in English and frequently encountered non-English languages that notify individuals with LEP about the availability of qualified, competent language assistance free of charge.



Vital information

- Whether or not a document or information is “vital” may depend upon the importance of the program, information, encounter, or service involved, and the consequence to the LEP person if the information is not provided accurately or in a timely manner (for example, an application for disaster assistance).
- Remember that lack of awareness that a particular program, right, or service exists may effectively deny LEP individuals meaningful access.
- It is particularly important to ensure that vital documents are translated into the non-English language of each regularly encountered LEP group eligible to be served or likely to be affected by the program or activity.
- In general, information may be considered vital if it is “…necessary for an individual to understand how to obtain any aid, benefit, service, and/or training; necessary for an individual to obtain any aid, benefit, service, and/or training; or required by law.” (29 CRR 38.4(ttt) Workforce Investment Opportunities Act’s nondiscrimination provisions, which are based on Title VI).

4. Quality Assurance in Translation

Effective Practices – Quality Assurance in Translation

- Translated materials are reviewed, proofread, and edited by qualified translators.
- Usability testing
  - A process where LEP users test a website or digital service for ease of use.
  - During a typical usability test session, LEP participants will try to complete specific tasks while observers watch, listen, and take notes.
  - The goal of usability testing is to collect data, identify features or components that are useful to LEP audiences, and identify any usability problems that need to be addressed to improve access for LEP users.
- Guides that offer general frameworks and approaches for running a usability test include:
  - 18F Methods: Usability Testing, Prototyping
  - Usability.gov: Usability Testing, Running a Usability Test
  - Digital.gov: Usability Testing (Video), Government Usability Case Studies

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- Once you've taken some initial steps to translate your vital information and display it on your website, how do you know that an LEP user can effectively find and access the multilingual content? That where useability testing can be helpful.
- You might also consider reaching out to a local college, university, or community organization that services LEP individuals to ask about potential participants for your useability test or to review translated materials.

Example of State Effective Practice:

- Trusted community partners review translated materials for accuracy.

Links from slide:

https://methods.18f.gov/validate/usability-testing/ https://methods.18f.gov/make/prototyping/

https://www.usability.gov/how-to-and-tools/methods/usability-testing.html

https://www.usability.gov/how-to-and-tools/methods/running-usability-tests.html

https://digital.gov/event/2018/06/14/usability-testing-with-steve-krug/?dg

https://digital.gov/resources/digitalgov-user-experience-resources/government-usability-case-studies/

Use of Automated or Machine Translation Tools

- Machine translation applications or software convert written text from one language to another without the involvement of a qualified human translator.
- Machine translation can reduce the accuracy or change the meaning of posted information when read in translated form.
- Machine translation may not "see" tables, images that contain text, menu items, and headers as content that requires translation.

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- Let's talk about machine translation. We've seen this on many websites, and you may be using such a feature on your website to translate entire pages without a human translator.
- There are a number of concerns with using machine translation applications or software, and generally we discourage it's use. We havesome of those concerns listed on this slide.

Use of Automated or Machine Translation Tools (continued)

- In addition, since the machine-translated content is not on the website, it cannot be found by placing non-English terms in a search engine.
- If your organization utilizes machine translation software, the organization should have a human translator proofread all content containing vital information before posting to ensure the accuracy of the translated information.
- Website content that is translated and checked by qualified human translators is more likely to be accurate and locatable by LEP users.

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- We have received comments about the cost and feasibility of contracting with a qualified translator for the myriad languages provided through these machine translation apps.
- Remember, there is no requirement to translate all of your content into every language. What we're strongly encouraging you to do in order to meet your requirement to take reasonable steps to provide meaningful access is to translate vital information into the *most frequently encountered languages* of LEP persons who use information or are eligible to be served.
- Use of disclaimers regarding the accuracy of machine translations does not relieve the recipient of its responsibility to provide translated information that is accurate, reliable, and culturally appropriate.

5. Interpretation

Effective Practices – Interpretation

- A first step in providing effective interpretation is accurately identifying the language of the person with LEP.
  - Do not assume the primary language based on the country of origin; some persons may speak an indigenous language or another language altogether.
- Interpretation is a skill. A qualified interpreter has received training and has been assessed in the skills of interpretation and should have knowledge of the ethical issues of interpretation.
- A bilingual person may learn to become a translator or an interpreter but is not automatically qualified by virtue of their language abilities.
- Be sure to screen interpreters to eliminate a potential conflict of interest.
  - Absent emergency or extremely time-sensitive circumstances, family members hould generally not be used to provide interpretation.

HS "I Speak" Guide

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- We recommend that entities never rely on a minor child "to interpret or facilitate communication, except as a temporary measure while finding a qualified interpreter in an emergency involving an imminent threat to the safety or welfare of an individual or the public…"

Examples of Effective State Practices:

- Provide free in-person interpreters at various mobile vaccination sites when requested and identified by community-based organizations.
- Provide technical assistance to providers and hosts of vaccine events, leverage existing processes and contracts to directly schedule interpreters for events, provide access to video remote interpreting, and offer resources to enhance language access at events.
- Equip staff at original state-run mass vaccination sites with telephonic interpretation services information and launched community-based scheduling to increase access to appointments for LEP people.
- Utilize professional interpreters from local language services providers and bilingual volunteer staff who are familiar with the program and subject matter.
- Use appropriately trained foreign language interpreters when communicating with LEP patients.

Links from slide:

https://www.dhs.gov/sites/default/files/publications/crcl-i-speak-booklet-law-enforcement.pdf

6. Subrecipient Monitoring & Compliance

Subrecipient Monitoring: Definition and Obligations

What is a Subrecipient?

- A Subrecipient is a non-Federal entity that receives a subaward from a recipient to carry out part of a Federal award.

What are the obligations of a Subrecipient?

- Subrecipients have the same obligations as the primary recipient to comply with applicable civil rights requirements and should follow the recipient's' procedures regarding the submission of civil rights information.

What are the obligations of the Primary Recipient?

- The primary recipient is responsible for the subrecipient's compliance with applicable civil rights laws. The primary recipient should monitor the activities of the subrecipient to ensure compliance with these laws.

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- A *subrecipient* relationship exists when funding from Recipient is provided to perform a portion of the scope of work or objectives of the recipient's award agreement with the awarding agency

- Any subrecipient of an award of federal financial assistance, must comply with civil-rights-related requirements.

- We strongly encourage recipients of federal financial assistance to describe in detail the steps the recipient will take to help ensure that subrecipients comply with nondiscrimination provisions.

Effective Practice – Developing a subrecipient monitoring plan

1. A description of the **types of data and information** the recipient will collect from subrecipients as part of the monitoring program.
2. A description of **training and technical assistance** materials provided to subrecipients on understanding and meeting their civil rights requirements.
3. A list of **criteria for selecting subrecipients** for a compliance review (e.g., size of entity, number or type of complaints, type of program, results of last review, etc.).
4. A **description of the types of compliance reviews** (e.g., desk audit or onsite review).
5. The **procedures for scheduling compliance reviews**.

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One effective practice that you may consider to aid subrecipient compliance is to develop a subrecipient monitoring plan. Many of your organizations may already have a plan to audit subrecipient's financial health – we encourage you to add monitoring subrecipients' civil rights compliance to any existing plan.

1. Description of the **types of data and information**, to collect from the subrecipient. The type of subrecipient, the intent of the funding and the program beneficiaries will drive this information

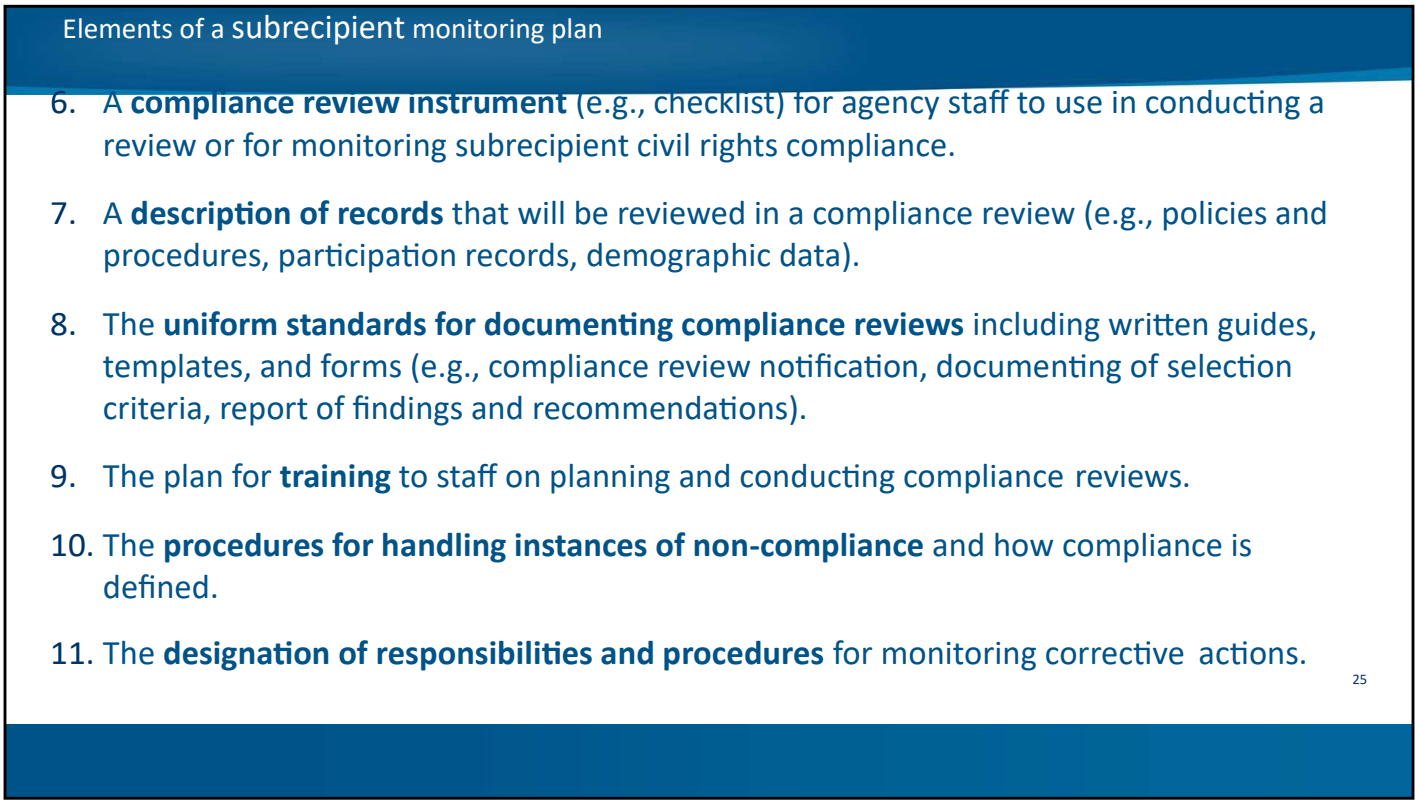
2. **Training and technical assistance** – How will you, the primary recipient, provide technical assistance on how subrecipients are expected to meet their civil rights obligations?

3. What will be your **criteria for selecting subrecipients** for a compliance review? Can you make a business justification as to why one subrecipient was chosen for a review as opposed to another subrecipient?

4. A description of the **types of compliance reviews** – They could include a desk audit where the subrecipient provides documents or data for review or an onsite review that includes the document review as well going onsite conducting interviews, verifying or conducting an inspection of program operations and reviewing a sample of applicable recipient records in the field.

5. The **procedures for scheduling and conducting compliance reviews –** How will you notify a subrecipient of the planned review? In the notification, will you describe the schedule and type

of review? As an organization you may determine at the beginning of the fiscal year, you will review a certain number of recipients via onsite and a certain number of recipients in a desk audit.



6. **Compliance review instrument** – what will your organization use to conduct the review? Will you use a checklist or some other type of data collection tool or form to conduct the review?

7. A **description of the subrecipient records** to be reviewed – this will be determined by what the scope of the review is.

8. **Standards for documenting compliance reviews –** for example, once the review is underway who will document the work? Will you develop standard templates or forms outlining all the steps you have taken to monitor the recipient?

9. What is your plan for **training** your staff on how to conduct the review – is there a designated or responsible staff person or persons to conduct the training?

10. How do you define **non-compliance**? How do handle instances of non-compliance? Is there a report? How is documented?

11. Then finally who will monitor corrective actions? How will this be documented? Will you schedule a follow-up? How will you inform the subrecipient of your findings and recommendations?

Example – one state provided not only its own language access plan, but also provided language access plans for some of its subrecipients, demonstrating in part how it monitors its subrecipients.

7. Identification Requirements

ID and Disparities:

- Requiring identification to obtain vaccination can lead to undue fears of immigration enforcement, and it can disparately impact racial and ethnic minorities.
- It is very important to the public health that any person is able to receive COVID vaccines and similar emergency-related health care and human services.

DHS Statement on Equal Access to COVID-19 Vaccines and Vaccine Distribution Sites: February 1, 2021, …DHS and its Federal government partners fully support equal access to the COVID-19 vaccines and vaccine distribution sites for undocumented immigrants. It is a moral and public health imperative to ensure that all individuals residing in the United States have access to the vaccine… DHS Statement on Equal Access to COVID-19 Vaccines and Vaccine Distribution Sites | Homeland Security

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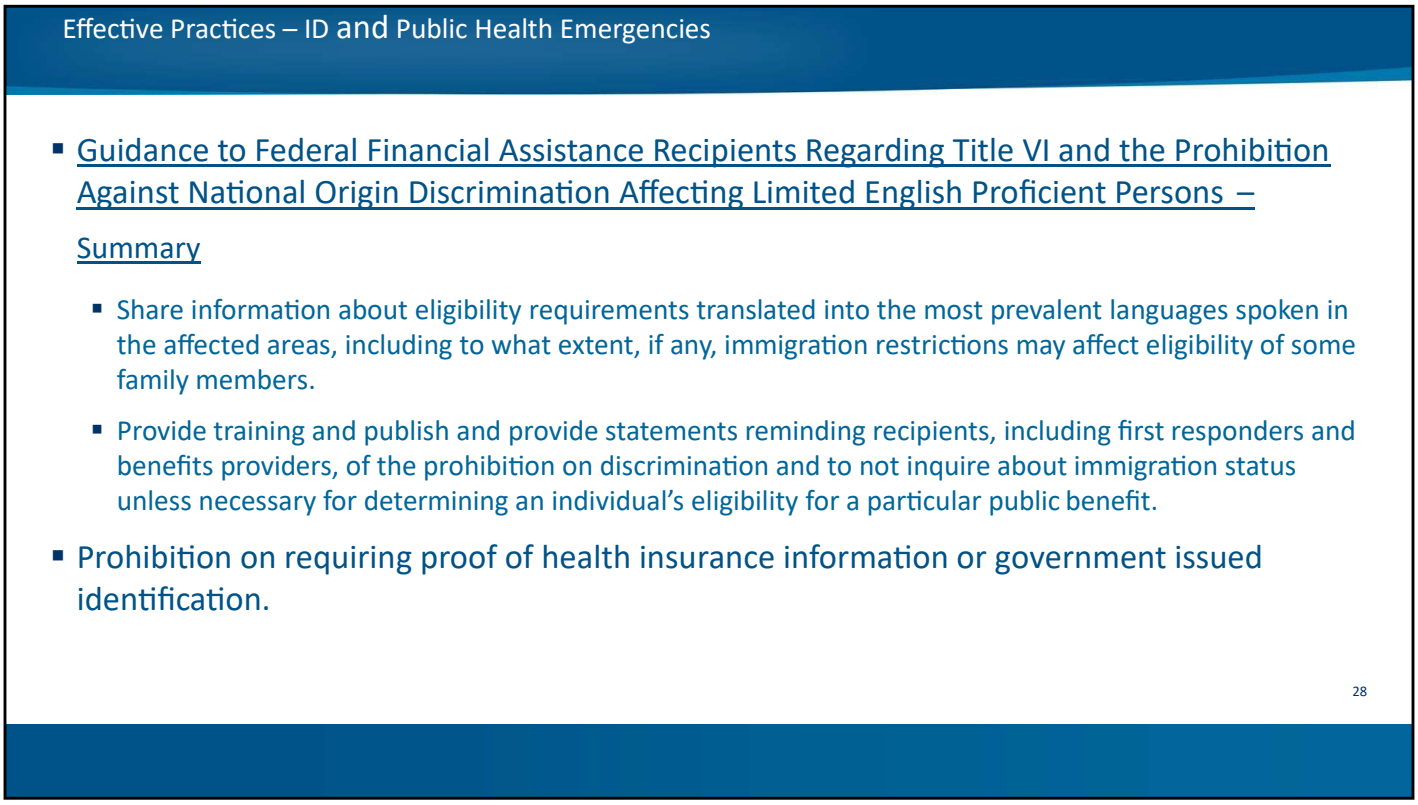
- It is very important to the public health that any person is able to receive COVID vaccines and similar emergency-related health care and human services.
- Strict ID or proof of residency requirements may also disparately impact communities of color in general.
- See, e.g., DHS Announces Changes to Individual Assistance Policies to Advance Equity for Disaster Survivors | Homeland Security
- DHS Statement on Equal Access to COVID-19 Vaccines and Vaccine Distribution Sites | Homeland Security

- The DHS memo of October 27, 2021 (Guidelines for Enforcement Actions in or Near Protected Areas Memo | Homeland Security (dhs.gov), Section II, includes hospitals and clinics as "protected areas" in which "to the fullest extent possible, we [DHS] will not take any enforcement action in or near," in order to "not deny or limit individuals' access to needed medical care." Examples of protected areas include:
  - "A medical or mental health care facility, such as a hospital, doctor's office, health clinic, vaccination or testing site, urgent care center, site that serves pregnant individuals, or community health center."
  - This is based on longstanding policy, in consideration of public health & safety interests.

Links from slide:

https://www.dhs.gov/news/2021/02/01/dhs-statement-equal-access-covid-19-vaccines-and-vaccine-distribution-sites



In the DHS Guidance, the agencies cited to public health emergencies in which they issued guidance against this type of national origin discrimination. Stakeholders have informed agencies about fear of speaking a language other than English or asking for language access at healthcare sites, due to fears of unfair immigration enforcement.

Insurance information may be requested but it cannot be required, and it must be made clear that providing the information is optional.

Links from slide:

https://www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/guidance- federal-financial-assistance-title-vi/index.html

Additional Resources: DHS CRCL & FEMA OER

- Civil Rights Resources for Recipients of DHS Financial Assistance | Homeland Security
- DHS Language Access Guidance for Recipients of Department Financial Assistance
- **DHS:** Language Access Resources including:
  - "I Speak" language identification materials
  - For DHS Recipients: Developing a Language Access Plan
  - Language Access Webinar materials
- **FEMA:** Civil Rights COVID-19 Vaccine Checklist

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Links from slide:

https://www.dhs.gov/civil-rights-resources-recipients-dhs-financial-assistance

https://www.dhs.gov/guidance-published-help-department-supported-organizations- provide-meaningful-access-people-limited

https://www.dhs.gov/publication/dhs-language-access-materials

https://www.fema.gov/disaster/coronavirus/vaccine-support#equity

Additional Resources: HHS

- **HHS Bulletin**: Civil Rights Protections Prohibiting Race, Color and National Origin iscrimination During COVID-19: Application of Title VI of the Civil Rights Act of 1964
- **HHS Bulletin**: Ensuring the Rights of Persons with Limited English Proficiency in Health Care uring COVID-19
- anguage Access Plan Worksheet
- uidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition A gainst National Origin Discrimination Affecting Limited English Proficient Persons - ummary

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Links from slide:

https://www.hhs.gov/guidance/document/bulletin-civil-rights-protections-prohibiting- race-color-and-national-origin

https://www.hhs.gov/sites/default/files/lep-bulletin-5-15-2020-english.pdf

https://www.hrsa.gov/sites/default/files/hrsa/about/organization/bureaus/ocrdi/langu age-access-plan-worksheet.pdf

https://www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/guidance- federal-financial-assistance-title-vi/index.html

Additional Resources: U.S. Department of Justice, Civil Rights Division

- **DOJ, DHS, HHS, and other Agencies**: Guidance to State and Local Governments and Other Federally Assisted Recipients Engaged in Emergency Preparedness, Response, Mitigation, and Recovery Activities on Compliance with Title VI of the Civil Rights Act of 1964
- Tips and Tools for Reaching Limited English Proficient Communities in Emergency Preparedness, Response, and Recovery
- LEP.gov maintained by the Federal Coordination and Compliance Section in the Civil Rights Division
  - Translation and Interpretation Procurement Series (TIPS)
- Improving Access to Public Websites and Digital Services for Limited English Proficient Persons, Limited English Proficient Committee of the Federal Title VI Interagency Working Group

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Links from slide:

https://www.justice.gov/crt/fcs/EmergenciesGuidance

https://www.justice.gov/crt/file/885391/download https://www.lep.gov/

https://www.lep.gov/language-access-planning#toc-translation-and-interpretation-procurement-series-tips-

https://www.lep.gov/sites/lep/files/media/document/2021-12/2021_12_07_Website_Language_Access_Guide_508.pdf

Contact Us

DHS Office for Civil Rights and Civil Liberties
TitleVILanguageAccess@hq.dhs.gov

FEMA Office of Equal Rights
FEMA-EqualRights@fema.dhs.gov

HHS Office of Civil Rights
OCRMail@hhs.gov

Links from slide:

mailto:TitleVILanguageAccess@hq.dhs.gov

mailto:FEMA-EqualRights@fema.dhs.gov

mailto:OCRMail@hhs.gov

Appendix B: Substitute Senate Bill 5304

CERTIFICATION OF ENROLLMENT
SUBSTITUTE SENATE BILL 5304

Chapter 94, Laws of 2023

68th Legislature
2023 Regular Session

LANGUAGE ACCESS PROVIDERS—TESTING

EFFECTIVE DATE: July 23, 2023

Passed by the Senate March 8, 2023
Yeas 48 Nays 0

DENNY HECK
President of the Senate

Passed by the House April 5, 2023
Yeas 94 Nays 4

LAURIE JINKINS
Speaker of the House of Representatives

Approved April 14, 2023 10:04 AM

JAY INSLEE
Governor of the State of Washington

CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 5304** as passed by the Senate and the House of Representatives on the dates hereon set forth.

SARAH BANNISTER
Secretary

FILED

April 14, 2023

Secretary of State
State of Washington

SUBSTITUTE SENATE BILL 5304

Passed Legislature – 2023 Regular Session

State of Washington **68th Legislature** **2023 Regular Session**

By Senate Human Services (originally sponsored by Senators Saldaña, Nguyen, Nobles, Valdez, and C. Wilson)

READ FIRST TIME 02/15/23.

AN ACT Relating to testing individuals who provide language access to state services; amending RCW 74.04.025; creating new sections; and providing an expiration date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec. 1.** The legislature declares that quality, competent interpretive services for limited English-speaking Washingtonians is a vital public policy priority. The legislature finds that informal or erroneous interpretation can result in significant personal consequences. Therefore, the legislature intends to require that interpreters be able to pass both written and oral certification exams to ensure quality, competent services for all Washingtonians.

Sec. 2. RCW 74.04.025 and 2018 c 253 s 2 are each amended to read as follows:

(1) The department, the authority, and the office of administrative hearings shall ensure that bilingual services are provided to non-English-speaking applicants and recipients. The services shall be provided to the extent necessary to assure that

non-English-speaking persons are not denied, or unable to obtain or

maintain, services or benefits because of their inability to speak English.

(2) If the number of non-English-speaking applicants or recipients sharing the same language served by any community service office client contact job classification equals or exceeds fifty percent of the average caseload of a full-time position in such classification, the department shall, through attrition, employ bilingual personnel to serve such applicants or recipients.

(3) Regardless of the applicant or recipient caseload of any community service office, each community service office shall ensure that bilingual services required to supplement the community service office staff are provided through contracts with language access providers, local agencies, or other community resources.

(4) The department shall certify, authorize, and qualify language access providers as needed to maintain an adequate pool of providers such that residents can access state services. The department shall require the successful completion of oral and written tests in accordance with established standards to ensure that all language access providers are fluent in English and a primary non-English language. Testing shall include evaluation of language competence, interpreting performance skills, understanding of the interpreter's role, and knowledge of the department's policies regarding confidentiality, accuracy, impartiality, and neutrality. Except as needed to certify, authorize, or qualify bilingual personnel per subsection (2) of this section, the department will only offer spoken language interpreter testing in the following manner:

(a) To individuals speaking languages for which ten percent or more of the requests for interpreter services in the prior year for department employees and the health care authority on behalf of limited English-speaking applicants and recipients of public assistance that went unfilled through the procurement process in RCW 39.26.300;

(b) To spoken language interpreters who were decertified or deauthorized due to noncompliance with any continuing education requirements; and

I To current department certified or authorized spoken language interpreters seeking to gain additional certification or authorization.

(5) The department shall require compliance with RCW 41.56.113(2) through its contracts with third parties.

(6) Initial client contact materials shall inform clients in all primary languages of the availability of interpretation services for non-English-speaking persons. Basic informational pamphlets shall be translated into all primary languages.

(7) To the extent all written communications directed to applicants or recipients are not in the primary language of the applicant or recipient, the department and the office of administrative hearings shall include with the written communication a notice in all primary languages of applicants or recipients describing the significance of the communication and specifically how the applicants or recipients may receive assistance in understanding, and responding to if necessary, the written communication. The department shall assure that sufficient resources are available to assist applicants and recipients in a timely fashion with understanding, responding to, and complying with the requirements of all such written communications.

(8) Nothing in this section prohibits the department from developing and administering a program to meet the requirements and standards established under this act.

(9) No testing or certification authority may be awarded to a private entity with a financial interest in the direct provision of interpreter services.

(10) As used in this section:

(a) "Language access provider" means any independent contractor who provides spoken language interpreter services for state agencies, injured worker, or crime victim appointments through the department of labor and industries, or Medicaid enrollee appointments, or provided these services on or after January 1, 2009, and before June 10, 2010, whether paid by a broker, language access agency, or a state agency. "Language access provider" does not mean a manager or employee of a broker or a language access agency.

(b) "Primary languages" includes but is not limited to Spanish, Vietnamese, Cambodian, Laotian, and Chinese.

NEW SECTION. **Sec. 3.** (1) The department shall convene a language access work group. The purpose of the work group is to study and make recommendations to the legislature regarding interpretive service certification policies and programs for limited and non-English-speaking Washingtonians. The work group shall hold its first

meeting on or before August 1, 2023, and shall submit its final report on or before December 1, 2023.

(2) The work group shall make recommendations necessary to support language access and interpretative services that shall include, at a minimum:

(a) Criteria necessary to demonstrate that certified language access providers have the skills necessary to ensure quality and accurate services;

(b) Strategies for increasing access to language access providers in rural communities and for languages of lesser demand;

I Strategies for workforce resiliency including adequate workload and compensation;

(d) Standards of ethics and professional responsibility; and

I Investments needed to implement the plan for online testing described in this section.

(3)(a) The president of the senate shall appoint one member from each of the two largest caucuses of the senate to the work group.

(b) The speaker of the house of representatives shall appoint one member from each of the two largest caucuses of the house of representatives to the work group.

I The remaining members of the work group shall be selected by the department of social and health services and shall include individuals who:

(i) Are geographically diverse and represent people with a variety of language barriers; and

(ii) Represent at least the following groups: Interpreters working in medical settings, interpreter unions; families with language access barriers; community-based organizations supporting families with language access barriers; leadership of the department of social and health services; professionals with experience delivering interpreter certification services online; and other parties the department of social and health services deems relevant.

(d) Staff support for the work group shall be provided by the department of social and health services.

(4) In addition to the recommendations in this section, the work group shall develop an implementation plan for an online testing system for language access providers. The plan must require candidates to demonstrate written and oral proficiency in both English and another language in accordance with nationally recognized standards and ethics.

2023 (5) This section expires June 30, 2024.

Passed by the Senate March 8, 2023. Passed by the House April 5, 2023. Approved by the Governor April 14, 2023. Filed in Office of Secretary of State April 14, 2023.

--- END ---

Appendix C: Discussion on Certification by the American Association of Interpreters and Translators in Education

Everyone Wants Certification, But It's Not That Easy

by: Katharine Allen

Jan 19, 2023, Blog: American Association of Interpreters and Translators in Education (AAITE)

Importance of Certifications

Interpreters and translators in education want to professionalize. The school districts that hire them want proof of their competence. The most understood and accepted way for any professional to prove their skill set is to be able to say, "I am certified."

It seems natural, then, to put the creation of a national certification at the top of AAITE's to-do list. If only it were that simple.

This article walks us through what interpreter and translator certification is, what it takes to create a certification process, and how AAITE is approaching this essential building block in the professionalization of educational interpreters and translators.

What Is Certification?

First, let's get our terms straight. There is a lot of confusion about what a certification actually is. The National Council on Interpreting in Healthcare defines certification as:

A process by which a governmental or professional organization attests to or certifies that an individual is qualified to provide a particular service. Certification calls for formal assessment, using an instrument that has been tested for validity and reliability, so that the certifying body can be confident that the individuals it certifies hold the qualifications needed to do the job. Sometimes called qualification [emphasis added]. www.ncihc.org

Certification can be offered through a government body, nationally or at the state or local level. It can also be run through a professional association or organization accredited to administer the certification test. In the U.S, interpreter and translator certifications are mostly offered through organizations, though several are offered through state governments.

One step beyond certification is licensure. Where certification attests to a person's abilities to perform the required professional skill set, licensure confers the *legal ability* to practice a profession. For example, lawyers, doctors, pharmacists and accountants all need a license to be able to legally practice in the United States. In contrast, while hospitals may prefer hiring a certified medical interpreter, there is no law prohibiting them from hiring interpreters who are not certified. Our profession is not regulated. Not yet.

Interpreter and Translator Certifications in the U.S.

Valid certification exams for interpreters include (assuming English as the other working language):

- National Board for Certified Medical Interpreters (Spanish, Russian, Vietnamese, Mandarin, Korean and Cantonese.).
- Certification Commission for Healthcare Interpreters (Spanish, Mandarin and Arabic)
- Federal court interpreter certification (Spanish only. It was originally offered in Navajo and Haitian Creole as well, but they are no longer available).
- State court interpreter certification (Arabic, Bosnian/Serbian/Croatian, Cantonese, Filipino (Tagalog), French, Haitian Creole, Hmong, Khmer, Korean, Mandarin, Polish, Portuguese, Russian, Spanish, Turkish, Vietnamese. Not all languages are available in all states).
- Washington state certification for medical and social services interpreters (Cambodian, Chinese-Cantonese, Chinese-Mandarin, Korean, Russian, Spanish and Vietnamese).
- Registry of Interpreters for the Deaf (RID) national certification for English and American Sign Language (ASL) interpreters. (Bancroft et al, 2015 p. 65, updated) (1)

For translators, the American Translators Association offers the sole nationally-recognized certification in the United States.

What Gives Certification Exams Validity?

The exams listed above are all, for the most part, nationally recognized certification processes. But of all these nationally-recognized certifications, only CCHI is "*using an instrument that has been tested for validity and reliability"* by a recognized external authority. The CoreCHI™ and CHI™-Spanish exams are currently the only interpreting certifications that have been accredited by the NCCA (National Commission for Certifying Agencies).(2)

Most established professions have certification or licensure exams that are themselves validated by a third party. NCCA is such a third party.

"NCCA accredited programs certify individuals in a wide range of professions and occupations including nurses, automotive professionals, respiratory therapists, counselors, emergency technicians, crane operators and more. To date, NCCA has accredited more than 315 programs from more than 130 organizations.

Accreditation for professional or personnel certification programs provides impartial, third-party validation that your program has met recognized national and international credentialing industry standards for development, implementation, and maintenance of certification programs." (https://www.credentialingexcellence.org/ncca)

What does it mean that the CCHI certification is itself accredited? A certification exam validated through accreditation means that the exam assesses the individual's skills according to validated

criteria established to practice the profession. For example, this means that when candidates pass an exam testing consecutive interpreting skills, they have proven their ability to actually interpret in consecutive mode.

Confused? Think of it this way. Many organizations still, to this day, will determine a job candidate's proficiency in another language through an interview process conducted by another bilingual employee. They may even have a language test that was developed in-house. But what scoring criteria is being used and does it mean anything?

If Test A results say, "Qualified" while Test B results say "Certified" and Test C says, "Scored 80%/Pass" and Test D says "Level 2" and Test E says "9 on a scale of 12," we have no idea if these results are somewhat equivalent or completely different—even for the same candidate who chose to take all these tests.

Unless the interview process or in-house test follows some kind of validated and researched criteria for what "proficient" means, the test has little to no prospect of reliably identifying their true degree of bilingual skill.

You might think, so what? The credibility and validity of the tests we take to measure our skills matter. We expect the doctors we see to treat us with proven medical expertise. We trust that the teachers who instruct our children have the pedagogical skills to do so, and we pay accountants for their expertise in navigating complicated tax codes. Furthermore, we expect their expertise to be at the same *level* whether they practice in California, Hawaii, Kentucky, Puerto Rico or New York.

For interpreting and translation to be seen as the knowledge-based practice professions they are, our practitioners have to be able to provide reliably consistent linguistic services across different language pairs and in the varied environments where they work.

Certification for Interpreters and Translators Is Complicated

Valid certifications for interpreters and translators have to encompass a more complex and varied landscape than most professions. Our fields in the U.S.:

- have hundreds of language combinations
- have multiple specializations (medical, legal, conference, educational, business, etc.)
- are embedded in the industries where practitioners work
- are governed by a patchwork of federal and state laws
- have no universal pathway to skill acquisition (through training or academia)
- have no single set of *generalist* requirements, qualifications or certification (except for American Sign Language)

Dr. Bill Rivers, language policy expert, wrote in a recent white paper on language access in California:

Moreover, the development of occupationally valid certification tests requires a sample of at least 100 examinees, in order to validate the test, and often requires more than $250,000 per test. As more than 350 languages are spoken in the US, the costs for developing certifications in every language and every domain (legal, medical, and others) is prohibitive, and for many languages there are not enough interpreters and translators available to validate a test. It is simply not feasible to test and certify every language needed.(3)

In other words, the multilingual nature of our professions, in and of itself, presents one of the biggest challenges to creating a widely-available, credible certification instrument.

Furthermore, we are just beginning to understand the essential skills interpreters and translators in education should have to competently do their jobs. All settings have their challenges, but the K-12 school environment stretches any linguist to their limits.

Educational interpreters have to, at the very least:

- expertly perform the consecutive, simultaneous and sight translation modes.
- know how to interpret in teams.
- manage the communication flow for small and large group meetings.
- interpret public meetings and press conferences.
- apply community, medical and conference interpreting ethics.
- understand the legal, policy, community and social underpinnings of the U.S. education system, including special education mandates and disciplinary policies.
- balance conflicting professional roles (if they are bilingual employees).
- increasingly, provide interpreting services remotely and manage the required technology.

References:

(1) Allen, Katharine and Bancroft, Marjory. (2015). Chapter 1: Introduction to Community Interpreting. In M. A. Bancroft (Ed.), The Community Interpreter®: An International Textbook (p. 65). Columbia, Maryland: Culture & Language Press.

(2) The National Board Certification (CMI) was previously accredited by the National Commission for Certifying Agencies (NCCA). In January 2018, the National Board elected to no longer pursue accreditation by the NCCA for the National Board's Spanish language medical interpreter oral certification.

(3) Protecting Language Access in California: Professionalism, Certification, and Standards for Translators and Interpreters, by Dr. Bill Rivers, PhD, 2020. Retrieved from: http://coalitionptic.org/wp-content/uploads/2020/07/Rivers-On-Certification-White-Paper-.pdf

Appendix D: DSHS Language Testing and Certification Background

DSHS Language Testing and Certification Background

The Washington State Department of Social and Health Services Language Testing and Certification program began testing and certifying language service providers (interpreters and translators) in the early 1990s. Over the past 30 years, the program has experienced establishment, expansion and reduction as well as being subject to the budgetary and structural changes of DSHS as a state agency. Today, LTC is transitioning from providing in-house manual testing[k] to using third-party online testing. A brief timeline of the program is provided below.

1991 DSHS entered into the *Reyes Consent Decree* as a result of lawsuits brought by clients with limited English proficiency who claimed unequal access to public assistance services.

1992 DSHS began creating and piloting standardized tests for bilingual staff who provided direct services to clients. To create an adequate pool of language service providers, DSHS also developed tests for interpreters and translators who wished to contract with DSHS to serve DSHS clients.

The Health Care Authority, the Division of Behavioral Health and Recovery, the Juvenile Rehabilitation Administration, and the Children's Administration were part of DSHS at the time. Medical interpreter and social services interpreter tests were both developed for use by these different program areas. DBHR has since joined HCA, which is now a separate agency, and CA and JRA became part of the newly formed Department of Children, Youth and Families.

1993 DSHS completed pilot testing and began interpreter and translator certification for the major languages used by LEP clients in Washington state at the time. In alphabetical order, those languages were: Cantonese, Khmer (Cambodian), Korean, Lao, Mandarin, Russian, Spanish, and Vietnamese.

That same year, the language testing program was expanded into a larger language access designated office called LIST (short for Language Interpreter Services and Translation), with 16 dedicated full-time employees.

1994 DSHS developed screening tests to provide testing for all languages other than the major languages.

[k] In this case, in-house manual testing means that interpreter candidates must travel to a limited number of in-person testing sites to complete a paper-and-pen written test and a one on-one in-person oral test. Written tests are graded by a Scantron machine in Olympia. If candidates test outside of Olympia, their test materials are mailed to Olympia so that they can be graded. Oral tests are scored by contracted graders. The turnaround is slow and the process is inefficient.

2002 The LIST office was eliminated due to a required budgetary reduction across DSHS. The remaining 1.5 employees became the newly formed Language Testing and Certification program. Additional contracting funds covered part-time test graders and proctors so that manual testing and certification processes could continue.

2011 HCA moved out of DSHS to become its own agency. Since DSHS does not use medical interpreters, the agency considered discontinuing testing of medical interpreters so that it could focus on testing of social services interpreters, which are needed by DSHS clients. The DSHS and OFM policy work group recommended that the state's medical providers could more effectively use the new national health care interpreter certifications; however, this recommended change was not enacted. Since then, LTC has continued to test and certify medical interpreters.

2015 Broad changes to WAC 388-03 were implemented. Changes to the code included expiration of LTC-issued credentials every four years. The changes also required LTC to accept revocation requests from entities who contract with DSHS-credentialed interpreters. The changes mandated by WAC 388-03 were implemented by DSHS despite receiving no funding to cover the increased workload.

2020 **April.** LTC paused public testing of medical interpreters due to COVID-19.

2020-2022 DSHS bilingual employee testing continued throughout the pandemic. During the pandemic, LTC upgraded its testing and credential tracking system from manual processing of interpreters' continuing education credits and credential renewals to an in-house, online system that allows interpreters to manage their own profiles and track their Ces. The online system is called Gateway.

2022 **April.** LTC resumed public testing and continued to administer manual testing using outdated test materials and procedures.

August. LTC launched third-party online testing for new medical interpreter test candidates to address the concerns of health care professionals and advocates for limited English proficiency speakers about the lack of interpreters. Additionally, the new testing approach allowed DSHS to meet the increasing need for qualified medical interpreters in the state, and to clear the backlog of testing caused by COVID.

Three entities were approved to offer third-party online testing, including the Certification Commission for Healthcare Interpreters, the National Board of Certification for Medical Interpreters, and UniversalLanguage Service.

August – December. Medical interpreter candidates who had tested with DSHS before August 2022 were each given two opportunities to pass DSHS written and oral tests.

November. LTC approved ALTA Language Services as a fourth online testing option.

2023 **January.** All medical interpreter testing was transitioned to third-party online testing.

April. Substitute Senate Bill 5304 was passed. As a result, ULS stopped being a third-party testing entity for DSHS medical interpreter candidates.

The bill required DSHS to convene a language access work group to study and make recommendations regarding medical interpreter certification policies and programs.

Currently, DSHS LTC has 1.5 full-time employees. As a small program with limited funding and staff, LTC is neither funded for nor technologically capable of serving the state as a professional testing entity. LTC is not currently capable of meeting the established national standards for medical interpreter testing nor can it meet the statewide need for virtual test platforms to accommodate diverse client needs. LTC is also unable to complete the volume of testing needed by different state agencies, health care providers, and other public and private services across the state to increase the number of medical interpreters to meet the needs of the expanding number of households with limited English speakers.

Medical interpreter testing is now available by referral to three third-party testing entities – CCHI, NBCMI and ALTA. Third-party testing provides medical interpreter candidates with a faster turnaround for results, more efficient tests of interpretation skills that meet national and industry standards, a shorter timeline from testing to certification and a safer, more convenient way of testing online. Third-party entities have the resources to develop and regularly update tests. In contrast, LTC does not have the budget to hire linguists and test development experts to update the 30+ year old tests it used.

Utilizing third-party testing, LTC continues to manage the medical interpreter certification process, which includes reviewing test scores, processing scores in the online LTC Gateway system, issuing and renewing credentials, approving continuing education (CE) courses, tracking CE credits for credential holders, and managing credential revocations.

Appendix E: Language Access Work Group Participants

Language Access Work Group Members

Name	Organization
Fatma Abdinasir	Somali Health Board
Patricia Alonzo[l]	UniversalLanguage Service
Angela Araque	Latino Leadership Network
Gabrielle Bachmeier	Highline College
Tara Bostock	Washington State Department of Health
Milena Calderari-Waldron	Interpreters United, WFSE/AFSCME Local 1671
Gwendolyn Cash-James, Ed.D.	Spokane Community College
Vicky Chan	Seattle Children's
Faye Chien	Kin On
Carolyn Cole, Esq.	Washington Minority and Justice Commission
Nadia Damchii	Hawaiian, Asians, and Pacific Islanders Promoting and Empowerment Network (HAPPEN)
Jessie DeWoody	UniversalLanguage Service
Helen Eby	Interpreters United, WFSE/AFSCME Local 1671
Rep. Carolyn Eslick	Washington State House of Representatives
Rep. Darya Farivar	Washington State House of Representatives
Marguerite Friedlander, Esq.	Washington State Department of Licensing
Sherri Fujita	Spokane Community College
Zugey García	Washington State Department of Labor and Industries
Jon Gould	Childhaven
Luisa Gracia	Interpreters' Office of Seattle Municipal Court
Aranzazu Granrose	Washington State Health Care Authority
Tony Griego	Washington State Office of Administrative Hearings
Carolina Gutierrez	Washington State Department of Health
Lynora Hirata	Washington State Department of Children, Youth and Families
Larysa House	CTS LanguageLink
Carrie Huie-Pascua	Washington State Commission on Asian Pacific American Affairs
Agata Ianturina	RANDOM (Russian Action Network for Democratic Organizing and Mentoring)
Jarrod Irvin	Washington State Department of Enterprise
Teddy Kemirembe	Washington Immigrant Network
Cristina Labra	Washington State Office of Administrative Hearings
Trisha Lamb	Washington State Department of Labor and Industries
Shelby Lambdin	CHAS Health
KaraLynn LaValley, Ph.D.	Green River College
Eliana Lobo	Lobo Language Access
Ruiqin Miao, Ph.D.	DSHS Office of Equity, Diversity, Access and Inclusion
Leroy Mould	South Sound Interpreting
Natalya Mytareva	Certification Commission for Healthcare Interpreters
Fidelie Nawaj	HealthPoint
Gustavo Negrete	National Board of Certification for Medical Interpreters

[l] Ended service with ULS and the work group after the fourth meeting.

Name	Organization
Hugo Nuñez	Swedish
Olga Okhapkina	Washington State Department of Health
Casey Peplow	Room One
Theresa Powell	DSHS Office of Equity, Diversity, Access and Inclusion
Jennifer Price	Washington State Health Care Authority
Joana Ramos	Washington State Coalition for Language Access
Cindy Roat	cindyroat.com
Elsie Rodriguez Paz	Providence Health and Services
John Rogers	DSHS Research Data and Analysis Division
Zenaida Rojas	Latino Leadership Network
Mateo Rutherford	Certification Commission for Healthcare Interpreters
Sen. Rebecca Saldaña	Washington State Senate
Roy Salonga	Washington Immigrant Network
Manny Santiago	Washington State LGBTQ Commission
María Sigüenza	Washington State Commission on Hispanic Affairs (Latinos)
Yvonne Simpson	Harborview Medical Center
Radu Smintina	OneAmerica
Quan Trần	Interpreters United, WFSE/AFSCME Local 1671
Elena Vasiliev	UniversalLanguage Service
Cathy Vue	DSHS Office of Refuge and Immigrant Assistance
Yun-Mei Wang Wilborn	TransLanguage Arts
James Wells	Administrative Office of the Courts
Michael Woo	Kin On
Sandy Yang	Asian Counseling and Referral Service
Grace Yoo	Washington State Women's Commission

Language Access Work Group DSHS Staff Support Team

Name	Title
Sharon Armstrong	Equity, Diversity and Inclusion Administrator – Division of Child Support
Alicia Bowman	Administrative Assistant – Office of Equity, Diversity, Access and Inclusion
Adolfo Capestany	Senior Director of Communications – Office of the Secretary
Herminia Esqueda	Equity, Diversity, Access and Inclusion Administrator – Community Services Division
Helen Henera	Program Manager, Language Testing and Certification – OEDAI
Scott Hubbell	Strategic Advisor – CSD
Benjamin Lee	Management Analyst, Language Access Work Group – OEDAI
Anita Maguire	Operations Administrator – OOS
Stacii McKeon	Organizational Change Manager – OOS
Morgan Olson	Equity, Diversity and Inclusion Specialist – Residential Care Services
Tony Rice	Equity, Diversity and Inclusion Manager – Economic Services Administration
Thanh Trần	Respect, Equity, Diversity and Inclusion Program Manager – CSD
Malia Wallace-Mello	Project Manager, Language Access Work Group – OEDAI
Norah West	Assistant Director, Office of Communications – OOS
Don Winslow	Coaching Training Program Manager – CSD

Appendix F: Work Group Meeting Notes

Washington State Department of Social & Health Services
Transforming lives

Language Access Work Group
Notes from Meeting 1
Main Room
July 25, 2023

SUMMARY OF MEETING 1

Welcome, agenda review and technology orientation ..... Anita Maguire

Zoom Support Staff introductions ..... Ben Lee, Tony Rice

Breakout Room explanation ..... Anita Maguire

Breakout Room Facilitator introductions ..... Sharon Armstrong, Adolfo Capestany, Herminia Esqueda, Stacii McKeon

Brief self-introductions ..... Participants

Community agreements ..... Anita Maguire

Project Manager introduced and provided explanation of the work group's unifying focus ..... Malia Wallace-Mello

Breakout Room discussions ..... Breakout Room Facilitators and Participants

Breakout Room discussion recap ..... Breakout Room Facilitators

Conclusion and next steps ..... Anita Maguire

Meeting 1 Participants

Fatma Abdinasir
Patricia Alonzo
Gabrielle Bachmeier
Milena Calderari-Waldron
Gwendolyn Cash, Ed.D.
Nadia Damchii
Helen Eby
Marguerite Friedlander, Esq.
Sherri Fujita
Zugey Garcia
Jon Gould
Luisa Gracia
Tony Griego
Lynora Hirata
Larysa House
Carrie Huie Pascua
Jarrod Irvin
Teddy Kemirembe
Trisha Lamb
KaraLynn LaValley, Ph.D.
Eliana Lobo
Ruiqin Miao, Ph.D.
Leroy Mould
Natalya Mytareva
Fidelie Nawaj
Hugo Nuñez
Olga Okhapkina
Casey Peplow
Theresa Powell
Jennifer Price
Joana Ramos
Cindy Roat
Elsie Rodriguez Paz
Zenaida Rojas
Roy Salonga
Manny Santiago
María Sigüenza
Yun-Mei Wang Wilborn
Sandy Yang

Meeting 1 DSHS Support Staff

Sharon Armstrong, Breakout Room 1 Facilitator
Adolfo Capestany, Breakout Room 4 Facilitator
Herminia Esqueda, Breakout Room 2 Facilitator
Benjamin Lee, Zoom Co-Host
Anita Maguire, Main Room Facilitator
Stacii McKeon, Breakout Room 3 Facilitator
Tony Rice, Zoom Host
Malia Wallace-Mello, Project Manager

Washington State Department of Social & Health Services

Transforming lives

Language Access Work Group
Notes from Meeting 1
Main Room
July 25, 2023

WELCOME

The Main Room Facilitator introduced herself then gave a quick recap of the agenda. The Zoom Host and Co-Host then introduced themselves. Participants were encouraged to send chat messages to the Zoom hosts if encountered any technical problems.

BREAKOUT ROOM EXPLANATION

Participants were informed that they would spend some time in breakout rooms to capture their ideas about the importance of the work they are doing, their ideas for improvements, and barriers they have experienced. Each breakout room had a dedicated facilitator to help prompt the conversation and document participants' thoughts. The Breakout Room Facilitators introduced themselves.

GETTING TO KNOW YOU FORM and SSB 5304 LANGUAGE ACCESS WORK GROUP SITE

Following the participant introductions, the Main Room Facilitator thanked everyone for attending and thanked those who had filled out the **Getting to Know You** form. Some information from that form will be shared on the **SSB 5304 Language Access Work Group** website. If participants would like to have their contact information shared with fellow participants, they were asked to inform the work group Project Manager. Information regarding the Senate bill and the work group can be found on that website.

ESTABLISHED COMMUNITY AGREEMENTS

The participants considered various community agreements before deciding on the following for how they will treat each other and the work:

- Respect each other in action and in speech.
- Stay present.
- Listen with an open mind.
- Arrive prepared and ready to engage.
- Consider your thoughts before speaking.
- Honesty in all communications.
- Contribute from your lived experience.
- Clarify to avoid assumptions.
- Plain speak as much as possible.
- Avoid acronyms and complicated verbiage.
- Ask questions out of curiosity.
- Use specific (brief) examples for clarity.
- Be open to different modes of expression (cultural/linguistic).
- Respectful disagreement is okay.

Participants were thanked for accepting these agreements and holding themselves accountable to them as the group works together to develop understanding and propose recommendations.

Washington State Department of Social & Health Services

Transforming lives

Language Access Work Group
Notes from Meeting 1
Main Room
July 25, 2023

EXPLANATION OF THE WORK GROUP'S UNIFYING FOCUS

After the work group Project Manager introduced herself, she provided some background information for the participants.

With the onset of COVID-19 in 2020, changes in the deployment of the program to protect the community were made to include online third-party options for interpreters to be tested.

Substitute Senate Bill 5304 requires DSHS to convene a language access work group. The purpose of the work group is to study and made recommendations to the Legislature regarding interpretive service certification policies and programs for limited and non-English speaking Washingtonians. The work group shall hold its first meeting on or before August 1, 2023, and shall submit its final report before December 1, 2023.

The unifying work group goal is to ensure that all Washingtonians have access to medical interpreter services without language barriers. Participants' help was welcomed in this work.

BREAKOUT ROOM DISCUSSIONS

Participants were moved into breakout rooms to discuss two questions: ***(1) Why is this work important to Washingtonians? (2) How do you think we reach our unifying goal in the most equitable, accessible, and financially reasonable way?***

For more information about the breakout room discussions, please see the notes from each of the four breakout rooms on the **Meeting 1 of 6** page of the SSB 5304 Language Access Work Group site.

CONCLUSION AND NEXT STEPS

All participants were encouraged to complete the **Getting to Know You** form, which can be found on the SSB 5304 Language Access Work Group website.

In preparation for the August 8 meeting, participants were asked to think about how they would answer this question: In what ways can the State of Washington support having more qualified medical interpreters?

Participants were encouraged to contact the work group Project Manager, Malia Wallace-Mello, if they have any questions.

Everyone was thanked.

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Washington State Department of Social & Health Services

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Language Access Work Group

Notes from Meeting 1

Breakout Room 1

July 25, 2023

Breakout Room 1 Participants	Breakout Room 1 Facilitator
Gabrielle Bachmeier Nadia Damchii Helen Eby Marguerite Friedlander, Esq. Jon Gould Luisa Gracia Jarrod Irvin Natalya Mytareva Carrie Huie-Pascua Elsie Rodriguez Paz Casey Peplow	Sharon Armstrong

Question 1: Why is this work important to Washingtonians?

Question 2: How do you think we reach our unifying goal in the most equitable, accessible, and financially reasonable way?

- There was a lot of support in our room regarding the importance of providing quality interpretive services through the certification process.
- Emphasis and focus on students and youths who serve as interpreters for their parents, and one scenario specifically had to do with student-teacher conferences, and how there are clear ethical concerns with those.
- It is everyone's right to have quality interpretive services. Especially when we are talking about historically marginalized populations. And if we are talking about medical concerns, then a lot of times these include infectious issues and diseases. Now we are further marginalizing people if they cannot adequately communicate fluidly back and forth. So, the need is definitely there.
- Also, populations that are smaller, their language interpretive services, there is less access to those services because the populations are smaller, but they are growing. There is a clear need, regardless. Access to interpretive services is hard to come by, if at all.
- Essentially, everyone in the U.S. has rights to quality interpretation services. It also helps create jobs for people within the U.S.
- One other point, there is room for misinterpretation and misdiagnosis. We were really in support of in person interpretive service because without it is without equality, being able to interpret body language or take in the information equitably, because everybody is receiving it at the same time, lived time and importance of that.

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Washington State Department of Social & Health Services

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Language Access Work Group

Notes from Meeting 1

Breakout Room 2

July 25, 2023

Breakout Room 2 Participants	Breakout Room 2 Facilitator
Fatma Abdinasir Milena Calderari-Waldron Larysa House Eliana Lobo Leroy Mould Jennifer Price Joana Ramos Zenaida Rojas María Siguenza	Herminia Esqueda

Question 1: Why is this work important to Washingtonians?

Question 2: How do you think we reach our unifying goal in the most equitable, accessible, and financially reasonable way?

- This is important and has been very well documented. Both providers who want to do their best for their patient and not like a veterinarian. Any family member who doesn't speak well can make the case. If you want to be efficient with tax dollars and be able to communicate with a provider and treated at the beginning rather than at the end. Dramatically drops if language barriers are removed.
- Our work as a society requires us to do this for every human being. This is to resolve the years of civil rights complaints about not providing access of residents. Business, moral, our commitment, it is why we are here. We need to work to have a system to work for everyone in our state and credentialling of medical interpreters into the 21st century.
- For the legal business case and liability case we should just reference public works. We are here because we got a bill passed in response to DSHS ill-informed, ill-conceived, and very damaging decision to suspend their very successful interpreter testing for spoken language.
- This work is important for Washingtonians. We have reservations trying to revive languages. Immigrants and communities. We have a long history and Google translate even reliable. Disparities with Black and brown communities. Disparities and mortality rates will continue to persist. We need to be understood and heard in laymen's terms. We need to be heard and that's important.
- Without full access, then we would basically have systemic discrimination and a level of societal chaos.
- We can actually use published works to document this.
- How much money was DSHS spending per year to credential medical interpreters before it discontinued its exams?

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Washington State Department of Social & Health Services

Transforming lives

Language Access Work Group
Notes from Meeting 1
Breakout Room 2
July 25, 2023

- From the state government perspective: How do you do something that is unifying unless it is managed in a centralized space? We're trying to use language testing and HCA, but they don't fit the entire state's needs. What would unity look like?
- Things cost money. CCHI has a nationally accredited program that certifies other professions. It costs a lot of money. $100,000 per language. That is why the Core CHI is such a breakthrough for testing interpreters. We had a system before, but it was not a system. It's apples and oranges. Do we need to pay for it ourselves if one already exists? Oregon has already sent their interpreters straight to CCHI. Why do we need to reinvent the wheel? We need certified qualified interpreters.
- We have to look at the recent history and there's models from several states, but we need the buy in from all health care services. Everybody needs to help and figure out what we need to do, including rulemaking and reforms in these programs.
- WAC 388-03-030. There CCHI and NBCMI credentials have been recognized since 2015. A recognized interpreter for spoken languages means a person who is certified by: the Washington State Administrative Office of the Courts as a court interpreter; or the Administrative Office of the United States Courts as a federal court interpreter; or a national interpreter certification body as a health care interpreter and is recognized by the department.
- A number of topics and recommendations brought up in the rulemaking led to the WAC revision of 2015, which were not addressed.

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Washington State Department of Social & Health Services

Transforming lives

Language Access Work Group

Notes from Meeting 1

Breakout Room 3

July 25, 2023

Breakout Room 3 Participants	Breakout Room 3 Facilitator
Gwendolyn Cash-James, Ed.D. Zugey Garcia Tony Griego Teddy Kemirembe Ruiqin Miao, Ph.D. Fidelie Nawaj Hugo Nuñez Yun-Mei Wang Wilborn	Stacii McKeon

Question 1: Why is this work important to Washingtonians?

Question 2: How do you think we reach our unifying goal in the most equitable, accessible, and financially reasonable way?

- From DSHS' perspective, more immigrants live in the state, and all will need medical services at some time. They need to receive services without fear.
- Healthcare is essential. We need to eliminate barriers to be able to provide services to anyone. They may not get what they need if there are barriers.
- Washington is very welcoming for refugees. Still, it can be very intimidating if you don't speak the language. More access to refugee population is desired.
- Medical interpreters keep Washington safe and working. Staff must have faith that the conversations are happening with the doctors. They need to be able ask questions to get the best care.
- Children shouldn't need to interpret.
- Administrative hearings require a court interpreter, but medical interpretation is another important skill.
- Look to bilingual staff in-house and skill them up.
- Don't see anything in the bill that specifically states only medical interpretation.
- In day-by-day interactions in medical settings, it is especially important for immigrants to interpret for them. Helps with a scope of their needs with communication. Follows hospital mission and values to provide interpretation.
- Not only immigrants but this adds the opportunity to those who come here for meaningful employment as interpreters. Helps with their economic goals.
- We need students to be healthy to make the transition into work.
- Being inclusive of those participating. Thinking of end goal of having a large pool of qualified interpreters in medical. Important to medical field staff to know they have qualified staff.

Washington State Department of Social & Health Services

Transforming lives

Language Access Work Group
Notes from Meeting 1
Breakout Room 3
July 25, 2023

- Train, hire, employ more interpreters.
- Many who speak multiple languages need to be able to get certified. Help with resources and communication about how to do that.

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Washington State Department of Social & Health Services

Transforming lives

Language Access Work Group

Notes from Meeting 1

Breakout Room 4

July 25, 2023

Breakout Room 4 Participants	Breakout Room 4 Facilitator
Patricia Alonzo Sherri Fujita Lynora Hirata Trisha Lamb KaraLynn LaValley, Ph.D. Theresa Powell Cindy Roat, MPH Roy Salonga Sandy Yang	Adolfo Capestany

Question 1: Why is this work important to Washingtonians?

Question 2: How do you think we reach our unifying goal in the most equitable, accessible, and financially reasonable way?

- We need to keep in mind that medical interpreters assist on different levels including LEP individuals and families and upgrading healthcare across Washington state
- Washington needs to increase the number of interpreters to support all LEP community members with health, legal, educational and accessibility issues to improve outcomes for all
- Washington was the first state to create internal language interpreter and translation certification programs. To ensure that new medical interpreters certified by DSHS are tested in accordance with national standards, all medical interpreter testing is referred to third party test entities which are listed on the DSHS Language Testing and Certification website
- It's important that national standards and advances in the field of professional medical interpretation be considered in this work group's recommendations to the Legislature
- When you are in the hospital anyone is stressed out and vulnerable on top of the related health issue for the individual or family member. This is bad enough without the embarrassment or shame that may be felt if a person does not feel understood and able to communicate in a way that they feel is efficient and compassionate and culturally relevant
- Many speakers in the room spoke from the lived experience of being children of immigrants and experienced the shame of their parents and family members as a big problem culturally on many levels. There is a lack of accuracy and knowledge when a child tries to communicate medical information. There is a huge barrier for healthcare access if adult personal medical issues must be interpreted through a child in the family
- Different languages as well as accents also work to limit access to quality healthcare

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Washington State Department of Social & Health Services

Transforming lives

Language Access Work Group
Notes from Meeting 1
Breakout Room 4
July 25, 2023

- The volume of work on current interpreters is burning out many interpreters and forcing interpreters out of the profession. More support, more training, and more recognition of the importance of qualified interpreters is needed.
- The State of Washington may need to consider making this new certifying process for medical interpreters a national process
- The State of Washington may need to look at establishing core competencies aligned with national standards and federal requirements for medical interpreters to be successful
- Patients and their family members who are speakers of languages or dialects that are rare in Washington state have the added barrier of very limited numbers of interpreters available, if any
- Since language access is a civil right and federal funding can impact agencies that do not provide adequate access, the state must support a process that ensures that qualified interpreters are available
- Interpreter skills training and education must have input from professional, highly qualified, experienced interpreters

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Washington State Department of Social & Health Services

Transforming lives

Language Access Work Group
Notes from Meeting 2
Main Room
August 8, 2023

SUMMARY OF MEETING 2

Meeting 2 Participants

Patricia Alonzo
Angela Araque
Gabrielle Bachmeier
Milena Calderari-Waldron
Vicky Chan
Nadia Damchii
Helen Eby
Marguerite Friedlander, Esq.
Sherri Fujita
Zugey Garcia
Luisa Gracia
Lynora Hirata
Larysa House
Carrie Huie-Pascua
Agata Ianturina
Jarrod Irvin
Shelby Lambdin
Eliana Lobo
Ruiqin Miao, Ph.D.
Fidelie Nawaj
Hugo Nuñez
Casey Peplow
Jennifer Price
Joana Ramos
Cindy Roat
Elsie Rodriguez Paz
Zenaida Rojas
Mateo Rutherford
Rebecca Saldaña
Radu Smintina
Quan Trần
Yun-Mei Wang Wilborn
James Wells
Michael Woo
Sandy Yang

Meeting 2 DSHS Support Staff

Sharon Armstrong, Breakout Room Facilitator
Adolfo Capestany, Breakout Room Facilitator
Herminia Esqueda, Breakout Room Facilitator
Scott Hubbell, Breakout Room Facilitator
Benjamin Lee, Zoom Host
PaKou Lee, Breakout Room Facilitator
Anita Maguire, Main Room Facilitator
Stacii McKeon, Breakout Room Facilitator
Malia Wallace-Mello, Project Manager

Washington State Department of Social & Health Services

Transforming lives

Language Access Work Group
Notes from Meeting 2
Main Room
August 8, 2023

WELCOME AND AGENDA REVIEW

The Main Room Facilitator introduced herself and the Zoom Host. She then gave a quick recap of the agenda. New participants were asked to introduce themselves.

COMMUNITY AGREEMENTS

The Main Room Facilitator reviewed the community agreements established during the first meeting:

- Respect each other in action and speech.
- Stay present.
- Listen with an open mind.
- Arrive prepared and ready to engage.
- Consider your thoughts before speaking.
- Honesty in all communication.
- Contribute from your lived experience.
- Clarify to avoid assumptions.
- Plain speak as much as possible.
- Avoid acronyms and complications.
- Ask questions out of curiosity.
- Use specific, and whenever possible, brief examples for clarity.
- Be open to different cultural and linguistic modes of expression.
- Respectful disagreement is ok.

Participants were thanked for accepting these agreements and holding themselves accountable to them as the group works together to develop understanding and propose recommendations.

CONSOLIDATED HIGHLIGHTS FROM THE LAST MEETING'S BREAKOUT ROOM DISCUSSIONS

The Project Manager reviewed a consolidated highlights of what participants said in the breakout rooms when asked the following questions during the last meeting: *(1) Why is this work important to Washingtonians? (2) How do you think we reach our unifying goal in the most equitable, accessible, and financially reasonable way?*

- Standardize quality interpretive services through the certification process.
- Prioritize universal testing that is high quality and accessible.
- Ensure accessibility for all clients.
- Avoid using family members as interpreters. Children may not have the capacity to understand the gravity of information being communicated.
- Ensure equitable access for all including rare languages and indigenous communities.
- Prioritize in person interpretation to ensure accurate interpretation of medical diagnosis.
- Increase and/or right size State financial investment in interpreter testing/certification program.

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Washington State Department of Social & Health Services

Transforming lives

Language Access Work Group
Notes from Meeting 2
Main Room
August 8, 2023

- Increase general capacity for certified medical interpreters to address increasing population of LEP clients.
- Create positive impact on LEP people to thrive in society.
- Increase access to opportunity for people who can speak more than one language to use their language skills to earn a living.
- Mitigate the feelings of fear and shame of LEP people in Washington.
- Address gaps in LEP client's cultural and linguistic understanding of medical terms through quality interpreter training.
- Modernize current Interpreter certification system/program.
- Look outside "western" and/or "American" standard for quality interpretation.
- Include existing certified interpreters in skills training and testing development.

All participant comments will be considered as we develop the final recommendation. Participants were thanked for offering up their lived experience and expertise.

If participants would like to see a less consolidated version of the discussions, they are encouraged to check out the breakout room notes on the **Meeting 1 of 6** page on the SSB 5304 Language Access Work Group website.

BREAKOUT ROOMS

Participants moved into breakout rooms to discuss this question: ***In what ways can the State of Washington support having more qualified medical interpreters?***

For more information about the breakout room discussions, please see the notes from each of the six breakout rooms on the **Meeting 2 of 6** page of the SSB 5304 Language Access Work Group site.

CONCLUSION AND NEXT STEPS

All participants were encouraged to complete the **Getting to Know You** form, which can be found on the **SSB 5304 Language Access Work Group** website. The work group website also contains resource documents and updates related to the work group. New information continues to be added to that site so please check for updates.

In preparation for the August 22 meeting, participants were asked to:

1. Read the **Preliminary Elements of Medical Interpreter Testing and Certification** document, and
2. Forward their draft recommendations to DSHS. Participants may either choose to share their draft recommendations by completing the **Draft Recommendations** form or by sending them to DSHS at workgroupssb5304@dshs.wa.gov.

Participants were encouraged to contact the work group Project Manager, Malia Wallace-Mello, if they have any questions.

Everyone was thanked.

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Washington State Department of Social & Health Services

Transforming lives

Language Access Work Group
Notes from Meeting 2
Breakout Room 1
August 8, 2023

Breakout Room 1 Participants	Breakout Room 1 Facilitator
Gabrielle Bachmeier Vicky Chan Nadia Damchii Marguerite Friedlander, Esq. Ruiqin Miao, Ph.D. Rebecca Saldaña Quan Trần Michael Woo	Scott Hubbell

Homework: In what ways can the State of Washington support having more qualified medical interpreters?

- Please see **Information Sheet: Preliminary Elements of Medical Interpreter Testing and Certification** for examples as well as preliminary elements of medical interpreter testing and certification to be considered in a recommendation
- Participants are encouraged to use the **Language Access Work Group: Draft Recommendations Form**, which includes elements from the **Information Sheet**, as they draft their recommendations

- General language test does not include enough medical terminology - need specific medical training before test.
- State needs to give respect to whole system - better communication and more transparency; not doing things or making decisions behind closed doors.
- Use the community college system as a training support.
- 20,000 hearings a year - have to compete with other state agencies for same interpreters - need more people in the pipeline and more tested - grass roots efforts for recruiting that results in less internal competing for interpreters.
- Better overall, broad recruiting for interpreters.
- Target immigrant students, children of immigrants as possible interpreters.
- Use community colleges as a place to recruit new interpreters from high level ESL students.
- We heard from interpreters about the need to have dignity and respect for their expertise and profession. They often feel their voices and input are not centered to make sure they are able to provide quality service and make a living.
- Testing only in Olympia is not very accessible; make testing more accessible with increased opportunity through more locations, more dates, etc.

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Washington State Department of Social & Health Services
Transforming lives

Language Access Work Group
Notes from Meeting 2
Breakout Room 2
August 8, 2023

Breakout Room 2 Participants	Breakout Room 2 Facilitator
Angela Araque Lynora Hirata Eliana Lobo Hugo Nuñez Joana Ramos	Herminia Esqueda

Homework: In what ways can the State of Washington support having more qualified medical interpreters?

- Please see **Information Sheet: Preliminary Elements of Medical Interpreter Testing and Certification** for examples as well as preliminary elements of medical interpreter testing and certification to be considered in a recommendation
- Participants are encouraged to use the **Language Access Work Group: Draft Recommendations Form**, which includes elements from the **Information Sheet**, as they draft their recommendations

- If Washington state gets its own testing hub going and whether it is registered/authorized/certified, in person, online, or online supported with the transfer process, have specific tests incentivized with a paygrade for each. Our unionized vendors have a monopoly on providing service but not the most efficient because of being unionized,
- Just want quality services for our LEP clients. Training needs to be done that is nuanced to Child Protective Services, for example. A medical appointment vs court involve different levels of comfort, choices, and candid conversations that need to be handled by interpreters. So, the interpreter is not just going based on pay.
- Drop down options when requesting interpreters specific to need; requests are nuanced.
- More training and locations for testing.
- There are things that DSHS has done in the past to support training and certification. Do we have any idea how much it will cost to revamp the old testing process?
- For many years we tried to get the DSHS test accredited but previous leader did not do it. It costs $100,000 to get a credential up and running for one language. I don't see how we can resurrect the old version without spending a lot of money.
- Prefer to pay for increasing the number of interpreters by paying for their testing, training, and fees for an existing program.
- We have at least 25 languages. How will we address that? New languages coming in all the time. Incredible need for African languages.
- Support training and education on getting new interpreters.

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Language Access Work Group
Notes from Meeting 2
Breakout Room 2
August 8, 2023

- Scholarships, assistance with testing fees.
- Support certifications that already work.
- We have to start with a vision of what we want to see. Some pieces we have left out.
- We have heard nothing of the responsibility of DSHS under consent decree about testing medical interpreters.
- Think creatively to identify funding for viable credentialing program.
- Look at models from other states that we can customize.
- Subsidize training for credentialling exams.
- Add prerequisites, including verification of English language proficiency and training in medical interpreting. Much more than being bilingual.
- Information in public domain about comparison of different options. No stakeholder engagement since pandemic.
- We need to approach this as a workforce development issue.
- We need to drop the requirement that DSHS limit testing on interpreters based on field rates. Doesn't measure need.

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Language Access Work Group
Notes from Meeting 2
Breakout Room 3
August 8, 2023

Breakout Room 3 Participants	Breakout Room 3 Facilitator
Milena Calderari-Waldron Sherri Fujita Jarrod Irvin Zenaida Rojas Radu Smintina Yun-Mei Wang Wilborn	Sharon Armstrong

Homework: In what ways can the State of Washington support having more qualified medical interpreters?

- Please see **Information Sheet: Preliminary Elements of Medical Interpreter Testing and Certification** for examples as well as preliminary elements of medical interpreter testing and certification to be considered in a recommendation
- Participants are encouraged to use the **Language Access Work Group: Draft Recommendations Form**, which includes elements from the **Information Sheet**, as they draft their recommendations

- DSHS should resume testing; works well, has more interpreters.
- Propose update of current test ($75).
- CCHI testing boards; currently used. Expensive but valid.
- DSHS is not losing money by testing.
- Job task analysis to find out how much has changed since 1995 with interpreter work to update test.
- Making sure we have access to education so people can prepare and pass.
- Free or low-cost tests.
- Clarification question about DSHS no longer testing?? Other certifications too expensive?
- Higher authority requiring certain testing entities? If not, the state could create cost effective test.
- Evidence-based practices necessary? CCHI testing validity a necessary standard?
- Make sure our requirements are not more stringent than necessary.
- Authentic verbal and action support; reduce intimidation factor.
- Expanding beyond the five primary languages.
- Should stick with state standards of language translation options.
- Authentic conversations with diverse communities.

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Language Access Work Group
Notes from Meeting 2
Breakout Room 4

August 8, 2023

Breakout Room 4 Participants	Breakout Room 4 Facilitator
Agata Ianturina Jennifer Price Cindy Roat James Wells Sandy Yang	PaKou Lee

Homework: In what ways can the State of Washington support having more qualified medical interpreters?

- Please see **Information Sheet: Preliminary Elements of Medical Interpreter Testing and Certification** for examples as well as preliminary elements of medical interpreter testing and certification to be considered in a recommendation
- Participants are encouraged to use the **Language Access Work Group: Draft Recommendations Form**, which includes elements from the **Information Sheet**, as they draft their recommendations

- Focus discussion on what the state can do regarding the certification or credentials process? (This seems to be the intent of the bill.)
- More interpreter training in general is needed, as it broader than what DSHS can do. Many required trainings (at least 40 hours) to take the test. This is to help pass the test. Training can be part of the package.
- Suggested options: state can invest in community college training in language access/resources. Many colleges offer programs but need to have enough people signed up to pay for the cost of the program. Can the state fund these programs? These programs have to be affordable and structured.
- Focus on practical solutions.
- Language access is vital.
- Which department does the testing of the actual second or third language that the interpreter is being tested in? How can we confirm that the person is speaking the language accurately?
- How do we know that we are hiring the right contracted interpreter? How can we confirm that they are converting from one language to the other correctly?
- Take into consideration that there are different sets of requirements for those who interpreted a long time in the past versus current time.
- We need to look more at language testing.
- One of the barriers is the certification piece. Update rules to permit others to become eligible for medical credential interpreter. DSHS LTC program and what they do.

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Language Access Work Group
Notes from Meeting 2
Breakout Room 4
August 8, 2023

- Can not serve all Afghan refugees as there are no interpreters within the collective bargaining arena – which is what we have to abide by.
- Allow a lesser level of credentials for those emergency situations, such as the Afghan situation -i.e., provide temporary credentials.
- Need more funding provided the LTC.

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Language Access Work Group
Notes from Meeting 2
Breakout Room 5
August 8, 2023

Breakout Room 5 Participants	Breakout Room 5 Facilitator
Helen Eby Luisa Gracia Larysa House Fidelie Nawaj Casey Peplow Mateo Rutherford	Stacii McKeon

Homework: In what ways can the State of Washington support having more qualified medical interpreters?

- Please see **Information Sheet: Preliminary Elements of Medical Interpreter Testing and Certification** for examples as well as preliminary elements of medical interpreter testing and certification to be considered in a recommendation
- Participants are encouraged to use the **Language Access Work Group: Draft Recommendations Form**, which includes elements from the **Information Sheet**, as they draft their recommendations

- Pre-COVID system was very effective. Majority of interpreters were using LTC system. Go back to using state test. More accessible than other systems.
- Turnover rate stood out. No data on this. Need to keep interpreters in system once certified. Could do state or national certification before. Will continue to have the issue of certified interpreters moving out of system. We don't know as we don't have data.
- Exam and testing should be through the state. Easier for the state to pay. That will help with retention of interpreters. They need to have an affordable test.
- As soon as people get certified in anything else, they leave. For example, the court system pays much better. They also get paid mileage and drive time. Pay is huge. Once they can get paid more, they leave. It should be equal pay for equal work.
- In San Francisco, at UCSF, they pay equal or better at the state as compared to court interpreters. It's easier to not deal with the courts if pay is equal.
- Fifteen years ago, we had enough interpreters; a core of interpreters. Later, the pool of interpreters increased. The good ones then left because there was not enough work. Couldn't get enough jobs. Was fighting with union to update the test. It wasn't where it needed to be. It wasn't robust enough.
- Washington state certification needs to be updated.
- We need GOOD interpreters, not just interpreters.
- Right now, you don't know if you will get an interpreter.
- Benefits – like caregivers have – if you have a certain number of hours.

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Language Access Work Group
Notes from Meeting 2
Breakout Room 5
August 8, 2023

- Communities need to know how to get certified.
- Students are always asking about how to get certified. Need a clearer explanation of the certification process.
- In California, they don't have medical certification at the state level, only national certification. Medical certification is only required for workers' compensation. Legal certification is required in the courts. For hospitals, it's hospital by hospital.
- At UCSF in California, they do a lot of events around interpreters. Marketing. Newsletters. Celebrate interpreter month.
- UCSF staff interpreters have to have certification.
- No certification for offshore interpreters. Sometimes they use a video interpreting platform, so the state has no control. They should be subject to Washington law. But is it better to have an interpreter or not have one?
- Create a better system of delivering interpreters.

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Language Access Work Group
Notes from Meeting 2
Breakout Room 6
August 8, 2023

Breakout Room 6 Participants	Breakout Room 6 Facilitator
Patricia Alonzo Zugey Garcia Carrie Huie-Pascua Elsie Rodriguez Paz	Adolfo Capestany

Homework: In what ways can the State of Washington support having more qualified medical interpreters?

- Please see **Information Sheet: Preliminary Elements of Medical Interpreter Testing and Certification** for examples as well as preliminary elements of medical interpreter testing and certification to be considered in a recommendation
- Participants are encouraged to use the **Language Access Work Group: Draft Recommendations Form**, which includes elements from the **Information Sheet**, as they draft their recommendations

- Restart testing and invest in communities with high LEP concentration. Tap into the talent pool of LEP communities. Provide career path for these young people. Since young people are already doing it, why not formalize it?
- Implement interpreting in school curriculum. Tap into the schools since they already require a foreign language. The talent pool is in the school system; the state needs to reach out to them.
- Community colleges and Running Start are a vital resource. Promote and get into the community colleges and high school.
- Since already doing an ethics course, add an educational requirement about medical interpreting.
- Need to provide background and training to support people going forward. Make clear what a qualified language interpreter looks like.
- Expand electronic testing access.
- Add other physical locations for testing based on geographic need. Deliver test proctors to where the masses are. Use the facilities of medical providers to do testing.
- Implement a structured calendar for the year.
- More technology attracts more young people. Add a component to educate people on what video remote interpreting looks like. Good pieces of technology for remote testing. Make video remote interpreting easier to use and access.
- Tap into CBOs for the people who are served by them. Nonprofits that support immigrants and refugees.

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Language Access Work Group
Notes from Meeting 3
Main Room
August 22, 2023

SUMMARY OF MEETING 3

Meeting 3 Participants

Patricia Alonzo
Gabrielle Bachmeier
Tara Bostock
Milena Calderari-Waldron
Vicky Chan
Faye Chien
Nadia Damchii
Helen Eby
Zugey Garcia
Jon Gould
Luisa Gracia
Aranzazu Granrose
Tony Griego
Lynora Hirata
Larysa House
Agata Ianturina
Jarrod Irvin
Cristina Labra
Trisha Lamb
Shelby Lambin
Eliana Lobo
Ruiqin Miao, Ph.D.
Leroy Mould
Natalya Mytareva
Gustavo Negrete
Hugo Nuñez
Casey Peplow
Theresa Powell
Jennifer Price
Joana Ramos
Cindy Roat
Elsie Rodriguez Paz
Zenaida Rojas
J. Manny Santiago
María Sigüenza
Yun-Mei Wang Wilborn
Michael Woo
Sandy Yang

Meeting 3 DSHS Support Staff

Sharon Armstrong, Breakout Room Facilitator
Herminia Esqueda, Breakout Room Facilitator
Helen Henera, Meeting Support Staff
Benjamin Lee, Zoom Host
PaKou Lee, Breakout Room Facilitator
Stacii McKeon, Breakout Room Facilitator
Morgan Olson, Breakout Room Facilitator
Tony Rice, Meeting Support Staff
Thanh Trần, Main Room Facilitator
Malia Wallace-Mello, Project Manager

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Language Access Work Group
Notes from Meeting 3
Main Room
August 22, 2023

WELCOME AND AGENDA REVIEW

The Main Room Facilitator introduced himself and the Zoom Host. He then gave a quick recap of the agenda.

COMMUNITY AGREEMENTS

The Main Room Facilitator reviewed the community agreements established during the first meeting:

- Respect each other in action and speech.
- Stay present.
- Listen with an open mind.
- Arrive prepared and ready to engage.
- Consider your thoughts before speaking.
- Honesty in all communication.
- Contribute from your lived experience.
- Clarify to avoid assumptions.
- Plain speak as much as possible.
- Avoid acronyms and complications.
- Ask questions out of curiosity.
- Use specific, and whenever possible, brief examples for clarity.
- Be open to different cultural and linguistic modes of expression.
- Respectful disagreement is ok.

Participants were thanked for accepting these agreements and holding themselves accountable to them as the group works together to develop understanding and propose recommendations.

CONSOLIDATED HIGHLIGHTS FROM THE LAST MEETING'S BREAKOUT ROOM DISCUSSIONS

The LTC Program Manager reviewed a consolidated list of what participants said in breakout rooms when asked the following question during the last meeting: *In what ways can the State of Washington support having more qualified medical interpreters?*

- Tap into the talent pool of LEP communities. Provide career path for immigrants and children of immigrants.
- Implement interpreting in school curriculum. Tap into the schools since they already require a foreign language. The talent pool is in the school system; the state needs to reach out to them.
- Washington state can invest in community colleges to recruit and train new interpreters.
- Provide quality services for LEP clients. Training needs to be nuanced to provide quality services.
- Add prerequisites, including verification of English language proficiency and training in medical interpreting. Quality interpretation involves much more than being bilingual.
- Offer scholarships and assistance with fees.

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Language Access Work Group
Notes from Meeting 3
Main Room
August 22, 2023

- A general language test does not include enough medical terminology; potential medical interpreters need specific medical training before taking a test.
- Expand electronic testing access.
- Add more physical locations for testing based on geographic need. Deliver test proctors to where the masses are.
- Make testing more accessible with increased opportunity through more locations and more dates.
- Have specific tests incentivized with a paygrade for each.
- Washington state certification needs to be updated.
- Students are always asking about how to get certified. Need a clearer explanation of the certification process.
- Interpreters need to feel dignified and respected for their expertise and profession. They often feel their voices and input are not centered to make sure they are able to provide quality service and make a living.
- Drop down options when requesting interpreters specific to need; requests are nuanced.

All participant comments will be considered as we develop the final recommendation. Participants were thanked for offering up their lived experience and expertise.

If participants would like to see a less consolidated version of the discussions, they are encouraged to check out the breakout room notes on the **Meeting 2 of 6** page on the SSB 5304 Language Access Work Group website.

BREAKOUT ROOMS

Participants moved into breakout rooms to share what they would like to see in a draft recommendation, or what they have already shared in a draft recommendation, regarding the first two main components of the **Preliminary Elements of Medical Interpreter Testing and Certification** information sheet: *testing entities and technology*.

For more information about the breakout room discussions, please see the notes from each of the five breakout rooms on the **Meeting 3 of 6** page of the SSB 5304 Language Access Work Group site.

CONCLUSION AND NEXT STEPS

The Main Room Facilitator thanked participants who have already submitted their draft recommendation and expressed hope that those who have not yet submitted a draft recommendation will do so soon. Submitted documents are posted on the **Draft Recommendations** page of the SSB 5304 Language Access Work Group website for all participants to read and reflect on.

In preparation for the September 5 meeting, participants were asked to:

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Language Access Work Group
Notes from Meeting 3
Main Room
August 22, 2023

1. Read the **Preliminary Elements of Medical Interpreter Testing and Certification** information sheet, focusing particular attention on the last two main components from that document: *tests and resources to support clients and healthcare providers*, and
2. Submit their draft recommendation, or updates to any previous submission, by completing the Draft Recommendations Google **form** or by emailing workgroupssb5304@dshs.wa.gov.

Participants were encouraged to contact the work group project manager, Malia Wallace-Mello, if they have any questions.

Everyone was thanked.

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Notes from Meeting 3

Breakout Room 1

August 22, 2023

Breakout Room 1 Participants	Breakout Room 1 Facilitator
Gabrielle Bachmeier Aranzazu Granrose Jon Gould Lynora Hirata Eliana Lobo Natalya Mytareva Cindy Roat Zenaida Rojas María Sigüenza	Stacii McKeon

Homework: Please share what would you like to see in a draft recommendation, or what have you already shared in a draft recommendation, regarding the first two main components of the Preliminary Elements of Medical Interpreter Testing and Certification information sheet: *testing entities and technology*.

- Follow ASTM (American Society for Testing and Materials) standards. They are responsible for tech and offering the exam. Proctored exam is much better. Interpreters can't interpret and be technicians at the same time.
- Virtual should be an option, but not the only option. There is a digital divide and some parts of the state have no access. High need among Spanish speakers and tribes. Virtual-only creates barriers.
- It is important to have an in-person or proctored exam. Make sure it is available in all regions of the state and not just Olympia.
- From a contracting perspective, flexibility is needed. Organization to provide proctored and online tests.
- Capability and flexibility to test all the time.
- Capacity to be flexible with time of day and day of week tests are offered. After hours and weekends should also be options.
- Technology should be able to operate on a mobile device, tablet, desktop, laptop, and phone.
- Accessible to audio/video technology, not just android/windows/Apple. Offer a broad range of access.
- Broadband is a huge issue. Available in public forms, library, local college, firewall issues may need to be addressed.
- Dynamic as possible. Be flexible across needs/changes and not locked into one approach.
- The only test right now is ALTA and is remote only and limited.

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Language Access Work Group

Notes from Meeting 3

Breakout Room 1

August 22, 2023

- Reinstate DSHS' test because it is better than other tests. It tests all languages and knowledge transfer. Low tech approach is perfect.
- Ask for more money.
- Provide a clear process and standard for requesting accommodation and modification for learning disability. Whatever is allowed by the law, whether administered by us or someone else.
- Clear and published standards for persons with disabilities.
- LTC (DSHS Language Testing and Certification) cost was affordable. State test is affordable and a better test. National test $500 vs state <$100, even with travel.
- Travel or other expenses can be subsidized, even partially.
- CCHI (Certification Commission for Healthcare Interpreters) is more expensive but more comprehensive, higher quality. Make DSHS' test more rigorous or better.
- Consider rural needs. What level of expertise do we require from bilingual staff? How do we incentivize staff? Add rural languages to recommendations.
- Test everyone in language proficiency including bilingual staff and providers at an advanced level.
- Incentive medical providers in small rural clinics to use interpreters.
- Use a system that can be expanded for other interpreter needs and areas, besides medical.
- Readily and easily updated, low cost to update.
- Low tech for interpreter.
- Accessible from public location, WorkSource, public assistance office.
- Tech support is available at the exam site.
- Help desk heavily staffed and available during testing hours.
- Provide technology assistance in languages other than English.

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Language Access Work Group

Notes from Meeting 3

Breakout Room 2

August 22, 2023

Breakout Room 2 Participants	Breakout Room 2 Facilitator
Tara Bostock Helen Eby Tony Griego Hugo Nuñez Casey Peplow Jennifer Price	Herminia Esqueda

Homework: Please share what would you like to see in a draft recommendation, or what have you already shared in a draft recommendation, regarding the first two main components of the Preliminary Elements of Medical Interpreter Testing and Certification information sheet: *testing entities and technology*.

- Seems like a decision has already been made regarding a testing entity, instead of refining and updating the state's system that already exists. This reduces the work of this work group to justify that decision and limits creative thought.
- Prometric and other sites can be done. Accessibility is a challenge due to space. Narrow cubicles are difficult for people in wheelchairs.
- What kind of accommodations?
- Currently, entities are doing online proctoring; DSHS could contract them out.
- Contractors will see restrictions, such as remote only. Interpreters with disabilities will have additional barriers. Site translation is not realistic.
- Blind interpreters do not want to limit their possibilities. Emphasize getting them certified.
- JAWS (Job Access With Speech) and Braille are not always available for blind testers but should be integrated into remote settings and testing centers.
- I am not completely opposed to an outside entity, but it would have to be strictly monitored. This discussion is valuable to make either the state entity or an outside entity functional and successful.
- While it is desirable to provide ADA accommodations for testing candidates, spoken language interpreters are mostly freelancers. Disabilities, such as blindness or using a wheelchair, will have a negative impact in these individuals' marketability. Blind interpreters cannot do sight translation, one of the three modes of interpreting. Wheelchair bound interpreters will struggle to provide onsite interpreting.
- Disabled candidates may need extra time and/or a human reader, depending on the modality. Accommodation can be provided with modifications and additional cost.

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Language Access Work Group
Notes from Meeting 3
Breakout Room 2
August 22, 2023

- Testing organizations exist but testing at a Prometric center (contract) in various communities should also be included.
- Offer VRI (Video Remote Interpreting) on a non-Zoom platform. Cannot do 'share my screen' function.
- ADA accessibility? Screen readers? Auxiliary aids?
- An interpreter in a wheelchair providing services at a facility covered under the ADA has a right to accommodations.
- Tester has to have accessible accommodations.
- ADA obligations are limited for interpreters with disabilities.

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Language Access Work Group

Notes from Meeting 3

Breakout Room 3

August 22, 2023

Breakout Room 3 Participants

Patricia Alonzo
Milena Calderari-Waldron
Nadia Damchii
Agata Ianturina
Cristina Labra
Leroy Mould
Elsie Rodriguez-Paz
Michael Woo

Breakout Room 3 Facilitator

Sharon Armstrong

Homework: Please share what would you like to see in a draft recommendation, or what have you already shared in a draft recommendation, regarding the first two main components of the Preliminary Elements of Medical Interpreter Testing and Certification information sheet: *testing entities and technology*.

- One concern is the affordability/price of testing for interpreters that would like to get credentials.
- Pull real time reports to see where the languages are that folks are struggling with, such as oral or written exams. This would help with recruitment and identify where training needs to be implemented. At Labor and Industry, they are looking at allowing their own staff to become certified interpreters so they can be used within the agency as interpreters. This type of information will be helpful for them to expand. Identify areas of concern and pockets that need to be addressed. Are there certain languages and types of exams that need to address pass/fail rate of exams?
- Online testing is a better option because it is accessible to all. All testing vendors should have good technical support for all candidates. Online testing should be convenient and easy to navigate since not everyone already understands how to use the online technical process. Provide good support for all candidates, proctors, and graders.
- The national board used an online vendor for remote testing and performed online tests. Both oral and written had verifying mechanisms in place that the proctors used for identifying candidates.
- Have mechanisms in place to prevent the temptation of cheating. Have different algorithms in place. One vendor, known as Owl, is one proctor platform to use. There are other testing platforms to be considered. These can tie into the verification part and the accessibility part online, and they offer tutorials for candidates when they are going to be testing. It could be up to the organization to put together a quick multilingual tutorial video. The onus would be on the online platform to update their security. This would alleviate some pressure from DSHS.
- Potential testing candidates should receive instructions in their own language, rather than English. This is something that can be done since Washington has a high indigenous population.

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Language Access Work Group
Notes from Meeting 3
Breakout Room 3
August 22, 2023

- When customers call in for support issues, such as navigating testing sites, is tech support provided in an accessible way for languages other than English? At ProctorU, the language default is always English. Not aware of assistance in any language other than English.
- As a reminder, the purpose of this language work group is also for us to come up with some names of testing entities or standard directions.
- For the technologies, we want to make sure that the technologies we use are compliant with the web content accessibly guidelines WCAG (Web Content Accessibility Guidelines) 2.1 AA. Sometimes when using vendors, they are not quite there.
- NBCMI/CCHI (National Board of Certification for Interpreters/Certification Commission for Healthcare Interpreters) provide online, national testing for medical interpreters. If there are any other options, it is good to recommend.
- Prometric is a vendor for onsite testing. During this work group's last meeting, one of the comments was to deliver proctors to the more rural parts of Washington to administer exams. This is a great idea. Prometric has several testing sites throughout the state. For example, tests are administered to court interpreters in California in different cities, in alternate locations, sometimes even hotels. The tests are always one-on-one and recorded.
- Whatever technology we select to use, we should have someone from WaTech (Washington Technology Solutions) ensure that each program is compliant with accessibility and policies.
- Something to consider: for written exam test scores, depending on what is offered by the test platform administrator, they can give you a preliminary score within 24 hours and have a final score within 48 - 72 hours, depending on the verbiage in the contract.

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Language Access Work Group

Notes from Meeting 3

Breakout Room 4

August 22, 2023

Breakout Room 4 Participants	Breakout Room 4 Facilitator
Larysa House Theresa Powell Joana Ramos Sandy Yang	Morgan Olson

Homework: Please share what would you like to see in a draft recommendation, or what have you already shared in a draft recommendation, regarding the first two main components of the Preliminary Elements of Medical Interpreter Testing and Certification information sheet: *testing entities and technology*.

- Have valid, accredited tests. This will uphold a baseline for all interpreters who are getting certified.
- Prerequisites courses are often put in the continuing education portion, not in a separate academic section for medical interpreters to have their own pathway to the workforce.
- Contract with community colleges for resources like labs, computer rooms, technology, proctoring.
- Accessible test centers: location, time, and individuals there to support.
- Workforce equity issue: accessibility and resources to succeed.
- Medical interpretation needs additional knowledge and terminology courses.
- Community colleges could offer prerequisites and courses.
- Revise and add prerequisites for testing so that more people can pass the exam.
- There needs to be a certificate medical interpreter pathway (consider community college option) – connected to medical education and cultural education.
- For medical interpretation, take a medical course as a prerequisite alongside interpretation.
- Technology in general is a barrier; the in-person element provides accessibility for more people.
- Provide a link or site for people to volunteer/offer to be a proctor; a barrier is that they have to be contracted and screened.
- The healthcare system must be more fully invested because it effects so much of this population.
- Look at Massachusetts for recommendations on medical interpreters and programs.
- Walla Walla Community College designed a program for Spanish interpreters but lacked funding and ended.

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Language Access Work Group

Notes from Meeting 3

Breakout Room 5

August 22, 2023

Breakout Room 5 Participants	Breakout Room 5 Facilitator
Vicky Chan Faye Chien Zugey Garcia Luisa Gracia Jarrod Irvin Ruiqin Miao, Ph.D. Gustavo Negrete Yun-Mei Wang Wilborn	PaKou Lee

Homework: Please share what would you like to see in a draft recommendation, or what have you already shared in a draft recommendation, regarding the first two main components of the Preliminary Elements of Medical Interpreter Testing and Certification information sheet: *testing entities and technology*.

- Accountability of the entity. Some kind of oversight. Need to be able to get reports around sustainability.
- Conflict of interest with a testing center also managing interpreters. Testing entity must not have, or appear to have, a conflict of interest.
- CCHI (Certification Commission for Healthcare Interpreters) tests online and in testing centers.
- Current technology does not support audio testing in a format that is good for the candidate and safe for the tester. Online audio interpreting is not a good idea. Forty-eight-hour rule to check on cheating, etc. first. It takes a bit of time (a week or more) to double check.
- Must have expertise of languages with lesser demand.
- Looking at community/technical colleges. Work with testing agencies to deliver standardized, accredited tests. Have a system in place for testing. These would be, not the content developers, but the administrators - in person and virtually.
- Only one or two organizations in the nation meet these criteria. It is not a good use of taxpayer money to have Washington try to redevelop these high stakes tests when we have organizations that are dedicated to this. Maybe partner with them and community colleges for testing.
- Ideal scenario means we have the money to roll this out. Regarding state level testing, until the money is there it is a moot discussion. Need a credited exam. CCHI has been approachable regarding scholarships and doing groups. Find a way to work with colleges and do pre-vetting. Then contact certification bodies. CCHI is accredited by third parties. Community colleges can keep records on testing. This takes pre-work off of CCHI's plate. Then CCHI can reduce the price.

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Language Access Work Group

Notes from Meeting 3

Breakout Room 5

August 22, 2023

- Individual agencies can create a bridge now to get people certified. Instead of just relying on the legislature for a big package, perhaps create an articulation agreement with community colleges for testing. Perhaps community colleges can ask for federal funding to open testing sites. How do we get the backlog done?
- Do agencies like CCHI have opportunities for AI translation services?
- What is CCHI's competency around languages of lesser demand? What is the downside to using them vs. another company?
- CCHI does have a program and two certifications for languages of lesser demand. CCHI is open to offer testing at colleges. It does work with Oregon - contracts with them. Oregon has federal funding.

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Washington State Department of Social & Health Services

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Language Access Work Group

Notes from Meeting 4

Main Room

September 5, 2023

SUMMARY OF MEETING 4

Meeting 4 Participants

Gabrielle Bachmeier
Tara Bostock
Vicky Chan
Faye Chien
Nadia Damchii
Rep. Carolyn Eslick
Zugey García
Jon Gould
Luisa Gracia
Aranzazu Granrose
Tony Griego
Lynora Hirata
Carrie Huie-Pascua
Agata Ianturina
Jarrod Irvin
Cristina Labra
Eliana Lobo
Ruiqin Miao, Ph.D.
Leroy Mould
Natalya Mytareva
Gustavo Negrete
Hugo Nuñez
Casey Peplow
Theresa Powell
Jennifer Price
Joana Ramos
Cindy Roat
Elsie Rodriguez Paz
Zenaida Rojas
María Sigüenza
Yvonne Simpson
Cathy Vue
Yun-Mei Wang Wilborn
Sandy Yang

Meeting 4 DSHS Support Staff

Sharon Armstrong, Breakout Room Facilitator
Herminia Esqueda, Breakout Room Facilitator
Scott Hubbell, Breakout Room Facilitator
Benjamin Lee, Zoom Host
Anita Maguire, Main Room Facilitator
Tony Rice, Breakout Room Facilitator
Norah West, Breakout Room Facilitator
Malia Wallace-Mello, Project Manager

Washington State Department of Social & Health Services

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Language Access Work Group
Notes from Meeting 4
Main Room
September 5, 2023

WELCOME AND AGENDA REVIEW

The Main Room Facilitator introduced herself and the Zoom Host. She then gave a quick recap of the agenda.

COMMUNITY AGREEMENTS

The Main Room Facilitator held space for self-review of the **Community Agreements** established during the first meeting:

- Respect each other in action and speech.
- Stay present.
- Listen with an open mind.
- Arrive prepared and ready to engage.
- Consider your thoughts before speaking.
- Honesty in all communication.
- Contribute from your lived experience.
- Clarify to avoid assumptions.
- Plain speak as much as possible.
- Avoid acronyms and complications.
- Ask questions out of curiosity.
- Use specific and, whenever possible, share brief examples for clarity.
- Be open to different cultural and linguistic modes of expression.
- Respectful disagreement is ok.

Participants were thanked for accepting these agreements and holding themselves accountable to them as the group works together to develop understanding and to propose recommendations.

CONSOLIDATED LIST OF WHAT WAS SHARED DURING MEETING THREE

The Main Room Facilitator reviewed a consolidated list of what participants said in the breakout rooms during the last session:

- Standardize quality interpretive services through the certification process.
- Prioritize universal testing that is high quality and accessible.
- Ensure technology is compliant with Washington state accessibility laws and policies.
- Meet LEP clients wherever they need service.
- Set standards for convenient and comprehensive technical test access in languages other than English.

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Language Access Work Group
Notes from Meeting 4
Main Room
September 5, 2023

- Accessibility for testers and interpreters with disabilities where ADA accommodations do not meet their needs.
- Expertise in languages with lesser demand.
- Integrated support systems for in-person and remote translators and interpreters.
- Monitor third-party testing and certification entities if testing is external to DSHS.
- Prometric came up prominently as an example of a proctoring system that is currently available and can contract with DSHS to offer community-based options.
- Use Washington Labor and Industries (LNI) reports to target certain language needs for better recruitment.
- Connect training programs to medical education.
- Examine best practices and successful programs in the U.S., such as at Massachusetts and Walla Walla Community College.
- Prerequisites to uphold the validity of accredited testing.
- Security of proctoring platforms to allow DSHS to focus on identifying candidates.
- Partner with CCHI, NBCMI, community colleges and others in the U.S. that meet criteria of needs.
- Build an articulation agreement with community colleges.
- Contract with community colleges for space and tech support, as well as acquiring proctors.
- Money is a limitation for DSHS to build an accredited test, whereas other entities have established tests.

All participant comments will be considered as we develop the final recommendation. Participants were thanked for offering their lived experience and expertise.

If participants would like to see a less consolidated version of the discussions, they are encouraged to check out the breakout room notes on the **Meeting 3 of 6** page of the SSB 5304 Language Access Work Group website.

BREAKOUT ROOMS

Participants moved into breakout rooms to discuss what they would like to see in a draft recommendation, or what they have already shared in a draft recommendation, regarding components of the **Preliminary Elements of Medical Interpreter Testing and Certification** information sheet: *prerequisites and screening, test content, and test quality.*

For more information about the breakout room discussions, please see the notes from each of the five breakout rooms on the **Meeting 4 of 6** page of the SSB 5304 Language Access Work Group site.

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Washington State Department of Social & Health Services

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Language Access Work Group
Notes from Meeting 4
Main Room
September 5, 2023

CONCLUSION AND NEXT STEPS

In preparation for the September 19 meeting, participants were asked to make recommendations necessary to support language access and interpretive services that include:

- Strategies for increasing access to language access providers in rural communities and for languages of lesser demand,
- Strategies for workforce resiliency including adequate workload and compensation, and
- Standards of ethics and professional responsibility.

The above homework reflects the mandate in **SSB 5304** Sec. 3, (2)(b)-(d). Please submit your recommendations via email to workgroupssb5304@dshs.wa.gov.

Participants were encouraged to contact the work group project manager, Malia Wallace-Mello, if they have any questions.

Everyone was thanked.

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Washington State Department of Social & Health Services

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Language Access Work Group

Notes from Meeting 4

Breakout Room 1

September 5, 2023

Breakout Room 1 Participants	Breakout Room 1 Facilitator
Zugey García Carrie Huie-Pascua Eliana Lobo Theresa Powell Cindy Roat Elsie Rodriquez Paz Zenaida Rojas Sandy Yang	Scott Hubbell

Homework: Please share what you would like to see in a draft recommendation, or what you have already shared in a draft recommendation, regarding prerequisites and screening, test content, and test quality.

- Assessed by a third party – perhaps by the school they attend or by another agency
- All of the above and medical terminology, simultaneous interpretation, paraphrasing, intent/concept
- ACT assessment at least at the "advanced/low" level; testing option at any community college when other options are not available
- Need for "job task analysis"
- Internal assessment that gets at cultural competence related to a particular work; interpreter must understand cultural issues that may impact communication
- National vendors may need to address their own accreditation if they let it lapse
- Minimum age of 18 years
- Awareness questions in the testing and training of cultural issues; differences between this culture and their culture of origin are understood
- How to measure bilingual fluency - other ways besides a test due to cost - other options to work out
- Provide interpreters a minimum of 40 hours of basic training; medical providers need basic training too
- A yoga instructor needs 400 hours of training to be a certified, yet only 40 hours are needed to be an interpreter – maybe more training is needed
- Scholarships for training and testing

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Language Access Work Group

Notes from Meeting 4

Breakout Room 2

September 5, 2023

Breakout Room 2 Participants	Breakout Room 2 Facilitator
Rep. Carolyn Eslick Ruiqin Miao, Ph.D. Jennifer Price Joana Ramos Yvonne Simpson	Herminia Esqueda

Homework: Please share what you would like to see in a draft recommendation, or what you have already shared in a draft recommendation, regarding prerequisites and screening, test content, and test quality.

- Higher passing rate in national exam for medical interpreters than DSHS. Correlates with prerequisite and better prepared. Supports Interpreter Training Course before sitting for exam
- Test more interpreting skills in more languages vs. old style of just primary authorized languages and memory tests
- Recommend that interpreting skills and domain skills are important
- Further explanations as to what national standards are being referred to. Regarding federal requirements, is it the responsibility of an entity that interpreters are qualified?
- There needs to be a way to test languages that are not traditionally evaluated in a testing environment
- Difficult place in medical. How did current interpreters get credentialed? Look at bigger picture and what are we doing right now
- Exams need to go through validation and reliability studies
- Washington state seal of literacy can be added by level
- Analyzing whether a test meets standards takes a lot of time. Recommend that legislature request a research assistant from the Washington Institute for Public Policy
- People need to retest frequently, no work arounds
- Look at models from other states. What works well and what does not?
- Proof of linguistic capability in targeted language, more likely to be successful on first try
- Some may not be able to provide verification of their training, such as refugees and indigenous languages. Need different methods of verification. National credentialing program model
- Use non-identifying information from test applicants for data collection on pass rates. Data should be available for the public domain

Washington State Department of Social & Health Services

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Language Access Work Group

Notes from Meeting 4

Breakout Room 2

September 5, 2023

- Use national standards, class standards, and a professional code of conduct. Utilize national standards and validate quality, ACT necessary as part of issuing a credential
- Prerequisites are important so that hopefully people will not have to take the test many times
- Recommend reading all of WASCLA's submissions and recommendations
- Look at what has not worked in our state. Many places where language services are not being provided
- Test content should include medical terminology and interpreter ethics, as well as more languages for the exams
- Prerequisites are vital because candidates have varying skill sets, resulting in different passing rates
- Tests should incorporate a national model for healthcare services, focus on health equity, and national code of ethics. National Council of Interpreter Healthcare
- The biggest challenge is a limitation on the interpreter pool. Ultimately, the test should include a broad range of ways someone can become credentialed, especially with languages in low demand. These are probably different than languages that are spoken frequently
- The law directs attention to develop language services for state government. This context is important so that different agencies do not think they have to reinvent the wheel. Comprehensive approach
- Interpreters are needed, not just for patients and families, but also for providers and healthcare workers from various language backgrounds
- In an example regarding out of state interpreters, failure by an offshore interpreter to correctly communicate an address led to a fatality in Oregon
- Regarding out of state interpreters, there is no need to require candidates to live in Washington state. Some may live in border areas of Oregon and Idaho
- Keep in mind that the principals in a vendor company could have good qualifications but could then pass work to others who have not had their skills verified
- Question of cultural knowledge in interpreter services too
- The state can decide whether candidates should reside in Washington. A covered entity can choose how to provide language services. Some entities will choose to offshore in order to save money, but not understand what is involved ex. Lack of cultural knowledge

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Washington State Department of Social & Health Services

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Language Access Work Group

Notes from Meeting 4

Breakout Room 3

September 5, 2023

Breakout Room 3 Participants	Breakout Room 3 Facilitator
Nadia Damchii Luisa Gracia Lynora Hirata Agata Ianturina Cristina Labra Natalya Mytareva Hugo Nuñez Casey Peplow Cathy Vue	Sharon Armstrong

Homework: Please share what you would like to see in a draft recommendation, or what you have already shared in a draft recommendation, regarding prerequisites and screening, test content, and test quality.

- DSHS should provide resources to support testers on language proficiency (Language Testing International (LTI) and private companies) to help prepare them for passing the test and testing efficiency
- Proficiency in English or bilingual? (Clarifying the question)
- Currently provided remotely; test-takers from many places
- National test may differ from Washington state test regarding policy and procedure
- To support incoming testers, DSHS should create a registry of trainers who have prepared for and passed the certification testing process to support sustainability of the interpreter industry
- Expand capacity to serve communities more efficiently by including less represented languages and specified agencies/areas of focus as testing options, i.e., include endorsements that meet requirements for multiple agencies
- Include either prerequisite training for Washington state specifically at the beginning or at the end of the “standardized” training process
- Provide less complicated access to test-prep resources
- Create/identify an English proficiency program to include reading (medical, health, rights, insurance, billing, history, etc.) as a prerequisite option
- Medical interpreter training in Washington state that includes cultural sensitivity, terminology, etc.
- The format impacts the outcome. Reading comprehension is a barrier. Consider revising
- Look at training and certification processes in other countries to consider implementing similar processes

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Language Access Work Group

Notes from Meeting 4

Breakout Room 3

September 5, 2023

- Other countries provide tests/exams in their own languages, for example the European Union, China, and other countries. Consider using those tests instead of creating the Americanized versions
- There are currently two test filters: Heritage Language Assessment and certification of additional language(s)
- Onboard a needed language quickly in response to emergencies, such as a sudden influx in refugee communities
- Improve training format to include scenarios/practice, medical terminology, etc.
- Please refer to saved chat comments as well

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Washington State Department of Social & Health Services

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Language Access Work Group

Notes from Meeting 4

Breakout Room 4

September 5, 2023

Breakout Room 4 Participants	Breakout Room 4 Facilitator
Tara Bostock Vicky Chan Aranza Granrose Tony Griego Leroy Mould María Sigüenza	Norah West

Homework: Please share what you would like to see in a draft recommendation, or what you have already shared in a draft recommendation, regarding prerequisites and screening, test content, and test quality.

- Not a fan of the "living in the target language-speaking country" (x2)
- Terminology can be very different from field/area to field/area; need to be able to count on interpreter being able to grasp nuances for different fields/areas
- Not too many barriers to DSHS exam – nothing outside of being 18+, GED
- Various entities want to use DSHS exam – certificates/special designations. An exam should test a skill. For example, can they simultaneously, consecutively interpret, etc.? Test the mechanism and not the language. Educational setting exam, for example. Broader terminology for medical settings. Could help mitigate needs for different sectors. Offer endorsements per different settings. Poses additional barriers but can mitigate risk of inadequate interpretation (x3)
- An actual proctor lends legitimacy to the testing process
- Recommend Kaiser as an extensive, solid base for terminology
- Lived experience can replace living in the target language-speaking country, speaking daily, being part of the community in which interpreting will be provided
- Need training in specialty areas. When it comes to interpreting, the test is not enough. Need to be able to demonstrate proficiency in different scenarios
- Several trainers have developed their own glossaries, terminologies, etc. DSHS also had a helpful tool to prepare
- DSHS to disclaim/advise third-party vendors/people using DSHS-tested interpreters. Could be mitigated by interpreters adding to their profiles that continuing education has also taken place. (Example: real estate – commercial/property management certificates, concentrations, etc.)
- Cross-reference terminology used by DSHS, HCA for consistency across languages, interpreters.
- The DSHS test does not cover enough to become a qualified health care interpreter – want the test to include broader terminology to ensure people are qualified, have correct terminology

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Washington State Department of Social & Health Services

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Language Access Work Group

Notes from Meeting 4

Breakout Room 5

September 5, 2023

Breakout Room 5 Participants	Breakout Room 5 Facilitator
Gabrielle Bachmeier Faye Chien Jon Gould Jarrod Irvin Yun-Mei Wang Wilborn	Tony Rice

Homework: Please share what you would like to see in a draft recommendation, or what you have already shared in a draft recommendation, regarding prerequisites and screening, test content, and test quality.

- If lists of prerequisites are all inclusive, then there is disagreement with using 'experience living in the target language-speaking country' as a criterion. That would exclude those who would not have access to the other country yet may have access to the target language community through other lived experience
- Create a pipeline for ESL students to perhaps become certified (informing them of opportunity to become interpreters, certificate program already in place)
- The quality of the test is "one size fit all." Test should be focused on the culture, which would be different based on the language used. Test seems only focused on terminology and does not account for cultural sensitivity. This is an ethics issue
- The test focuses on the medical terminology knowledge and does not address the ethics concerned with communicating the message to a specific community, which needs to be addressed in some way (may not be able to add to test)
- Perhaps "lived experience" could be a desired qualification. The experience should be in living in the target language culture and understanding the language in that specific community
- Screening resources – Highline Community College has the Puget Sound Welcome Back Center, which is partially funded by the legislature. This resource is not limited to the Highline community only. It allows foreign nationals to utilize their degrees in the U.S. It could potentially be part of a pool to provide expertise to screen applicants
- Create some scenarios or situational-type questions to see how candidates might respond

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Washington State Department of Social & Health Services

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Language Access Work Group

Notes from Meeting 5

Main Room

September 19, 2023

SUMMARY OF MEETING 5

Meeting 5 Participants

Gabrielle Bachmeier
Milena Calderari-Waldron
Vicky Chan
Rep. Carolyn Eslick
JoAnna Gaffney
Zugey García
Aranzazu Granrose
Tony Griego
Carrie Huie-Pascua
Cristina Labra
Eliana Lobo
Ruiqin Miao, Ph.D.
Leroy Mould
Natalya Mytareva
Hugo Nuñez
Casey Peplow
Theresa Powell
Joana Ramos
Cindy Roat
Elsie Rodriguez Paz
John Rogers
Zenaida Rojas
María Sigüenza
Yvonne Simpson
Elena Vasiliev
Cathy Vue
Yun-Mei Wang Wilborn
James Wells

Meeting 5 DSHS Support Staff

Scott Hubbell, Breakout Room Facilitator
Benjamin Lee, Zoom Host
Anita Maguire, Main Room Facilitator
Morgan Olson, Breakout Room Facilitator
Tony Rice, Breakout Room Facilitator
Malia Wallace-Mello, Project Manager
Don Winslow, Breakout Room Facilitator

Washington State Department of Social & Health Services

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Language Access Work Group
Notes from Meeting 5
Main Room
September 19, 2023

WELCOME AND AGENDA REVIEW

The Main Room Facilitator introduced herself and the Zoom Host. She then gave a quick recap of the agenda.

COMMUNITY AGREEMENTS

The Main Room Facilitator held space for self-review of the **Community Agreements** established during the first meeting:

- Respect each other in action and speech.
- Stay present.
- Listen with an open mind.
- Arrive prepared and ready to engage.
- Consider your thoughts before speaking.
- Honesty in all communication.
- Contribute from your lived experience.
- Clarify to avoid assumptions.
- Plain speak as much as possible.
- Avoid acronyms and complications.
- Ask questions out of curiosity.
- Use specific and, whenever possible, share brief examples for clarity.
- Be open to different cultural and linguistic modes of expression.
- Respectful disagreement is ok.

Participants were thanked for accepting these agreements and for holding themselves accountable to them as the group works together to develop understanding and propose recommendations.

INFORMATIONAL UPDATE

The Senior Director of DSHS's Office of Equity, Diversity, Access, and Inclusion provided an informational update:

- The Attorney General's Office reviewed the Language Access Work Group's **FAQs** page to ensure that answers to questions are clear.
    - Highlights from the updated FAQs were shared.
- If any participant has a question that is not covered under the FAQs, please contact Theresa Powell directly at theresa.powell@dshs.wa.gov.

Washington State Department of Social & Health Services

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Language Access Work Group
Notes from Meeting 5
Main Room
September 19, 2023

BREAKOUT ROOMS

Participants moved into breakout rooms to discuss recommendations necessary to support language access and interpretive services that include:

- Strategies for increasing access to language access providers in rural communities and for languages of lesser demand,
- Strategies for workforce resiliency including adequate workload and compensation, and
- Standards of ethics and professional responsibility.

For more information about the breakout room discussions, please see the notes from each of the four breakout rooms on the **Meeting 5 of 6** page of the SSB 5304 Language Access Work Group site.

CONCLUSION AND NEXT STEPS

The Project Manager introduced participants to a new page on the Language Access Work Group website called **Draft Options**. She then explained the contents of the two tables on that page.

To get ready for the sixth and final meeting of the Language Access Work Group, which will be held from 10:30am-12:00pm on Tuesday, October 3, please:

- Review **Table One** and **Table Two** on the **Draft Options** page and decide which interpretive service certification programs you think work best for Washington state.
- Be prepared to discuss your recommendations during the October 3 meeting. Following the discussions, we will ask you to take an online poll to rank the options. The top recommendations from the poll will be shared in the final report to the legislature.

Participants were encouraged to contact the Project Manager, Malia Wallace-Mello, if they have any questions.

Everyone was thanked.

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Washington State Department of Social & Health Services

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Language Access Work Group

Notes from Meeting 5

Breakout Room 1

September 19, 2023

Breakout Room 1 Participants	Breakout Room 1 Facilitator
Rep. Carolyn Eslick JoAnna Gaffney Ruiqin Miao, Ph.D. Leroy Mould Hugo Nuñez John Rogers Elena Vasiliev	Scott Hubbell

Homework. Please discuss recommendations necessary to support language access and interpretive services that include:

- Strategies for increasing access to language access providers in rural communities and for languages of lesser demand,
- Strategies for workforce resiliency including adequate workload and compensation, and
- Standards of ethics and professional responsibility.

- Make virtual/online tests more accessible for remote areas.
- Demand fluctuates and more money is needed to cope with rapid increases in demand - travel costs are key. Consider premium rates for travel; consider ferry, bus rates, etc.
- In-house strategies for verifying interpreter competency.
- Increase access, transparency, communication with medical clinics; prevent travel for cancelations, etc.
- Consider the unique needs and approaches of ASL (American Sign Language) as compared to spoken language.
- Use of technology for appropriate reminders when possible. Is it possible for interpreters and clients to communicate ethically before a scheduled appointment?
- Clinics should take responsibility for improved confirmation of appointments to help prevent unnecessary travel and time for canceled appointments.
- Interpreters should not be given a client's private number for many reasons.

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Washington State Department of Social & Health Services

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Language Access Work Group
Notes from Meeting 5
Breakout Room 1
September 19, 2023

Upon not hearing her ideas expressed during the breakout room recap, Ruiqin Miao, Ph.D., of DSHS' Office of Equity, Diversity, Access and Inclusion shared strategies for increasing language access in rural communities and for languages of lesser demand:

1. An important approach is to make testing available in rural communities and communities of rare languages through online/remote testing. In-person testing centers tend to be in densely populated areas, but remote testing can be easily accessible by candidates anywhere without the need for a long-distance drive.

2. Regarding another participant's view that interpreters should be paid for their mileage and through other means to increase compensation for their services: Compensation for mileage has been incorporated into the hourly pay in the current CBA (Collective Bargaining Agreement). It takes in-depth research to have a more comprehensive picture of what would be reasonable pay rates for interpreter services. It is hard to say whether Washington state agencies are paying lower or higher than they should.

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Washington State Department of Social & Health Services

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Language Access Work Group
Notes from Meeting 5
Breakout Room 2
September 19, 2023

Breakout Room 2 Participants	Breakout Room 2 Facilitator
Gabrielle Bachmeier Vicky Chan Zugey García Aranzazu Granrose Carrie Huie-Pascua Natalya Mytareva Yun-Mei Wang Wilborn	Don Winslow

Homework. Please discuss recommendations necessary to support language access and interpretive services that include:

- Strategies for increasing access to language access providers in rural communities and for languages of lesser demand,
- Strategies for workforce resiliency including adequate workload and compensation, and
- Standards of ethics and professional responsibility.

- Allow video interpretation.
- Create infrastructure.
- Examine how we are preparing/supporting interpreters.
- Train users how best to utilize this resource.
- Allow medical interpreters to act as advocates for patients to match national standards. (Counterpoint: This would not work well for L&I.)
- Train to notice and notify if there are civil rights violations; we must consider that sometimes this is a judgment call.
- Registry for Washington-based interpreters.
- Multiple layers of contracts for lesser used languages.
- Training for interpreters on how to interact/coach medical providers to work with the interpreters.
- Require medical providers to take training to ensure that interpreter services are provided as designed.
- Provide opportunities for interpreters to address cultural nuances.
- In-person option.

Washington State Department of Social & Health Services

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Language Access Work Group

Notes from Meeting 5

Breakout Room 2

September 19, 2023

- Relationships with trusted community members.
- Certified interpreters are paid more.
- Allied Health Professionals interpreters compensated comparably (compare to health professionals' rate of pay).
- Instill trust in the community and trust of staff to use the resources.
- Better partnership with the consulates in the state.
- Technology training for interpreters.
- Create avenues for interpreters to debrief and/or receive counseling.

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Washington State Department of Social & Health Services

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Language Access Work Group

Notes from Meeting 5

Breakout Room 3

September 19, 2023

Breakout Room 3 Participants	Breakout Room 3 Facilitator
Angela Araque Cristina Labra Eliana Lobo Casey Peplow Zenaida Rojas María Sigüenza Cathy Vue	Morgan Olson

Homework. Please discuss recommendations necessary to support language access and interpretive services that include:

- Strategies for increasing access to language access providers in rural communities and for languages of lesser demand,
- Strategies for workforce resiliency including adequate workload and compensation, and
- Standards of ethics and professional responsibility.

- Support and proactive outreach to rural communities: schools, clinics, businesses that are already doing interpretation. How can we provide resources and processes?
- Look at the migration data tools in Washington and make sure they are up to date and provide the most accurate information on immigration data and language needs.
- Better pay for compensation of languages in high demand or in rural areas.
- Can DSHS contribute the funds they would be saving by no longer testing medical interpreters towards funding training via scholarships or agreements with Washington state higher ed?
- Increase the hours needed for certification for medical interpreters.
- No need to reinvent the wheel: look to the many standards of ethics and adopt those practices.
- Scholarships or compensation programs for those in rural areas or rarer languages to provide incentives to become interpreters.
- Access to technology or assistance with technology.
- Targeted outreach and recruitment of heritage speakers to be trained and mentored at the local level.
- Understand and study the differences between medical interpreters - physical needs compared to behavioral health needs - the interpretation terminology differences and potential differences in ethics.

Washington State Department of Social & Health Services

Transforming lives

Language Access Work Group
Notes from Meeting 5
Breakout Room 3
September 19, 2023

- The formatting of testing/certification does not always account for cultural differences - there is a need for support around test taking and outreach on the testing process.
- During times of crisis, like the influx of immigrants from Afghan and Ukraine, there was no process to fast track interpreters due to the high level of need. This caused high wait times for specific languages.
- For languages that are rarer, is there a possibility that there could be interpretation duos where one certified interpreter is accompanied by an informal interpreter to provide services? Both would be compensated.
- Eliana Lobo of Lobo Language Access provided links to code of ethics resources:
    - NCIHC (National Counsel on Interpreting in Health Care) National Standards of Practice for Interpreters in Health Care
    - NCIHC (National Counsel on Interpreting in Health Care) National Code of Ethics for Interpreters in Health Care
    - CHIA (California Healthcare Interpreting Association) California Standards for Healthcare Interpreters
    - AUSIT (Australian Institute of Interpreters and Translators, Inc.) Code of Ethics
    - Interpreting New Zealand Code of Ethics
    - IMIA (International Medical Interpreters Association) Code of Ethics
    - IMIA (International Medical Interpreters Association) Standards of Practice
- Make ongoing education more prominent for those who are medical interpreters - pay bump for those that do ongoing education
- Vocational school programs can target areas that already have individuals who are doing informal translation and be brought into interpretation education in high school and community college.
- Review our emergency management processes for interpretation. Can there be incentives for interpreters in these times, and how can we keep the integrity of the certification process?
- Education around cultural humility – due to the sensitivity of medical interpretation and confidentiality, especially for small communities where the client and interpreter may know each other.

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Washington State Department of Social & Health Services
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Language Access Work Group
Notes from Meeting 5
Breakout Room 4
September 19, 2023

Breakout Room 4 Participants	Breakout Room 4 Facilitator
Milena Calderari-Waldron Tony Griego Theresa Powell Cindy Roat Yvonne Simpson James Wells	Tony Rice

Homework. Please discuss recommendations necessary to support language access and interpretive services that include:

- Strategies for increasing access to language access providers in rural communities and for languages of lesser demand,
- Strategies for workforce resiliency including adequate workload and compensation, and
- Standards of ethics and professional responsibility.

- Remote interpreting would be very impactful.
- Provide financial incentive to language providers who provide services to languages of lesser demand.
- Help hospitals identify when it is crucial to provide in-person services versus video interpretation.
- Very little information is available regarding which language services are being provided. Now that we have the data, we are seeing an increase in requests for services. Education is a key concern regarding barriers associated with bringing someone to an appointment.
- Milena of Interpreters United, WFSE/AFSCME Local 1671, shared a link:
  - ATA (American Translators Association) Position Paper on Remote Interpreting.
- Research is needed to determine what is effective, given the complexities associated created during the pandemic.
- Provide space for in-person services in rural communities.
- Access to online computers – computer banks.
- Compensation for travel to rural areas.
- The pandemic is causing interpreters to have increased expenses.
- When can on-demand service be used?
- Establish standards (e.g., interpreter services while driving)

Washington State Department of Social & Health Services

Transforming lives

Language Access Work Group
Notes from Meeting 5
Breakout Room 4
September 19, 2023

- When the pandemic occurred, and family members could not attend, there was an increase in interpreter requests. What can be done to ensure compliance when service is provided?
- What can the state do in situations where the provider is not providing adequate services? Answer: contracts.

Due to the facilitator's insufficient time to share Yvonne Simpson's thoughts, she later emailed them to the Language Access Work Group team. Yvonne's recommendations are shared below:

- Would there be a way for DSHS to assist in proactively looking for interpreters from languages of lesser demand? Would it be possible to incentivize these communities to get certified by partnering with 3rd party testing organizations to reduce costs for certifying languages of lesser demand? Regarding improving access to rural communities, in my role with University of Washington/Harborview Medical Center we have found it helpful to have contracts with multiple interpreter agencies so that if one agency does not have access to language X, possibly a secondary organization may have that language available.
- Regarding compensation, recommended to do a survey of current industry standards for pay. Is there pay differential for years of experience, amount of training, location (mileage - especially for rural areas), and shift differential (night/weekend/holiday pay)? Additionally, consider the vast difference in compensation between sign language interpreters spoken language interpreters - the job is the same, even if the community and modality are unique. Regarding workload, that may vary greatly when comparing staff interpreters and freelancers, the latter of whom make up the vast majority of interpreters in the community. For freelancers, how would it be possible to limit the number of hours worked? Yes, it would be beneficial for their personal health, but if there is a need for a language of lesser demand and there are limited interpreter resources, would a cap truly be placed on that individual?
- Regarding ethics, from my perspective and understanding the NCIHC has national standard for healthcare interpreters and I believe that there is something similar for courts. As noted by Ms. Theresa Powell, there is need to consider certification for K-12 education interpreters, tax law, contract law, etc. There may be a need for a variance in standards of ethics and responsibility for those fields as they may have needs different from courts and other community interpreter practices.

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Language Access Work Group
Notes from Meeting 6
Main Room
October 3, 2023

SUMMARY OF MEETING 6

Meeting 6 Participants

Tara Bostock
Milena Calderari-Waldron
Vicky Chan
Faye Chien
Helen Eby
Rep. Carolyn Eslick
Rep. Darya Farivar
Zugey García
Luisa Gracia
Aranzazu Granrose
Carolina Guttierez
Lynora Hirata
Larysa House
Carrie Huie-Pascua
Jarrod Irvin
Cristina Labra
Trish Lamb
Eliana Lobo
Ruiqin Miao, Ph.D.
Leroy Mould
Natalya Mytareva
Gustavo Negrete
Hugo Nuñez
Olga Okhapkina
Casey Peplow
Jennifer Price
Joana Ramos
Cindy Roat
Elsie Rodriguez-Paz
Zenaida "Z" Rojas
María Sigüenza
Yvonne Simpson
Elena Vasiliev
Yun-Mei Wang Wilborn
James Wells
Michael Woo
Antoinette Wynne

Meeting 6 DSHS Support Staff

Benjamin Lee, Zoom Host
Anita Maguire, Main Room Facilitator
Malia Wallace-Mello, Project Manager

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WELCOME AND AGENDA REVIEW

The Main Room Facilitator introduced herself and the Zoom Host. She then gave a quick recap of the agenda.

COMMUNITY AGREEMENTS

The Main Room Facilitator held space for self-review of the **Community Agreements** established during the first meeting:

- Respect each other in action and speech.
- Stay present.
- Listen with an open mind.
- Arrive prepared and ready to engage.
- Consider your thoughts before speaking.
- Honesty in all communication.
- Contribute from your lived experience.
- Clarify to avoid assumptions.
- Plain speak as much as possible.
- Avoid acronyms and complications.
- Ask questions out of curiosity.
- Use specific and, whenever possible, share brief examples for clarity.
- Be open to different cultural and linguistic modes of expression.
- Respectful disagreement is ok.

Participants were thanked for accepting these agreements and for holding themselves accountable to them as the group works together to develop understanding and propose recommendations.

SHARE PREFERRED OPTIONS AND REASONING FOR PREFERENCES

In preparation for this meeting, participants were asked to review the Draft Options for State of Washington Medical Interpreter Testing and Certification and come prepared to discuss which programs work best for Washington state and to vote on the options by ranking them. Because this was a working document, the draft options ended up getting revised several times before the vote.

On September 19, during Meeting 5 of the work group, **Version 1** of the Draft Options document was shared with participants. After receiving participant feedback following that meeting, the working document was updated and a link to **Version 2** of the Draft Options was emailed to participants on September 20. Following feedback from state agencies, the document was again updated, and a link to **Version 3** was emailed to participants on September 22. It was this version that was generally commented on during Meeting 6. (Following participant feedback during Meeting 6, the document was updated again. **Version 4** of the options is what participants used to vote on.)

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During the meeting, each participant was given the opportunity to share their preferred options and reasoning for their preferences with the entire group. Some participants chose to pass when their name was called. Others shared their opinion on a range of topics, including the options and the process.

The following table shows the status, response, and/or comments from each participant:

Full Name	Status/Response/Comments
Fatma Abdinasir	Absent
Farhiyo Ahmed	Absent
Anita Ahumada	Absent
Angela Araque	Absent
Gabrielle Bachmeier	Absent
Liz Baxter	Absent
Lorna Bien	Absent
Tara Bostock	Pass – To share time for other participants; raising awareness and certification for indigenous languages "What will replace the 'blanks' or 'No's' in the table, i.e. under Test Prep Training?"
DSHS; Ruiqin Miao, Ph.D.	Dr. Ruiqin Miao of DSHS response to Tara: "Thank you for raising this question. As we know this work group is only several months and we have to submit a report based on that timeline. These options are a very general vision. These are specific details to consider further, once the Legislature will select the general options that serve Washington state best."
Milena Calderari-Waldron	Pass – To reach consensus with Interpreters United (WFSE) Interpreter's United (Labor Union) "I want to understand that the process of voting is correct. DSHS solicited draft recommendations from the work group participants, posted on the website, and in parallel, DSHS drafted it's own recommendations. Is this correct?"
DSHS; Ruiqin Miao, Ph.D.	Dr. Ruiqin Miao of DSHS response to Milena: "Thank you for Union's input and suggested recommendations, that we received yesterday, that this was too late to incorporate into the Options Table posed on the website for today. The Union's input will certainly be included in the report to the Legislature."
Gwendolyn Cash-James, Ed.D.	Absent
Vicky Chan	Option 1 – Convenient certifying body for interpreter certification with focus on test and certify

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Full Name	Status/Response/Comments
Faye Chien	Pass
Carolyn Cole, Esq.	Absent
Nadia Damchii	Absent
Jessie DeWoody	Absent
Helen Eby	Pass – Stated a need to reach consensus with fellow Interpreters United (WFSE) members. Addressed that the option for DSHS to continue medical interpreter testing was missing from the options table.
Rep. Carolyn Eslick	Pass
Rep. Darya Farivar	Pass
Marguerite Friedlander, Esq.	Absent
Sherri Fujita	Absent
JoAnna Gaffney	Absent
Zugey García	Option 2 – L&I for partnerships. Requested clarification regarding the timeline for the report and tally of poll results. The Project Manager confirmed the timeline and the process.
Jon Gould	Absent
Luisa Gracia	Pass - Addressed that the option for DSHS to continue medical interpreter testing was missing from the options table.
Aranzazu Granrose	Pass
Tony Griego	Absent
Carolina Gutierrez	Pass
Lynora Hirata	Option 5 – To confer with team
Larysa House	Pass – To confer with team/colleagues
Carrie Huie-Pascua	Pass – To confer with team/colleagues
Agata Ianturina	Absent
Jarrod Irvin	Option 4 – Support and to confer with the team
Teddy Kemirembe	Absent
Cristina Labra	Option 5 – Most comprehensive, though unrealistic while most ideal. Option 1 – Most realistic, but not ideal. Pass – To confer with team
Trisha Lamb	Option 2 – L&I partnerships
Shelby Lambdin	Absent
Elena Langdon	Absent
Emily Lardner, Ed.D.	Absent
KaraLynn, Ph.D.	Absent

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Full Name	Status/Response/Comments
Eliana Lobo	Pass – Abstain on basis of consensus not reached. Open to working with community colleges "Personally, I would recommend Option 1 that include partnering with community colleges. Considering partnering, would work with one class through multiple college venues, simultaneously online. To qualify and justify the courses, needing a cross platform solution to maintain seats and the class.
Ruiqin Miao, Ph.D.	Pass – To confer with DSHS Team Throughout the discussion, Dr. Miao replied to participants' comments. Please see her replies to comments throughout this table. Additionally, when she was called on to provide input on the options, Dr. Miao took some time to address questions from participants. Dr. Miao stated that she would pass on sharing her opinions for the options, but shared her primary position that a solution generally be based on a system of testing that is efficient, sustainable, and has quality tests (well developed, reliable, and approved) through national third-party providers and community colleges. In response to an observation that the recommendation to the legislature should include the option for DSHS to restart its medical interpreter testing program, Dr. Miao said that using medical interpreter testing is neither sustainable nor efficient. Certifying interpreters with seriously outdated, 30-year-old tests would not result in being confident of the quality. If DSHS continues with manual testing, there would be a long wait for a spot. There are well established professional entities that maintain and update, through both online and remote testing systems, that can do this. In-person testing is not efficient. According to the fiscal note from Senate Bill 5304, it costs the state a lot of money to redevelop valid and reliable medical interpreter tests for the whole state. Whether through community colleges or third-party providers, if we can ensure that the testing system is convenient for candidates, to address the increasing needs of the State, it will be a good goal for Washington state.

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Full Name	Status/Response/Comments
Leroy Mould	Pass
Natalya Mytareva	Abstain. Option 1 – Representing CCHI; an efficient pathway to assess competency of interpreters regardless of training. Option 4 – Connecting with partners to create CE training
Fidelie Nawaj	Absent
Gustavo Negrete	Abstain – Representing NBCMI
Hugo Nuñez	Option 2
Olga Okhapkina	Option 1 – Need opportunities for partnership
Casey Peplow	Pass
Lauren Platt	Absent
Christina Pourarien	Absent
Theresa Powell	Absent
Jennifer Price	Pass
Joana Ramos	Pass – Representing WASCLA; to recommend interim solutions and convey observations
Cindy Roat	Option 1 – Caveat; Option 1.5+ "I am concerned about the difference between people who are getting certified now and those who are trying to maintain their certification. Some options may work really well for one, but not address the other. I want to make sure the Legislature take this into account. What would you recommend, when ranking these options and should I include in my comments?"
DSHS; Ruiqin Miao, Ph.D.	Dr. Miao of DSHS response to Cindy: "To maintain DSHS certification – These options are for testing to certify going forward, with currently certified interpreters in the State. No matter what Washington state decides, DSHS will ensure a smooth transition of data to a new testing entity or if DSHS continues to maintain the roster in Gateway."
Glorivette Rodriguez	Absent
Elsie Rodriguez Paz	Option 1 – Option 1.5+ Resume testing that qualify interpreters to provide patient care and involve community colleges that is sustainable. Option 5 – Ideal but unrealistic, a system that involves Community Colleges
John Rogers	Absent

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Full Name	Status/Response/Comments
Zenaida 'Z' Rojas	Option 2 – Diversity of CC's. Authentically communicating cultural humility and quality of interpretation
Matteo Rutherford	Absent
Elena Safariants	Absent
Sen. Rebecca Saldaña	Absent
Roy Salonga	Absent
Manny Santiago	Absent
María Sigüenza	Option – Noted that an ideally, testing is pulled out of DSHS and housed in a state centralized office. Testing to be more democratic with greater needs, in its own entity. She took issue with not including DSHS to continue medical interpreter testing in the options table and suggested a minority report be included.
Yvonne Simpson	Pass – Stating a position of support for national certification. Made a note of concern for how current DSHS certification and certified interpreters might be lost in the transfer to third-party entities and not be able to maintain their certification. She held that separating community colleges as only being the training party and not conducting the testing, is appropriate She addressed that Option 5 and the focus of this work group has only been on medical interpreting.
Radu Smintina	Absent
Quan Trần	Absent
Rokaih Vansot	Absent
Elena Vasiliev	Pass
Daniel(le) Vasquez	Absent
Cathy Vue	Absent
Yun-Mei Wang Wilborn	Option 2 & Option 5 – Focus on continuing education from DSHS. Highlighted need on medical terminology
James Wells	Pass – Interim vs long-term solutions. State needs to invest heavily into language access and coordinate around training
Michael Woo	Pass
Antoinette Wynne	Option 2 & Option 4 – To include expectations of LTC and authorize interpreters to be trained through accredited programs, similar to CC. Option 1 – May not be viable. DES contracts are for eligible entities. She stated that Option 1 would require purchasers to be the individual/independent interpreters themselves, with contractors and this changes authority around statewide contract use. Testing and services delivered from the contractors under this

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Full Name	Status/Response/Comments
Antoinette Wynne (continued)	option may constitute a potential conflict of interest. Keeping everything separate, testing the interpreters and providing the service from statewide contracts. All interpreters used by DES are asked to meet skills of industry standards and to be in the expectation of the DSHS Language and Testing Certification program, along with training at higher education institutes. Approving the extension of Option 2 or Option 4. Need to define what a statewide contract.
Sandy Yang	Absent
Grace Yoo	Absent

REVIEW CONTENT FOR THE FINAL REPORT AND NEXT STEPS

The Project Manager shared her screen to show the poll that participants would use to rank the options. She explained how to fill out the poll. She also showed where on the Language Access Work Group website people could find the poll results, which would be posted no later than 5:00pm on Friday, October 6.

Considering that Antoinette Wynne of DES raised a concern that Option 1 may not be viable, participants asked if the Options table would be updated for the poll. Some participants continued to state their preference that the option for DSHS to resume testing be added to the vote. Dr. Miao noted that if the legislature wanted DSHS to continue medical interpreter testing, then Senate Bill 5304 would have passed. That option is not viable, so Substitute Senate Bill 5304 was created. SSB5304 mandated DSHS to convene a work group to find other viable options. Dr. Miao announced that if the options table were to be revised, the updated version would be shared with participants by 2:00pm the same day (Tuesday, October 3, 2023).

The Project Manager then showed the **Proposed Process Timeline** and shared the basic content of the final report.

CONCLUSION

Participants were encouraged to contact the Project Manager, Malia Wallace-Mello, if they have any questions.

Everyone was thanked.

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Appendix G: Draft Recommendations

Draft Recommendation 01 – Joana Ramos, WASCLA

WASCLA Submission

Homework Question for Aug.8, 2023 meeting

In what ways can the State of Washington support having more qualified medical interpreters?

- **Testing Entities:**

WASCLA believes that DSHS has an obligation under the Reyes Consent Decree to continue to offer testing of medical interpreters, along with the social service and translator exams they offer. Reyes contemplated development of exams and administering those exams, which is what the state did for decades. This function should not be entirely outsourced to third-party testing entities. WASCLA recommends building upon the groundwork established by LTC to create the program we need for the 21st Century that meets the needs of our state population in medical and social services such that Washington State has qualified interpreters sufficient to meet the needs of state agencies.

WASCLA recommends that DSHS modernize their medical interpreter exams and re-start testing. DSHS is the appropriate place for medical interpreter credentialing due to its extensive history with interpreter and translator credentialing. DSHS tested medical interpreters from approximately 1994 until December 31, 2022, (with a hiatus due to the COVID-19 PHE) and continues to test interpreters working in social service settings, translators, and bilingual employees. This creates system efficiencies that are lost when relying on third-party testing entities, credentialing bodies and vendors. Also a concern is that information is not available on the number of medical interpreters who have become credentialed since DSHS ended its own testing.

The law requires DSHS to credential interpreters to serve not only DSHS's needs, but also the needs of HCA, DCYF, and L&I. Of note is that HCA and DCYF functions were once part of DSHS's scope of work. We know that the DSHS interpreter tests are also a proxy for being qualified to work across state agencies, as well as in the entire healthcare sector in the state. Instead of throwing out this expertise, we believe DSHS should maintain the role of credentialing interpreters and translators for social services and healthcare.

WASCLA recommends that DSHS think creatively to identify funding to support the staffing and resources necessary to accomplish this mission. DSHS should work cooperatively across agencies and the private sector to support the work of updating and administering the exams and the program for the long term. Other state agencies could contribute money to support this work, proportionate to their usage, which could be done by cooperative agreements and MOUs. DSHS should engage with private healthcare providers to pursue public/ private partnerships to support testing medical providers because they benefit from these exams/ qualified interpreters in serving their patients. Even with MOUs and private/public partnerships, there is efficiency in having the state / DSHS continue to test medical interpreters. (Continue is used here because DSHS has

tested medical interpreters using their own exams for several decades until January 2023.)

While we believe that DSHS should continue (or re-start) medical interpreter testing of their own, we support the concept of creating multiple pathways to credentialing. Ie: making it feasible for Washington residents to earn nationally recognized medical interpreter tests to qualify for a DSHS credential, so long as those alternate tests meet the requirements in WAC 388-03-115 and where there is no conflict of interest on the part of the testing entity.

It is vital that Washington State keep the cost of medical interpreter testing as affordable as possible. For many individuals entering the field, the costs of the national exams are prohibitive for many individuals seeking to enter the field, relying on national exams alone will overly limit the pool of interpreters available to do this work. When DSHS stopped testing medical interpreters in 2023, the cost of entry to this work rose from $70.00 to roughly $500. That is cost-prohibitive to many individuals seeking to enter the field of medical interpreting. The state could provide scholarships, for example, to interested persons seeking to take the national medical interpreter exams identified in the WAC.

- **Technology**

As to the technology needed to modernize the DSHS testing program, WASCLA recommends:

- Developing online access to registration/scheduling. Online registration is available through the Gateway, so this is already a capability of LTC and could be expanded to include additional features.
- WASCLA recommends using the many testing centers, which are in locations around the state.
- Reasonable cost to candidates. The DSHS exams have historically cost $75.00 per exam and WASCLA believes that the tests should remain low cost. WASCLA supports a modest increase in test fees; however, relying solely on third party testing entities has proven to more than quadruple the cost of interpreter testing for the individual seeking to enter the field.

- **Tests:**

(1) Pre-requisites and screening
WASCLA believes the prerequisites required for candidates to take a medical interpreting exam are:

- Add prerequisites for <u>all</u> candidates seeking to test to become certified/authorized by DSHS, to ensure qualifications to practice, following national standards such as:
  - Be at least age 18

- Have a high school diploma or equivalent; WASCLA also recommends some flexibility in these requirements, depending on personal circumstances of the applicant, as recently done in OR following requests from speakers of indigenous languages of the Americas.
- Verification of English language proficiency
- Verification of proficiency in other language(s) of their language pair(s) Interpretation skills: Prerequisite training requirement in medical interpreting - 40 hours considered minimum for entry level interpreters; MA and OR now require 60 hours training in advance of taking tests: DSHS should provide training to individuals seeking to become medical interpreters. One way to increase the pool of qualified interpreters is to provide free or low-cost training to individuals seeking to enter the field of medical interpreting.

- WASCLA has concerns about relying on non-academic community college certificate courses because these programs come and go based on enrollment and lack of investment. Community colleges require many (or all) of these programs to be self-supporting. DSHS cannot rely on those efforts alone and should provide some training on its own. WASCLA also recommends additional investment in community college funding to support interpreter education.

(2) Test content

- Proficiency in English and target language(s) has been established in the pre-req phase.
- Domain knowledge: Healthcare system, medical terminology, and procedures
- Medical interpreter ethics.
- Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
- WASCLA recommends further evaluation of the test components based on language. The state has provided certification of medical interpreters in a limited number of languages, historically, and then offered authorization in many more languages. We cannot only focus on the languages for which there is certification. However, this group has not been provided enough information to make that distinction and questions focused on “certification” confuse the issue.

(3) Test quality

- WASCLA believes that DSHS should invest in modernizing the exams DSHS developed and administered until January 1, 2023. These exams exist already and can be updated to ensure they are valid and reliable according to national standards and the federal requirement to ensure interpreters are qualified. At a minimum, DSHS should investigate the cost associated with updating the existing exams.
- WASCLA recommends that DSHS review all exams within LTC’s scope of work, which includes bilingual employee assessments, social service and medical interpreters, and translators exams. The charge of SSB 5304 is to ensure an adequate pool of “language access providers” to allow residents to access state services. RCW 41.56.030 and RCW
- 74.04.025 define “language access provider,” as any independent contractor who provides spoken language interpreter services and refers to: DSHS, DCYF, Medicaid enrollee appointments, L&I and for any state agency who provided these services.

Nothing in SSB 5304 limits the recommendations this committee makes to medical interpreting. Reyes requires DSHS to assess bilingual employee language proficiency. All of these exams could be updated and the processes modernized.

- Tests must be valid and reliable.

Additional comment for Tests is that there are ways to partner on training programs to help finance these additional programs. DSHS should pursue creative or alternative funding partnerships and there are models in other states, such as OR and MA, that we could look to for ideas, such as partnering with the Area Health Education Centers (AHEC) in Washington. This committee could research this further to find partnerships.

IV. Resources to support clients and healthcare providers

WASCLA has additional recommendations to answer the question asked, In what ways can the State of Washington support having more qualified medical interpreters?

- WA must invest in interpreter testing and the interpreter services program at DSHS. As is, the program has been underfunded and understaffed to meet the demands placed upon it. DSHS LTC should have added funding and sufficient staffing to do this work, which is even more urgent given the tremendous growth in state population with language services needs since the program's inception.
- It's possible that WASCLA could support the idea of creating a statewide coordinating office dedicated to interpreter testing & certification for state agencies. That entity would be the right place to house medical, social service, and bilingual employees and translator examinations. The concern is losing out on the expertise that DSHS has developed over the past 30 years. Instead, consider a statewide coordinating entity to be LTC - with the right shared funding and agreements in place to support this work.
- Ensure availability of both in-person and virtual /remote interpreter services. Work to assure that there is appropriate training for interpreters on utilization of remote interpreting so that patient safety is not jeopardized.
- Provide low-cost continuing education courses to interpreters to assist in maintaining their credential and allow them to stay in the field of interpreting. DSHS should provide low-cost continuing education trainings for individuals already credentialed as an effort to help people maintain their credentials.
- Requiring one ethics credit per calendar year has led to significant problems. WASCLA recommends modifying WAC 388-03-160 (2)(a) to have the ethics credits earned in the same manner as other credits during a single reporting cycle. This better reflects the practice in other professional services of requiring earning of a total number of credits across the certification cycle. Most credentialing bodies allow earning credits throughout a cycle. WASCLA supports modifying the WAC so interpreters must earn four ethics credits during each cycle, on the same basis as for their general CE credits.
- Analyze data that is already existing about languages for which there is a great need for interpreters and invest/ take steps to create targeted solutions.
- DSHS must review their system of credentialing for interpreting across state government - including medical and social service interpreter exams because interpreters work across sectors and so the work that happens in one area affects other areas. We can increase the pool of medical interpreters when we increase the types of work that interpreters can do.

- Another way we increase the number of qualified interpreters in Washington is to remove the requirement to limit testing of interpreters based on statewide per-language fill rates found in RCW 74.04.025. Using a statewide fill rate is problematic and leads to overly restricting testing. Additionally, relying on data and fill rates from one entity (HCA) to stop testing interpreters working for other entities such as DSHS, L&I and DCYF, is problematic, and overlooks the very sector-specific, specialty-specific and location-specific needs of clients of the respective programs. This provision should be removed as there is no good reason to limit the availability of testing for interpreters seeking to enter the field, and there are insufficient interpreters in all languages to meet community needs.

Draft Recommendation 01.1 – Joana Ramos, WASCLA

WASCLA Submission, August 16, 2023 for August 22 meeting of DSHS Language Access Workgroup

Homework Question for Aug. 22nd meeting (comments due Aug. 16)
In what ways can the State of Washington support having more qualified medical interpreters?

General comments replying to this question

The question asked is, “in what ways can the State of Washington support having more qualified medical interpreters?” However, the form for submissions sets up categories that are very narrow in asking for responses specific to the mechanics of medical interpreting testing.

WASCLA has some general comments in response to the question asked:

WASCLA recommends that the workgroup ask the Legislature for more time to allow the group to make informed recommendations for this critical program. We recommend that the workgroup propose preliminary recommendations together with a request for more time and for data necessary to make final recommendations.

WASCLA recommends that DSHS immediately provide education for Workgroup members about the modern-day field of healthcare interpreting directly from subject matter experts of the National Council on Health Care Interpreting (NCIHC). NCIHC is an organization committed to promoting language access in healthcare, but is not itself a credentialing body. We are most fortunate that our Workgroup membership includes some of the top national specialists who have an extensive depth and breadth of experience in this field and are also members of the NCIHC Board of Directors, Cindy Roat and Eliana Lobo.

WASCLA recommends gathering and sharing data to help inform the workgroup recommendations. We cannot measure what we don't know, and we need a knowledge base in order to make meaningful recommendations. The workgroup needs, and members have been asking, for the essential background information on the current status of the profession of medical interpreting and data on the context of credentialing and practice, to be able to make informed recommendations consistent with the goals of the workgroup.

For example, it is critical that the workgroup understand the way in which DSHS has credentialed medical interpreters to date and the number of certified or authorized medical interpreters credentialed by test type or source, and the language, test site, and the interpreter's county of residence, for at least the past 5 years to the present time, including during the pandemic closure of testing and the partial resumption. Also, at minimum the group must understand how the current pool of interpreters credentialed by

DSHS came to be - how many were credentialed by using the DSHS exams; the CCHI exam; the AOC exam; the NBCMI exam, or other categories allowed by WAC 388-03-114?

We cannot stress enough that planning for maximizing the number of well-qualified individuals ready to become credentialed as medical interpreters can only be achieved through robust workforce development efforts as part of health equity initiatives. Washington has been steadily losing important interpreter training programs, and clearly a new vision is needed if we are to meet the needs of our growing population, as evidenced so clearly by the COVID-19 pandemic and its vastly disparate impacts on individuals by race, ethnicity, and primary language.

In response to the fields for comments about the following:

- Testing Entities
- Technology
- Tests
- Resources to support clients and healthcare providers

Please refer to our comments submitted for the August 8 meeting for specific replies about each of these categories, as well as some additional comments we offer here. We recommend also that the Workgroup be provided with the opportunity to learn about the current status of plans to create a system for preparing bilingual personnel and interpreters to serve all of state government.

WASCLA recommends the commission of a study to assess the availability of high-quality interpreter training in Washington State. This assessment should include investigating possible public-private partnerships with key stakeholders for increasing the availability of interpreter training programs in Washington, which can include language-specific programs, and partnering with public colleges and secondary skills centers to support interpreter education as part of their curricula. Equally, the role of state government in actively ensuring that the communication needs of emerging bilingual/multilingual residents in all healthcare service settings, and the preparation of health professional students and practitioners, to meet population needs, deserve full consideration and commitments. There are models elsewhere that offer excellent examples, such as the Massachusetts Medical Interpreter Training program, and the Oregon Health Care Interpreter Program, and partnering with the Area Health Education Centers (AHEC) in Washington. This Workgroup should recommend further research and action steps to seek partnerships to achieve our goals.

DSHS as an interpreter testing entity

The Legislature asked this workgroup to make recommendations about interpreter services for state government agencies. Historically, the primary testing entity for medical interpreters in Washington has been DSHS LTC. WASCLA believes it should not be a foregone conclusion that DSHS will not update and restart their own testing of medical interpreters, as the FAQ indicates. The workgroup should consider that option within the realm of possible testing entities.

The Reyes Consent Decree requires DSHS to ensure that there is an adequate pool of qualified interpreters to meet the demand for interpreter services for state public benefit programs, including Medicaid. Reyes contemplated development of exams and administration of those exams, which is what the state did since the early 90's. WASCLA believes that this function should not be entirely outsourced to third-party testing entities. WASCLA believes there is a role for DSHS to continue to play in ensuring an adequate pool of qualified medical interpreters.

WASCLA recommends that DSHS undertake (quantitative and qualitative) evaluation/analysis of the testing and credentialing of medical interpreters, bilingual state employees, social services interpreters, and document translators, plus the continuing education program for credential holders, as part of a holistic review of the effectiveness of LTC's services for promoting optimum outcomes in serving clients of state health and human services programs. WASCLA would like to see this workgroup recommend to the Legislature to fund such an evaluation for both the pools of designated bilingual state employees and interpreters & translators who are members of the public, and allow that evaluation to inform final recommendations in a phase two work group.

WASCLA recommends that DSHS not limit testing or granting of a DSHS credential for specific languages, regardless of the per-language fill rates of any one program. Fill rates are not sufficient to indicate an adequate pool of interpreters given the geographic differences and the unmet client language needs that cannot be measured simply on the basis of the fill rates of requests.

WASCLA recommends that DSHS update their medical interpreter exams and re-start testing. At a minimum, WASCLA recommends a study of the cost associated with updating the medical interpreter examinations created by DSHS in the 90's to inform the workgroup's decision and allow them to make informed recommendations for the present day.

WASCLA recommends that to the extent the agency relies on third-party testing entities, DSHS should support interpreter candidates through that process by providing low-cost or free interpreter training courses to prepare interpreters to take these third party exams, and to collaborate on developing resources to help defray some of the costs of testing as well. As mentioned above, the workgroup could learn from and create new services based on models from other states, including Massachusetts & Oregon.

WASCLA therefore recommends a multi-front approach to ensuring an adequate pool of qualified interpreters. Namely, while the state can accept recognition of a medical interpreter consistent with WAC 388-03-114, there is a role for DSHS LTC in providing their own exams. This could focus on languages of lesser diffusion or specifically testing for languages where DSHS, HCA, L&I, or DCYF identify an insufficient number of interpreters in a given language.

Other testing entities:

WASCLA acknowledges medical interpreter testing has changed over the past two decades. There are reliable national medical interpreter exams available that should be a pathway to obtaining a DSHS credential. WASCLA is in support of preserving the allowed alternative pathways to obtaining a DSHS credential outlined in WAC 388-03-114 sections (1) through 4. WASCLA recommends revising subsection (5) recognizing certification programs offered by non-profit organizations. This category is not specific enough to ensure which assessments can be considered as equivalent to DSHS or the national examinations.

Draft Recommendation 01.2 – Joana Ramos, WASCLA

Instructions: Use the Information Sheet describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

1.	**Testing entities** • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
2.	**Technology** • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
3.a.	**Prerequisites and screening** • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.
	While WASCLA agrees that some work experience can be an appropriate proxy for training (or education), it is important to include more detail to ensure it is relevant work experience. For example, a self-identified bilingual individual may be working (or has worked) in a designated bilingual position, but this fact alone is not sufficient as a verification of their bilingual competencies in healthcare or any other field. To add to our prior recommendation about training as a prerequisite, we would modify the language to specify that the interpreter skills training focus on interpreting in healthcare settings and basic domain education. WASCLA recommends that the Washington State Seal of Biliteracy be considered as verification of language proficiency, such that the candidate would not need to take a language proficiency exam in that language. This recommendation would need to be flushed out to detail the level of fluency that is appropriate and if reciprocity should be available for other states. Any final rule accepting lived experience in lieu of other language verification must provide details to ensure that the duration and type of lived experiences are a reliable indicator of language fluency. Again, the details must be flushed out with additional inputs and considerations. Add consideration for exemption from high school diploma or equivalent prerequisites, based on individual circumstances, if other prerequisites are met. Examples of individuals whose situations may need additional consideration including:

	• Speakers of indigenous languages of the Americas, who have not been able to complete formal education in home country or US • Refugees who are unable to provide documentation of education, training, or work experience • The core prerequisites need to mirror those of CCHI and NBCMI .
3.b.	**Test content** • Proficiency in English and target languages. • Domain knowledge: Healthcare system, medical terminology, and procedures • Medical interpreter ethics. • Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
	WASCLA recommends adding that the tests should incorporate basic knowledge of the National CLAS Standards for the provision of cultural and linguistically appropriate services for health equity, the National Standards of Practice for Interpreters in Healthcare, and the National Code of Ethics for Interpreters in Health Care.
3.c.	**Test quality** • Tests must meet national standards and federal requirements. • Tests must be valid and reliable. • Testing entities must provide reports demonstrating test validity and reliability
	Please clarify what is meant by "Tests must meet national standards and federal requirements." Which national standards are being referred to? We generally understand that there are national standards around test development, test validity, and accreditation of test and related programs offered by professional credentialing bodies, etc., but please clarify what this is referring to. What are "federal requirements" for medical interpreter testing? We understand that when providing interpreter services, an entity must ensure the interpreters are qualified; is this the "federal requirements" being referred to or is there something else contemplated here? Analyzing whether a test meets national standards requires a significant amount of expertise and time. This workgroup has not been given enough information or time to make recommendations on this aspect. WASCLA recommends a study of this topic and more time to consider test quality measures. At a minimum, the work group could recommend requesting research from the Washington State Institute for Public Policy, or a similar entity, to help inform future recommendations. WASCLA recommends adding a requirement that the state testing entity be required to collect and report non-identifying data about tests, test takers, and testing results, including, but not limited to: • Language(s) and county of residence of applicants to become testing candidates, the categories for meeting their prerequisites, and other demographic information as relevant. • Name of test(s) completed, with pass rates by language and test-taker county of residence.

	• Publication of data as noted above, and including credentials issued. It is critical that this information be available in the public domain so that the state is able to continue to plan to meet client communication needs through high quality language services programs. The need for data collection and reporting is another reason why the state has a role or function to play in terms of interpreter credentialing and should not outsource this function entirely.
4.	**Resources to support clients and healthcare providers** • A platform accessible by healthcare providers to look for interpreters. • Approved continuing education (CE) courses. • Certification distribution and revocation systems. • Customer complaint resolution process. • Other customer services.
	To support having more qualified interpreters in Washington to serve clients of state agencies, WASCLA recommends development of a system that addresses the specific needs of the varied service sectors, and which centers the needs of our residents with non-English primary languages (NEPL). First, an assessment must be done of the functions of the LTC program to ensure that at a minimum, those functions continue, or are expanded. Second, assessment must be done of the service delivery administration of state medical and social services to ensure effectiveness and quality of the respective programs. Operations and coordination of all programs need to be built on principles of health equity, transparency and accountability to clients, service providers, as well as to the taxpayers. A permanent public advisory group should be established for the language services system in the state government. Models of language services from states with coordinated approaches, such as Hawaii and New York, as well as from locales with planning underway, should be studied and used for customized planning for Washington. To support having more qualified medical interpreters to serve the WA population as a whole, active engagement is needed with NEPL communities and the entire healthcare sector.

Draft Recommendation 01.3 – Joana Ramos, WASCLA

Submitted by:
Joana Ramos, Co-Chair
Washington State Coalition for Language Access

Homework assignment for September 19, 2023 meeting of the DSHS Language Access Workgroup.

Comments on SSB 5304 Sec. (3)

(b) Strategies for increasing access to language access providers in rural communities and for languages of lesser demand,
(c) Strategies for workforce resiliency including adequate workload and compensation, and
(d) Standards of ethics and professional responsibility.

Introduction:
WASCLA would like to see the state develop and activate a bold vision for carrying out the state's equity commitments to eliminate communication barriers to essential services, in both the short and long term. In order to provide meaningful comments about Sec.3 (b),(c), and (d) of SSB 5304/ RCW 74.04.025, WASCLA believes that considerations on these topics, just as for the prior topics assigned to the DSHS 5304 Workgroup, must be grounded in a well-informed and holistic approach. As mentioned in our prior comments for the Workgroup, without the necessary data, service planning and implementation cannot take place.

Assessment of the current status of adequacy of interpreter services on the basis of language and/or geographic location must be paired with assessment of the effectiveness of existing services, or about the lack thereof, in correlation with the specific care delivery settings. The issues are not just about rural areas and languages of lesser demand, as shortages of qualified interpreters also exist for commonly spoken languages including Spanish, and occur in all geographic areas of the state. Strategies must be carefully developed and evidence based, which the timeframe for the 5304 Workgroup has not permitted. As work progresses on improving communication access for healthcare services, including interpreter services, it must be part of overarching strategies to eliminate language barriers both across state government and in Washington's civil society as a whole. A piecemeal approach will not yield the necessary and durable results that we want and need.

WASCLA believes it would be misguided to focus only on healthcare in the limited sense of medical care, and instead the focus should be on the health of our state population in the broad and intersectional context of health, safety, and well-being, and across public and private sectors. The COVID-19 pandemic response, spearheaded by the Office of the Governor in conjunction with the State Department of Health, spurred an array of language access initiatives to meet population needs, and provides important lessons and examples of the coordinated approach which WASCLA believes is necessary for real change to occur. Currently, language access reform efforts are underway in several state agencies, including the work by OSPI to establish a system for training and credentialing of spoken and signed language interpreters to work with families at their students' schools, and Rulemaking by the Pharmacy Quality Assurance Commission of DOH to establish standards for accessibility of prescription drug

information and labeling. The HCA and partner WA Health Benefit Exchange, in addition to their routine operations which include language services, are now engaged in the massive task of Medicaid redeterminations following the end of the COVID Public Health Emergency, work which includes overcoming communication barriers faced by clients. Likewise, DOH which is engaged in language access through its multiple functions, as well as DCYF and the Department of Ecology, the Emergency Management Division of MIL, the Department of Natural Resources, the Office of the Insurance Commissioner, the Department of Enterprise Services, just to name a few agencies, which have or are now developing and/or arranging for communication services of their own. The need for coordinated language services is immense. WASCLA encourages the WA State Office of Equity to move forward with its plan to add the role of language access coordination for state government. It will be critical for the Office of Equity to become engaged in the assessment and planning of interpreter services in health and human services, to be able to guide the development and delivery of comprehensive language services across state government.

It's WASCLA's position that the workgroup needs more time to be able to learn from initiatives such as these, which can be helpful background for the considerations now underway regarding the medical interpreter testing program. We recommend the following resources, as well as those listed in our comments for item (d), which were specifically created for healthcare services by subject matter specialists in communications practices in health and health care delivery.

Selected References

US. Department of Health and Human Services, Office of Minority Health
National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

Governor's Interagency Council on Health Disparities

2014 Language Access Policy Paper

2014 State Action Plan to Eliminate Health Disparities

Governor's Interagency Council on Health Disparities and WA State Department of Health
CLAS Standards in Washington

WA State Commission on Hispanic Affairs
2013-2014 Washington State Latino/Hispanic Assessment Report, special issue on Health
The State of Language Access in Washington 2014, pp. 59-64

WASCLA Tools for Health provider education materials

Language Access in Healthcare: What Providers in Washington State Need to Know

Selected Resources for Medical Providers on Language Access in Healthcare

WASCLA's recommendations are based on our direct experiences from more than a decade of engaging with agencies and programs, such as information from the impacts of the COVID-19 pandemic, which highlight the vital importance of language services. We offer the following comments specifically on the elements of SSB 5304 Sec. (3) for which input on strategies has been requested of the Workgroup:

- (b) Increasing access to interpreter services, in rural communities and for languages of lesser demand.

  To develop appropriate strategies, first we need to understand the current status of language service provision, per language, in each community, through a public health lens. Information is needed as well as about unmet needs, and the existence , and implementation of, a Language Access Plan by each covered entity. Information from service providers in all care delivery settings in all areas, as well as from patients, community members, and advocates is equally important.

  At present, this data is not available in the public domain. While HCA maintains the Interpreter Services Data Dashboard, the information provided has limitations, and there is no overall tracking done of the provision of interpreter services for all patients and clients with LEP (i.e those for whom interpreter requests to HCA went unfilled as well as those for whom requests are not made to HCA), nor on the effectiveness of language services that are provided. WASCLA has previously made Public Disclosure Requests to HCA's data unit seeking this information, and thus learned about the limitations of the data that is available. Please see my written testimony for hearings on SSB 5304 where I discussed data needs and limitations of fill rate date for determining service needs.

  To be able to develop plans for increasing interpreter services by locale and language, we first need to know exactly what happens at the client level (for clients with any insurance status including the uninsured) when requests for interpreters go unfilled in lesser-demand languages, as well as when interpreters are not requested. While WASCLA regularly receives anecdotal information about communication service gaps, we need data to make informed decisions.

  The data may identify the need for DSHS or another state agency to engage in additional supports to increase the interpreter pool in a given region of the state and/or in a given language. In that way, the state could target their efforts to reduce gaps in healthcare access while gaining efficiency.

  Regarding services in rural areas, Washington has long been involved in healthcare initiatives, multidisciplinary healthcare provider training, and continuing education programs, which focus on providing and improving services in rural and underserved areas of our state and regionally.

  It will be vital to connect with these programs and agencies, as well counterparts nationwide, to learn first hand about current practices and challenges, to seek recommendations on enhancing language services, and to build community engagement for language services.

It is pertinent to note that the use of technology as a way to increase the availability of interpreters is appealing in these times. However, technology and related access gaps must be addressed before we can promote the use of a remote interpreter services technology as sole or primary solutions. For example, before a medical provider can rely on video remote interpreting as a solution, they first must ensure that the necessary equipment and broadband service are consistently available and adequate to transmit a smooth, clear image and sound quality. What we know from prior experience is that systems designed for one population are often used for other populations, even when the system is not built to adequately serve the latter. For example, the bandwidth needed to transmit spoken language interpreter services over a video remote interpreter platform is less than the bandwidth needed for quality sign language interpreter services due to the visual nature of sign language. Therefore, systems designed by and for spoken language interpreters may have unintended consequences if applied to sign language users. To avoid harm, any technology solutions being considered must be thoroughly reviewed for such unintended consequences.

- (c) Increasing workforce resiliency including adequate workload and compensation

  Once again, these issues highlight the urgent need for comprehensive planning, which begins with data on the current status of language services not only to serve state government programs, but for the healthcare sector as a whole. With a few notable exceptions, little is known about language services provision by all of Washington's provider entities. Investments must be made in communication services as part of the routine standards of care.

  This question necessarily brings up the issue of state agency bilingual employees, as the section of the RCW that talks about workload relates only to bilingual employees at the department (DSHS). However, this Workgroup has been limited to focusing feedback on medical interpreter testing and credentialing of contracted interpreters and has not been provided with the necessary foundational information to provide informed insights into this topic.

  WASCLA's position is that this topic should be set out for a future workgroup, for considerations informed by data about the current bilingual employee numbers and caseloads, etc. That work would necessarily include a review of the bilingual fluency exams, developed around the same time as the DSHS medical interpreter exams and in need of modernization as well. (The same considerations apply to the other LTC programs of social services interpreter testing, document translator testing, and continuing education functions.)

  An additional Washington resource that can be helpful for further planning of language services in state government is: Washington State Office of Financial Management, Report to the Legislature STUDY OF PROCUREMENT OF INTERPRETER SERVICES, 2013.

- (d) Standards of ethics and professional responsibility

Establishing standards of practice specifically for healthcare interpreting, including ethics and professional responsibilities, have been a high priority of specialist groups in the field, and it is important that Washington standards of today reflect these best practices.

The DSHS Interpreter's Code of Professional Conduct, as outlined in WAC 388-03-050, contains many of the necessary aspects of the standards of ethics for interpreters working in healthcare settings. In addition to reviewing its current usage in the field of healthcare, it is important that the code fits the sector of practice that an interpreter is engaged in. In other words, before the DSHS code could be contemplated for use in other sectors, attention must be given to the guiding principles and service structure of each field. For example, in healthcare , human services, and education, the interpreter can be a team member essential to the delivery of linguistically and culturally appropriate services which center the well-being of the client. Court interpreting , in contrast, is based on an adversarial service model.

WASCLA recommends that this issue also be addressed in a follow up workgroup /advisory body , as there has been insufficient time and information provided for this Workgroup's members to be informed by best practices, some of which are outlined below.

Key references include:

California Healthcare Interpreting Association (CHIA)
California Standards for Healthcare Interpreters - Ethical Principles, Protocols, and Guidance on Roles & Interventions, 2002

International Medical Interpreter Association (IMIA)
IMIA Standards of Practice, 2007, 1998, 1997, 1996

National Council on Interpreting in Healthcare

A National Code of Ethics for Interpreters in Healthcare, 2004

National Standards of Practice for Interpreters in Healthcare, 2005

National Standards for Healthcare Interpreter Training Programs,
2011 Interpreter Advocacy in Healthcare Encounters: A Closer Look .
2021

US Agency for Healthcare Quality and Research (AHRQ)

Improving Patient Safety Systems for Patients With Limited English Proficiency: A Guide For Hospitals. AHRQ Publication No. 12-0041, 2012

Improving Patient Safety Systems for Patients With Limited English Proficiency. Figure 5. Overview of Medical Interpreter Standards of Practice, 2020

American Hospital Association
Team STEPPS, establishes role of interpreters as members of the healthcare team.
Enhancing Safety for Patients With LEP Module

Beyond knowledge of federal and state laws and rules governing language access and interpreter services, it is important to become familiar with the specific communication services requirements of the accrediting bodies for healthcare facilities. The principal accreditation organizations are:

Joint Commission
Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Road Map for Hospitals

Language Access and Interpreter Services – Understanding The Requirements
Standards Overview: New Requirements to Reduce Health Care Disparities
Health Care Equity Certification

DNV
PR.4 LANGUAGE AND COMMUNICATION

Draft Recommendation 01.4 – Joana Ramos, WASCLA

Attached please find WASCLA's comments on the Draft Options for the Oct. 3 workgroup meeting. Our carefully crafted comments are based on the Sept. 22 version of the charts, to be shared with the workgroup, staff, and legislators. The comments are still highly relevant, despite the re-ordering of options in the new chart provided on Friday.

It is extremely concerning, and honestly frustrating, to have now received a 3rd version of the charts, sent on Friday Sept. 29, with the expectation that workgroup members utilize them for the decision making on this coming Tuesday morning. WASCLA has made a commitment to participate in this workgroup on behalf of our constituents, Washington residents who have limited English proficiency and the providers in all service sectors. This kind of a timeframe - essentially one business day - is insufficient and disrespectful of Workgroup members.

We understand that DSHS and the Workgroup are not in control of the timing of the final report, which was established by the Legislature to be due by December 1, 2023. What we do have control of is what happens between October 1 and December 1. Because we have not been given time to give input to the Chart nor discuss it, WASCLA has asked for additional meetings. DSHS has established the meeting dates and for some reason set the final Workgroup meeting for October 3, without any plan for the Workgroup to meet to review the final report to ensure it accurately reflects the intent of the Workgroup. There should be Workgroup meetings set for October and November, to allow for this.

The Legislature also set the expectation of a final report. The Workgroup has the ability to determine what shape the final report will take. It is WASCLA's opinion that the report should inform the Legislature that planning for language access and interpreter services in the 21st Century is a very complex endeavor, and that ample time and thorough study is essential to creating a meaningful plan. Next, the report should contain the input shared and could identify all options considered, without weighting them. The Options, as presented, are preliminary in nature and should be presented as such in the final report. The legislation does not require final recommendations and therefore it is within the ability of the Workgroup to issue preliminary observations, without ranking them, coupled with a request for an extension for additional time to fully develop recommendations.

The Workgroup has not been allowed an opportunity to provide any input into the Options chart nor have we discussed it. This is very inappropriate and we are highly concerned.

Sincerely,

Joana Ramos

To: DSHS 5304 Workgroup
From: Joana Ramos, Co-Chair

WA State Coalition for Language Access

9/30/2023

WASCLA submits the following comments in advance of the October 3, 2023, SSB 5304 Workgroup meeting. The SSB 5304 Workgroup was a starting point for steps the State could take to ensure quality interpreter services are available to serve Washington's population with limited English proficiency; however, the time constraints put on the Workgroup have not allowed for adequate research, discussion, and consideration of the important factors necessary to make substantive recommendations on what should be the next steps in this complex endeavor. Case in-point: the Workgroup is being told we will "vote" on these options without any opportunity to modify or correct the options to reflect the input shared by group members as well as no opportunity for discussion of the options. This is simply not acceptable.

WASCLA has serious concerns about where we are at as a Workgroup. WASCLA recommends the Workgroup not vote on the options presented, but instead, use the options (once corrected to accurately reflect Workgroup input) as preliminary recommendations to submit to the Legislature by December 1, 2023, together with a request that the Workgroup be given an extension until June 1, 2024, during which time the Workgroup will be provided with the research and analysis necessary to inform the recommendations needed to implement the legislative intent of SSB 5304. Preliminary recommendations would stand without any ranking or indication of a preference for one option over another since we have not had adequate time to discuss and actually investigate if options are viable as envisioned.

The following feedback is provided on the version of the "Options" documents, Table One and Table Two, provided to the workgroup on September 22nd (replacing the version sent on Sept. 20, which had been shown at the Sept. 19 workgroup meeting)) for input in advance of the October 3rd meeting. WASCLA spent considerable time over the next week considering those options and providing the following detailed input with the shared goal of ensuring the Options reflected the recommendations made to date.

On Friday, September 29th, DSHS shared yet another revised "Options" document asking for feedback by Monday, prior to the Workgroup meeting on Tuesday, October 3rd. This is an unreasonable request. There is no way for individuals or groups to convene stakeholder input to help inform decision-making with this short of notice. The timeline was already nearly impossible with only ten days to review and comment; but with the revisions on Friday, this has become completely impossible. This is further indication that the Workgroup must not vote on these "options" on October 3rd. It also supports WASCLA's recommendation to provide preliminary considerations identified by the Workgroup with a final recommendation to ask the legislature for an extension on the Workgroup's activities until June 1,

2024.

WASCLA Feedback on Tables One and Two for revisions, using the Options chart provided on September 22, 2023. Because DSHS re-ordered the Options, the numbers below may not align with the current draft document; however, we have labeled the Options according to the Sept. 22nd version to help match up the information with the now-changed order. DSHS can take this information and apply it to the now re-arranged Options as we believe the following comments are still relevant and necessary to consider. WASCLA would like to see the Options accurately reflect the input shared by Workgroup members prior to developing the final report, and therefore provides the following feedback:

1. WASCLA has identified the following concerns in Table One that must be addressed prior to any selection of preferred Options.

    a. Table One, Option 1: The community college career pathway.

    WASCLA supports engagement with community colleges, but the chart misrepresents the comments we have provided to date and any of the discussions we have been a part of or seen notes from.

    It is correct that community colleges are an appropriate partner for certain components along the continuum identified in the chart; however, not all components are appropriate for the community colleges. Specifically, community colleges are an appropriate partner for the following components: interpreter skills training, language skills training, and continuing education training. They likely could serve as **testing sites** for interpreter exams, as many community colleges offer testing center services.

    However, community colleges are absolutely inappropriate partners for developing and administering interpreter examinations linked to providing a credential. This chart is misleading in the claim that a community college program would be the place to develop and administer interpreter certification examinations and also be the credentialing body for the profession. In no situation that we are aware of is a training provider also in charge of developing and administering the examinations required for a candidate seeking the credential in the field for which the provider conducts the respective training program. For example, a number of WA community colleges have nursing programs offering ADN (Associate Degree in Nursing), but the colleges themselves do not do not create and administer testing of degree-holders seeking a state-issued RN license. In this specific example, the National Council of State Boards of Nursing, creates and administers all aspects of the National Council Licensure Examination (NCLEX) exam for registered nurses.

While it is correct that the NCLEX contracts with testing centers in the states, which may be sited at community colleges, to provide the location for the examinee to take the exam, the colleges do not have any role in developing, scoring the tests, nor in issuing the resulting credential or license.

This is done for a very good reason. Having a training provider serve also as the credential body for any profession would create a conflict of interest. The credentialing process for doctors, nurses, lawyers, architects, CPAs, just to name a few professions, shows the clear separation between the training and testing entities. Option 1 is misleading in this regard and must be changed to reflect this reality.

Before any consideration can be given about positioning interpreter training in some fashion into the community college system, we need to learn everything about what this major new endeavor might entail. However, the Workgroup has not heard from the WA State Board for Community and Technical Colleges about what would be involved in creating a future academic professional training program for medical interpreters. Nor have we had the opportunity to hear from our Workgroup members who have current roles and experience in several community colleges, including as instructors for medical interpreter training programs. While some information may have been part of some breakout session discussions, there has been no focused discussion in the workgroup except what was shared in the broadest sense, i.e. that some training programs exist as community education offerings of some community colleges.

WASCLA is quite concerned that with this "option" presented as Option 1 and with all of the component boxes marked "Yes," that the legislature would be given the false impression that this is the principal recommendation of the workgroup, appearing to be a well-considered and viable option. And, as presented, it could mislead workgroup members in making their own choices for final recommendations.

b. Table One, Option 2: DES Contracts with National Medical Interpreter Certifying Bodies (medical)

Option 2 was not discussed by the Workgroup and we are not aware of any evidence of it being recommended by any of the submissions available online.

WASCLA would have serious concerns about the state outsourcing all of these functions to a contracting entity. The state should maintain a role in assessing community needs and ensuring there is an adequate pool of qualified interpreters, which is not reflected in Option 2. Additionally, the state should maintain a role in supporting interpreter candidates through the process to earn and maintain their

credentials. When what has previously been a state function is outsourced, or being considered for outsourcing, there remains an important role for the state agency to ensure that the program is operating effectively to fulfill that agency's mission.

Given the overwhelming feedback from Workgroup members supporting a holistic approach, this recommendation, at a minimum, could include additional contracting to cover all aspects of credentialing identified by the chart columns/ categories. In this way, creating a holistic approach.

c. Table One, Option 3: DSHS Continues Third-Party Testing with Additional Funding (Medical)

Option 3 fails to identify the feedback from various workgroup members that DSHS should be more involved with test preparation and interpreter skills training, as well as providing continuing education training. Instead, this chart seems to reflect the current DSHS activities, not what WASCLA and other workgroup members have recommended.

This is part of the issue we have had since the beginning of this workgroup. Whenever questions or input on DSHS's role in testing medical interpreters have arisen, either in meetings or in written submissions, DSHS was emphatic that the agency could not and would not be engaged in medical interpreter testing, nor in discussing the topic any further.. Staff went so far as to tell the Workgroup members in a prior iteration of their FAQ, that DSHS did not have a legal mandate to test medical interpreters. Only after WASCLA questioned that statement, did DSHS acknowledge their ongoing obligation under the *Reyes Consent Decree* to develop and maintain the required standards of a program for medical interpreter credentialing.

It was our observation that there were many workgroup members who thought that DSHS should remain involved with testing, as well as with as many aspects of medical interpreter credentialing as possible, including pre-test screening, test prep training, and continuing education training. Those comments are not reflected in Table One or Table Two, and should be included.

WASCLA and others have commented repeatedly that if the state is going to continue to rely on third-party testing entities, it must invest in additional supports so that it can meet its mandate to ensure an adequate pool of interpreters. That means that enough interpreters can get through the credentialing process and that the process used does not create significant barriers for individuals seeking to enter the field of medical interpreting. The state has not done enough in this area and patients and providers are beginning to feel the impact. These comments are not reflected in

Table One or Table Two and should be.

Workgroup members, including WASCLA, also proposed at least the option of gathering more information to determine if DSHS LTC should invest in updating the medical interpreter examinations they have used over the past three decades. See WASCLA Recommendation 01. This was also a frequent discussion topic and yet it does not appear as an option in Table One. (We do not have the time to review all meeting notes and recommendations for citations, but this was mentioned at several meetings by different participants). There should be an option added that would include DSHS providing medical interpreter examinations. While DSHS staff mentioned that a fiscal note was prepared on the costs of creating and maintaining new medical interpreter exams, the workgroup was not provided with the details of the cost estimate. At a minimum, the Workgroup should be given the opportunity to vote on this as anoption.

d. Table One, Option 4: State Centralized Office Partners with National medical Interpreter Certifying Bodies (medical)

The recommendation of the workgroup was for the state to create a robust interpreter credentialing program, one where the state stays engaged with testing supports, test screening, test preparation, interpreter training, and continuing education, as explained in our comments on Option 3, above.

As is, the selected items for this option, regarding which entity would do each of the functions identified, mirrors exactly that of Option 3, just that the functions are now being done by a yet-to-be-identified “state centralized office”. That is not consistent with the feedback shared by workgroup members. For example, the recommendations show a strong preference for the statewide centralized office to provide some level of pre-test screening, test preparation, and CE training.

If this hypothetical “centralized office” is to remain an option, the selections should indicate the holistic approach the workgroup recommends. For example, on Option 4, the “statewide centralized office” row would check yes for: test prep training, interpreter skills training, and CE training.

That said, the recommendation should include a caveat that this was a purely hypothetical scenario and no information was made available about the feasibility of such an approach, nor were we provided an opportunity to discuss it in any detail. The Workgroup could make an interim recommendation to learn about procedures now in effect in other states that have centralized language access offices, such as in Hawai’i and New York, as well as the work of other states specifically on language access and interpreter services in health care.

Examples of the latter include Massachusetts where state health agencies and public

universities have been collaborating in training healthcare interpreters for more than 25 years. As another example, Oregon's state health agency has an Equity & Inclusion Division which includes a Healthcare Interpreter unit which oversees interpreter training and practice; its permanent advisory group on healthcare interpreting was established over a decade ago.

e. Table One, Option 5: State Centralized Office Partners with Community Colleges.

See our comments above regarding a "state centralized office."
This option contains erroneous information which needs to be corrected.

- The same incorrect information regarding the role of community colleges in testing interpreters as does Option 1. As our comment there indicated, there is no role for the community colleges in developing and administering medical interpreter examinations, outside of potentially providing a physical testing space for the examinees. This row must be updated to reflect this reality. The community college could not and would not provide testing, nor should they be doing pre-test screening, as that is the role of the state agency.

  While some interpreter training programs in other states have language proficiency and subject matter training prerequisites for program applicants, this is not an equivalent to a pre-test screening function.
- The description of Option 5 contains an error, which has impacted the Workgroup's process to date. The last sentence, which states that "...SSB 5304 limited the workgroup to provide recommendations on medical interpreters," is incorrect. The text of SSB 5304 does not mention medical interpreters. Its Sec.2 (4) states as its purpose to."...maintain an adequate pool of providers such that residents can access state servicers."

  WASCLA has called out this misinformation throughout the meetings and in our recommendations, as have some other members of the workgroup, but those concerns were never addressed.

  It was DSHS staff who instructed the workgroup members to limit considerations only to medical interpreter testing throughout its activities. It was only for Session 5 that we were asked to address any other topics, namely those in 5304 Sec. 3 (b), (c), and (d), about interpreter services in rural areas and about LLDs, workforce resilience issues, and interpreter ethics and standards of practice.

  The compilation of recommendations must reflect the full information provided by Workgroup members but it should also include a statement about this limitation in scope, that while not required by the law, it was

imposed upon the workgroup. It is not adequate to have the written comments submitted be included only as an appendix to the main report, as we were informed was the plan. Busy legislators and their assistants have little time to read voluminous appendices, and generally do not have the subject matter backgrounds to analyze their content. Their attention will focus on the Options document, making it imperative that its contents is accurate.

2. WASCLA also objects to the content of Table One generally, because it lacks a row or option to indicate that either DSHS or another state agency would be responsible for more of the elements identified, even if the testing itself is outsourced. These functions include:
    - in-depth research for formulating plans for the all parts of the LTC functions and for future plans for language services broadly
    - extended workgroup be able to fully consider and make recommendations about all aspects of the situation
    - interim initiatives to address the urgent present need to support potential medical interpreter candidates to become credentialed under the procedures currently available.

The lack of these elements represent significant gaps in the areas which the Workgroup has indicated are important factors for creating a robust credentialing system.

3. WASCLA notes specifically that the content of Table One omits an option acknowledging the recommendation that DSHS modernize the LTC medical interpreter exams and restart medical interpreter testing. DSHS has medical interpreter exams that could be utilized until a workgroup can more thoroughly evaluate how to proceed. There could be a role for DSHS to administer exams in certain languages to complement the national exams. While we understand that DSHS LTC believes it to be cost-prohibitive to modernize their exams, no data has been provided to the workgroup to show the costs nor has a cost benefit analysis been shared with us to help inform our decision-making. It is also inappropriate for DSHS LTC to remove recommendations simply because the program does not want a particular outcome. At least several members of the workgroup have suggested that DSHS should update their exams and restart testing. See WASCLA Recommendation 01, 01.2 and meeting notes. Therefore, Table One should include this recommendation as an option.

4. WASCLA recommends that Table One should include an additional column to capture the wrap-around support functions that we have addressed here as well as in multiple comments we submitted as part of the workgroup process. Table Two acknowledges some of those components, but does not include them in the actual chart, but relegates them to a note at the bottom. Table One does not reflect this important role that either DSHS or the replacement

entity must provide. Therefore, a column should be added to both Tables for "Program Management and Oversight of Healthcare Interpreter Services," to acknowledge that the state will need to maintain a role to ensure adequacy of the credentialing program and effectiveness of services provided.

Therefore, WASCLA recommends that Tables One and Two include another column to capture the role of the state agency in conducting outreach, assessing gaps in services, targeting training to address gaps (low number of interpreters in a given language), or in newly emerging languages for Washington where additional effort will be necessary to get enough interpreters in that language, planning and monitoring for the effectiveness of service delivery, providing support for interpreters in the credentialing process, possibly by providing scholarships, outreach, and general oversight of the credentialing process. (See Notes section on Table Two for additional considerations). Once the column is added, each option should be reviewed to identify how that function will be addressed by the option presented. Ultimately, programs for meeting language services needs must be linked to monitoring the effectiveness of the services in terms of health status and health outcomes for clients on an ongoing basis.

5. Additional Recommendations

   a. WASCLA has stated in its multiple written submissions and also verbalized that the workgroup needs more time to make informed recommendations for this critical program. WASCLA proposed that the workgroup frame their recommendations as "preliminary" and request more time and data before making final recommendations. See Recommendation 01.1.

   b. WASCLA also pointed out in recommendations that the workgroup only looked at medical interpreter credentialing, despite the mandate of SSB 5304 being broader. The workgroup was restricted in their comments to medical interpreter testing alone. Recommendations that touch on topics outside of this limitation have been omitted. The report must include this limitation or focus of the Workgroup to avoid confusion.

      The recommendations should include a request for additional time to address the other components identified in SSB 5304, which also need attention. Specifically, the other LTC program components of testing bilingual employees, social services interpreters, document translators, and the CE program need the same attention.

      WASCLA understands the time constraints DSHS and the work group were under, given the request for a report on these important topics within a few months. Those time constraints meant that the workgroup did not obtain necessary information to help inform this work. Additionally, the workgroup did not have the benefit of

accurate or complete enough information to form our decisions. The fact that prior to September 20th, the FAQ stated that DSHS did not have a legal mandate regarding medical interpreter credentialing, supports the need to provide more time to come up with recommendations. Similarly, the FAQ states that the "workgroup is reaching out to LEP communities to gather information on their language access needs." The workgroup had no such contact with LEP families and if program staff had those contacts, the information was not shared with the Workgroup.

The FAQ also states that DSHS meets with other groups, assuming to help inform the workgroup. However, any information gained has not been shared with the workgroup members for their consideration. Finally, the Workgroup was informed that the RDA unit of DSHS is gathering information on medical interpreter procedures and programs in other states, this information has not been shared with the Workgroup members. It appears that this information will not be available to the Workgroup until after the publication of the final report.

c. WASCLA recommends that the report include a section on interim recommendations, which can have more immediate implementation options compared to the longer term recommendations. The interim recommendations would include immediate plans to assess the effectiveness of the current medical interpreter credentialing program managed by LTC. The interim measures should be set in place to start gathering data about the effectiveness of the credentialing system currently in place at DSHS. It is imperative that decisions about future plans are rooted in actual data and not just statements about the efficacy of the program. Additionally, recommendations should be made that help individuals to attain DSHS medical interpreter credentials through the options that currently exist. Such assistance would include support to meet the prerequisite requirements now being required of candidates due to the shift to reliance on national exams, and support regarding the increased cost to candidates. For example, the legislature should require quarterly reporting, beginning as of January 1, 2023, on the data of how many individuals are earning new credentials through the new system established by DSHS LTC, in what languages, and serving which counties.

Interim recommendations are critical given the likelihood that the longer range recommendations will take many years to see to fruition. Meanwhile, the state needs to make sure the system in place is adequate to meet the needs of Washington's patients and providers.

Draft Recommendation 02 – Shelby Lambdin, CHAS

Instructions: Use the Information Sheet describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

1.	**Testing entities** • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
	Support and resources for individuals not as familiar/comfortable with online test taking. There also should be equitable distribution of in-person testing options across the state. Identification of a testing system for the Marshallese language is crucial to our state as well.
2.	**Technology** • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
	Options for neurodivergent individuals or those with visual impairments
3.a.	**Prerequisites and screening** • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.
	It would be great to have a training program for youth (mainly high schoolers), who have interpreted for their community elders and family members most of their lives and possess the skillsets to be great interpreters to have a pipeline in to this profession.
3.b.	**Test content** • Proficiency in English and target languages. • Domain knowledge: Healthcare system, medical terminology, and procedures • Medical interpreter ethics. • Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
3.c.	**Test quality** • Tests must meet national standards and federal requirements. • Tests must be valid and reliable. • Testing entities must provide reports demonstrating test validity and reliability
	Having a retesting system to continue to ensure quality of interpreters in the system already.
4.	**Resources to support clients and healthcare providers** • A platform accessible by healthcare providers to look for interpreters. • Approved continuing education (CE) courses. • Certification distribution and revocation systems. • Customer complaint resolution process. • Other customer services.

Draft Recommendation 03 – Natalya Mytareva, CCHI

Instructions: Use the Information Sheet describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

1.	**Testing entities** • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
	All of the above are of utmost importance. Testing is a science-based process and requires considerable resources and expertise to ensure the validity of test results, which ultimately means safety of health care delivered to patients with limited English proficiency. As far as financial resources are concerned, any initial test development of 1 test (e.g., a knowledge test in English, a Spanish interpreting test, a Mandarin interpreting test, etc.) currently would require about $200,000. Additionally, there are per-exam delivery costs (which vary roughly from $80 to $200 per 1 seat, depending on the test type, i.e., multiple-choice or performance, and a test delivery company) as well as annual technical maintenance cost. Every testing program also should plan for psychometric reports and continuous test updates (every 2-5 years) to monitor the validity of its tests. These maintenance costs currently could be averaged at about $60,000 annually per test. I also would recommend seeking an accredited testing program. Many professions, especially in the healthcare context, recognize the importance of accreditation of their certification programs and seek such accreditation by the National Commission for Certifying Agencies (https://www.credentialingexcellence.org/Accreditation/Earn-Accreditation/NCCA). This accreditation ensures all of the above-mentioned parameters are met, and monitors compliance through annual reports and a reaccreditation process every 5 years.
2.	**Technology** • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
	Points 2-3: I would caution about virtual testing. As an organization who has been offering virtual testing since May 2020, we know the limitations and security concerns inherent in virtual proctoring. As a Board member of the National Commission for Certifying Agencies, I can say that we see a trend now, in 2022-23, among testing entities, especially in healthcare professions, to limit virtual testing compared to the pandemic years of 2020-21. For CCHI, the volume of remote testing (which our candidates choose themselves if they wish) dropped from about 70% in 2020 to 25% in 2022 and 2023. Also, virtual testing is not appropriate for audio performance interpreting exams because of both technology inadequacy and test security concerns (i.e., if a performance test is compromised by a test taker, the testing entity would have to discontinue the test and develop a new one which is an expensive and time-consuming process, see my response to #1).

	Point 4: While a quick turn-around for reporting written tests results is possible in a draft form (e.g., CCHI informs a candidate of a pass/fail at the submission point of such tests), any reputable testing entity must review the scores (run psychometric analysis) to determine that there was no cheating involved and no other irregularities present before they release the official scores to candidates, and that process may take 1-2 weeks. Releasing official scores within 48 hours may seem as a good practice, but it may be detrimental to the candidate (if a failed result is due to testing irregularity) or to the public (if a passing score is because a candidate cheated on the exam). Point 5: As far as reasonable cost, the current fees charged by testing companies to testing entities like CCHI are in the range of $80-$200 per 1 exam delivery/seat. When a testing entity develops its pricing to candidates, it must add the costs of the overall test development and maintenance and, for performance interpreting exams, of test scoring by human raters. Taking this into account, a reasonable exam fee for a multiple-choice ("written") exam is around $200 and for a performance interpreting exam - around $350-400. I think it is advisable for the state to seek grants to offset some cost of testing for candidates.
3.a.	**Prerequisites and screening** • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.
	Fully agree. I believe the state DSHS may take a role of verifying these parameters for candidates. This way the state will have data about which areas of interpreter training or which languages need more resources to support candidates who seek national certification. Often, in CCHI experience, applicants cannot provide documentation to meet the eligibility criteria of language proficiency or medical interpreter training. And often, candidates fail because of lack of language-specific interpreter training or because of lack of their English language proficiency. I believe these areas are the ones that DSHS may make a really meaningful impact on. Specifically: a) contract with language proficiency testing vendors like LTI or ALTA to offer tests to WA interpreters and bilingual providers b) monitor and approve training programs preparing for certification (CCHI as an accredited certification entity cannot do that as it constitutes a conflict of interest by our accreditation standards).
3.b.	**Test content** • Proficiency in English and target languages. • Domain knowledge: Healthcare system, medical terminology, and procedures • Medical interpreter ethics. • Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
	According to the psychometrics and testing industry practices, for a test to be valid, it must be based on a job analysis which includes a profession-wide national survey and is conducted every 5-7 years. All CCHI's tests are based on such job analysis which we conduct every 6 years (e.g., https://cchicertification.org/uploads/CCHI_Job_Analysis_Report_2022.pdf).

3.c.	**Test quality** • Tests must meet national standards and federal requirements. • Tests must be valid and reliable. • Testing entities must provide reports demonstrating test validity and reliability
	Absolutely, and accreditation ensures this (see my response to #1). The challenge is in how a testing entity would proof its tests validity, etc. A third-party accreditation that is specifically focused on this, like NCCA, is an established mechanism for many professions.
4.	**Resources to support clients and healthcare providers** • A platform accessible by healthcare providers to look for interpreters. • Approved continuing education (CE) courses. • Certification distribution and revocation systems. • Customer complaint resolution process. • Other customer services.
	All of these are important. I think this is where DSHS has an ability to provide state-relevant services compared to a national process. For example, CCHI does have all of the above (e.g., see our registry at https://cchi.learningbuilder.com/Search/Public/MemberRole/Registry) but we are a national entity which is bound by our accreditation. And NCCA accreditation requires us not to limit CE courses only to "approved" ones, while DSHS may approve and require WA interpreters to complete CE courses relevant to the state of WA. Similarly, while CCHI has a revocation system (e.g., https://cchicertification.org/sanctions/), the state may have more resources available to monitor interpreters' compliance.

Draft Recommendation 03.1 – Natalya Mytareva, CCHI

Friday, October 13, 2023

Natalya Mytareva, CCHI

Re: Comments for Options Poll

I support the option of "State Certified Office Contracts with National Medical Interpreter Certifying Bodies."

These are my top 3 reasons from the profession's and public's perspective:

- **Validity, reliability, and integrity of national certification programs.** National certification exams are validated through a comprehensive multi-step process based on the input from all stakeholders via a national Job Task Analysis survey (see the latest at https://cchicertification.org/uploads/CCHI_Job_Analysis_Report_2022.pdf) and multiple panels of subject matter experts, who are practicing interpreters. These exams are monitored by psychometricians and regularly updated. For example, CCHI conducts national job task analyses every 6-7 years, and updates the structure of its exams accordingly, and in addition, the content (specific questions) are updated every 2 years. National certification exams for interpreters meet the same parameters for certification as certification exams for other professions, such as physicians, nurses, other allied health professions, lawyers, accountants, etc. Certificants of these professions have completed college coursework yet their certification exams are created and administered by certifying entities outside of educational institutions for two main reasons: avoidance of the conflict of interest and ensuring the content directly reflects the current practice (and not educational constructs).
- **Multiple paths to certification.** National certification eligibility requirements are also validated through a regular national survey as meaningful, equitable, and acceptable to all stakeholders. The educational requirements are intended to provide broad access to the profession in a timely manner, while the exams assess candidates' competency. These requirements allow immigrants and refugees an opportunity to enter the profession in a short time without adding an additional burden of completing a college course or acquiring a college degree. (Currently, CCHI's eligibility requirements are a high-school level of general education, 40 hours of medical interpreter training, language proficiency in English and the Language Other Than English, and being 18 years of age. See the rationales at https://cchicertification.org/eligibility-rationale/).
- **Stability, transparency, and accountability.** CCHI is the only national entity certifying interpreters that has its main certification programs (CoreCHI and CHI-Spanish) accredited by the National Commission for Certifying Agencies (https://www.credentialingexcellence.org/Accreditation/Earn-Accreditation/NCCA). This accreditation ensures that CCHI meets all the requirements for accreditation in the areas of the organization governance, finances, psychometric parameters of the exams, communication with candidates and certificants. NCCA monitors compliance through annual reports and a reaccreditation process every 5 years. I must say that non-accredited certifying entities or private businesses offering testing ("third-party vendors") may not provide a similar level of assurance regarding stability and accountability as CCHI does, because they do not have any oversight.

That said, another reason is an opportunity for the state DSHS to focus on the areas that would contribute to workforce development in the important areas of:

- Providing affordable educational opportunities both to prepare for certification and for continuing education – this would be a great opportunity to support local community colleges and organizations
- Subsiding the cost of certification exams and certification maintenance by offering scholarships and creating grants for specific populations.
- Monitoring professional performance through disciplinary oversight.

Draft Recommendation 04 – Elsie Rodriguez Paz, Providence

Instructions: Use the Information Sheet describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

1.	**Testing entities** • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
	CCHI, NBCMI
2.	**Technology** • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
	Considering outsourcing to established, recognized tests vs new ULS test that is not validated.
3.a.	**Prerequisites and screening** • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.
	Age 18, High School diploma, Minimum training to include education on interpreter modalities, code of professional ethics/conduct.
3.b.	**Test content** • Proficiency in English and target languages. • Domain knowledge: Healthcare system, medical terminology, and procedures • Medical interpreter ethics. • Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
	Medical terminology, proficiency in consecutive, simultaneous and sight translation.
3.c.	**Test quality** • Tests must meet national standards and federal requirements. • Tests must be valid and reliable. • Testing entities must provide reports demonstrating test validity and reliability
	Akin to the national tests.
4.	**Resources to support clients and healthcare providers** • A platform accessible by healthcare providers to look for interpreters. • Approved continuing education (CE) courses. • Certification distribution and revocation systems. • Customer complaint resolution process. • Other customer services.
	Tap into talent at community colleges in communities with high concentration of LEP populations.

Draft Recommendation 05 – Eliana Lobo, Lobo Language Access

WA - Medical Interpreter Testing & Certification

Six Criteria Guided My Assessment and Recommendations

WASHINGTON STATE OPTIONS FOR MEDICAL INTERPRETER PATHWAYS TO CERTIFICATION

	WA State DSHS-LTC	WA State Community Colleges	National Certification via CCHI or NBCMI
CRITERIA [1 pt for each YES]	1- OBTAINS FUNDING 2- Conducts Job Task Analysis so as to 3- Redesign Test 4- Resumes Testing	Official training and testing centers for DSHS-LTC	Reciprocity with National Certification credentials, accepted by DSHS-LTC
Current Process Exists	NO Not testing	NO	YES
Current Process is Accredited	NO Even when DSHS-LTC *was* actively testing, their tests were not accredited and remained unchanged since implementation	N/A test comes from DSHS test comes from CCHI test comes from NBCMI	YES
Current Process is Reliable	NO Not testing	NO Last minute cancellations of training courses (due to insufficient enrollment) this happens regularly	YES
Current Process is Accessible	NO Not currently testing	YES Classes online Proctored testing available	YES Testing online
Current Process is Vendor-neutral	NOT currently testing However, handing off testing to Universal Language Services (a language agency that provides interpreters for Public Health in WA state), appears to be a direct conflict of interest. This partnership was suspended after 4 months…	YES	YES
Current Process is Sustainable	NO Test is outdated and needs to be revamped	MAYBE YES Requires collaboration between DSHS and all WA state community colleges	YES
	0	**3**	**6**

I am proposing an interim solution. Washington State to accept and approve reciprocity with both national certifying bodies for healthcare interpreting, CCHI and NBCMI, until it approves a budget for test redesign and implementation at the state level.

In a perfect world, we would already have budget approval for the job task analysis and test design, that would allow for pilot testing and training of raters (to grade/score recordings of interpreter certification candidates' oral renderings of test questions). But we live in the real world. Reality tells us that the three-year backlog of interpreters waiting to be tested needs to be resolved as quickly as possible for the benefit of the community and Public Health. **The interim solution would address pent up demand from the last three years immediately.**

Washington State legislators

If you want DSHS-LTC to return to being able to test potential medical interpreters, you need to approve funds that are sufficient to restructure the entire certification process, including the creation of new written and oral test questions and scenarios. This takes money and it takes time. **A conservative timeline would be 18 to 30 months.**

For this reason, it would behoove DSHS-LTC to vet credentials of those interested individuals who wish to take the medical interpreter test and maintain the list on their database. CCHI, via Natalya Mytareva, has already offered a price reduction for the exam fees if DSHS would maintain the database of interpreters and vet potential candidates for the pre-requisites needed to sit for the national certification exam.

If at some point, WA state approves 1.5 million dollars to restructure and reinstate DSHS-LTC testing (100K for the initial job task analysis, 100K for written test development, 100K for each language-specific exam), **they would eventually be able to test in a dozen languages.** The time it would take from initiating a test re-design to implementation for the first cohort of a needed language, say Spanish, is at least two years. Languages of limited diffusion, say Pashto or Dari from Afghanistan, or Rohingya or Chin from Myanmar would be much longer. I stand ready to assist in this effort and would applaud successful rollout of a future medical interpreter state level exam for the state of Washington.

The timeline for developing and offering language-specific tests, in the top ten or twelve languages in highest demand within WA state is literally a decade or more. As far as I know, DSHS-LTC is down to two FTE employees, so an additional, significant, investment in hiring staff, over and above taking the steps to invest and create a new test, WILL NEED BUDGETS FUNDED for this to become a reality!

Both national certifying bodies for healthcare interpreters are up and running at the present time. We could clear up the backlog of interpreters waiting to test, or who are partway through their testing process (e.g., have taken the written test and are waiting to take the oral exam).

If we truly want to address the problem, we need a solution we can implement immediately. This is my recommendation.

Submitted respectfully,
Eliana Lobo
InterpreterTrainer@outlook.com
elobo@highline.edu

Draft Recommendation 06 – Yun-Mei Wang Wilborn, TransLanguage Arts

Instructions: Use the Information Sheet describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

1.	**Testing entities** • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
	DSHS (or LTC) has been doing a GOOD job on providing quality online CE courses. I think that they should continue working on approving/providing CE courses.
2.	**Technology** • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
	Can HCA be responsible of providing ""Customer Services"" (except CE courses)?
3.a.	**Prerequisites and screening** • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.
3.b.	**Test content** • Proficiency in English and target languages. • Domain knowledge: Healthcare system, medical terminology, and procedures • Medical interpreter ethics. • Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
3.c.	**Test quality** • Tests must meet national standards and federal requirements. • Tests must be valid and reliable. • Testing entities must provide reports demonstrating test validity and reliability
4.	**Resources to support clients and healthcare providers** • A platform accessible by healthcare providers to look for interpreters. • Approved continuing education (CE) courses. • Certification distribution and revocation systems. • Customer complaint resolution process. • Other customer services.

Draft Recommendation 07 – Gabrielle Bachmeier, Highline College

HIGHLINE COLLEGE

Draft Recommendation

Language Access Work Group: Draft Recommendation for how the State of Washington can support having more qualified medical interpreters.

1. Testing Entities:

Washington State Community and Technical Colleges have placement and testing centers on their campuses. These testing centers are set up to meet state and national testing standards. Some of the tests that are currently being administered at community colleges are: GED, TEAS, TOEFL, NCMA, STAMPS Language Testing, WEST B & E Exams, Pearson VUE Exams, and ParaPro Assessment. Community college testing centers have the resource (staff, technology, physical setup) to be able to meet medical interpreter testing requirements. The testing centers regularly collaborate with third-party testing entities to ensure the test administered are up to date and that the technology and physical setup meet testing standards. The centers have the ability to offer exams both in-person and online and the technology in the centers are maintained and updated routinely. Washington State Community and Technical Colleges' testing centers are well equipped to administer industry accredited tests and national exams.

2. Technology

The testing centers at community colleges are set up and already providing services virtually. The testing centers have websites where individuals can learn about and schedule an exam online 24/7. Online and virtual testing is available, with virtual proctors and ID verification in place. As state agencies, community colleges base testing fees on the set industry standard with the goal of making the cost as affordable as possible.

3.a Prerequisites and screening

The Puget Sound Welcome Back Center is located at Highline College. "The Puget Sound Welcome Back Center builds bridges between the pool of internationally trained professionals living in Washington and the need for linguistically and culturally competent professional services. Its goal is to assist these professionals to make the best use of their professional skills through respectful, innovative, and individualized career counseling and educational services." The Welcome Back Center could be a resource in supporting individuals with having their lived experience and training/ education in one's home country evaluated.

Community Colleges have a large number of ESOL students, over a third of Highline College's student body are ESOL students. The higher level ESOL students are well suited to be trained to become medical interpreters.

highline.edu (206) 878-3710 P.O. Box 98000, Des Moines WA 98198-9800

The Continuing Education departments within Community Colleges are well set up to offer training in interpreting skills as well as test prep classes. These courses could be taught either for credit or non-credit.

3.b Test Content
This is not Community College's area of expertise. Our testing centers could work with a third-party to administer their test.

3.c Test Quality
This is not Community College's area of expertise. Our testing centers can work with third-party accreditors to ensure that the test and testing environment meets accreditation standards.

4. Resources to support clients and healthcare providers
The Continuing Education departments within Community Colleges have the ability to easily offer CE training courses. As self-support departments within the college, they are customer service focused and manage their own registration systems. They are set up for students to register for classes online, over the phone or in-person. They are also set up to either offer classes for credit or non-credit and can award CEUs.

Submitted by Gabrielle Bachmeier, Dean of Workforce Partnerships and Extended Learning, Highline College

Draft Recommendation 08 – Nadia Damchii, HAPPEN BRG

1.	**Testing entities** • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
	My recommendation is that person should become a successful medical interpreter, one must complete formal classroom training which includes, medical terminology, healthcare systems, sensitivity, roles/ limitations, cultural sensitivity, public speaking, customer service, active listening and focus on being proficient in both English and the other language. Medical Interpreters make common mistakes such as ineffective communication, translating word for word, using incorrect words, using incorrect tone and style, and working in a language you are not proficient in and exaggeration of word meaning which causes major problems for patients. By completing this classroom training, medical interpreters will be ready in aiding patients.
2.	**Technology** • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
3.a.	**Prerequisites and screening** • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.
3.b.	**Test content** • Proficiency in English and target languages. • Domain knowledge: Healthcare system, medical terminology, and procedures • Medical interpreter ethics. • Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
3.c.	**Test quality** • Tests must meet national standards and federal requirements. • Tests must be valid and reliable. • Testing entities must provide reports demonstrating test validity and reliability
4.	**Resources to support clients and healthcare providers** • A platform accessible by healthcare providers to look for interpreters. • Approved continuing education (CE) courses. • Certification distribution and revocation systems. • Customer complaint resolution process. • Other customer services.

1.	**Testing entities** • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
	I am highly recommending having a medical interpreter certification program which includes hands on training skills like, cultural sensitivity, active listening, public speaking, customer service, and technical medical terminology and continue education courses, in person at WA Community Colleges. It is vital to gain interpreting skills and hands on training on how to become the best medical interpreters.
2.	**Technology** • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
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Draft Recommendation 08.1 – Nadia Damchii, HAPPEN BRG

Instructions: Use the Information Sheet describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

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Draft Recommendation 09 – Lynora Hirata, DCYF

1.	**Testing entities** • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
	Simultaneous approach State agencies should not wait for funding and should be developing their own packages but in the interim: • State agencies should be developing their own decision packages to support LEP accessibility that include sustainable funding w/ a process for tuition assistance and accessible testing locations that have a proctoring element • Approach a partnership with university and or community college boards to be the testing centers w/ proctor monitoring (funding the testing locations w/ proctors … this kind of process already exists on campus' – it is like renting and proctors are paid by the hour after they pass the proctor process) • WA State cannot continue on the legacy of being a leader on an 'old' test and should be developing linguistically responsive and culturally responsive test approaches that are not 'one size fits all' (language support cannot all be the same for all populations) and a more successful approach is not view design through a mono-lingual lens where the systems are developed primarily for an English literate population. • Remaining mindful that if testing populations present a need for tuition assistance, supplemental curriculum, tech accessibility or nuanced dynamics specific to supporting an agency's need … the colleges could provide prep courses (resulting as a feeder population). Work-first programs that credential child care cert programs have been doing a version of this for years. • Tuition could be funded by the sponsoring agency or the higher ed institution via an articulation agreement process between state agency and higher ed depending on who has the grant funding • Credentialing or at least college credit could be awarded by higher ed institution – potentially towards a degree … content specific credentialing (medical, court, regulatory, etc. BUT all WA State agency specific) and a Statewide pool/database could be accessible to ONLY agencies that is part of the funding source consortium that have been awarding funding via their 'approved' decision packages by Leg • National content credentials could be accepted, but w/ meeting the WA State content w/in a time frame – this will control some the quality of service, but accountability of service will need a more substantial rigor matrix • Content is the agreed upon curricula for WA State – that is nimble to the influx of migration need that is pro-active and not re-active

	2nd on-going plan: • State should continue credentialling w/ the national organizations to address the bottleneck to certifying and staff shortages • Researching the national testing content to potentially revise for passing at levels of upgrade and not just 'all or nothing' Searching for tests that are more universal – potentially looking at testing generated in other countries for fluency of that 1st language to English as the 2nd language (which is the opposite of what is the approach now – in my experience)
2.	**Technology** • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
3.a.	**Prerequisites and screening** • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.
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Draft Recommendation 09.1 – Lynora Hirata, DCYF

Friday, September 22nd 2023

Lynora Hirata, DCYF

Re: Comments from WA State Agencies

Agency service systems typically prioritize the most requested language services based on request which is a reactive practice that perpetuates the system's proficiency.

This kind of practice does not provide for an equitable action of language support that reflects 'true' linguistically and culturally responsive approaches.

The importance of colonization of indigenous communities is foundationally important to point out how assumptive systems can be. Communicative language (dominantly used today) typically reflects the oppressive action of squelching the indigenous language' whereby that language and or community had to enculturate and acculturate to survive.

Spain and Portugal are good examples of this across the Americas and West Indies where languages have evolved into a mixture of Indigenous and the colonizer's heritage.

To approach a community with the actionable intent that communicate that favors the oppressor's systems mutes the Indigenous voice. Approach should be to support the 'true' indigenous language 1st and then attempt to bridge when necessary a hybrid or alternative language, but not starting w/what is the convenient communicative vehicle for the system – which equates to oppression.

Draft Recommendation 10 – Yvonne Simpson, UW Medicine

Instructions: Use the Information Sheet describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

1.	**Testing entities** • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
	Online is not the future, it's now. An entity must have a proven track record to provide testing on-line on either Mac or PC.
2.	**Technology** • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
	If there is a WA-specific exam, it would be good for it to be less expensive than the national exams, otherwise, might as well get nationally certified and bypass WA altogether. That said, I have long been a proponent of having the DSHS LTC exam be more expensive so that LTC could cover their own expenditures. I am unaware of state regulations dictating a price floor or ceiling.
3.a.	**Prerequisites and screening** • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.
	The national certification exams have historically had higher passing rates than DSHS, despite being more rigorous in content, due in large part to the training prerequisite.
3.b.	**Test content** • Proficiency in English and target languages. • Domain knowledge: Healthcare system, medical terminology, and procedures • Medical interpreter ethics. • Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
	I'd like to see testing of interpretation skills for more languages. The former Authorized medical interpreter exam didn't test candidates' capabilities of interpreting between two languages. The focus was memory retention, which is a good skill, but is not interpreting.
3.c.	**Test quality** • Tests must meet national standards and federal requirements. • Tests must be valid and reliable. • Testing entities must provide reports demonstrating test validity and reliability
	Agreed with the above, but I do not have suggestions to elaborate.

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4.	**Resources to support clients and healthcare providers** • A platform accessible by healthcare providers to look for interpreters. • Approved continuing education (CE) courses. • Certification distribution and revocation systems. • Customer complaint resolution process. • Other customer services.
	Regarding the platform, in my work I don't need interpreter contact information, but it is useful to be able to look up an interpreter to prove whether they have certification or not. The current LTC database structure is such that interpreters can opt out of it (I assume so that they aren't solicited).

Draft Recommendation 10.1 – Yvonne Simpson, UW Medicine

Instructions: Use the Information Sheet describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

1.	**Testing entities** • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
	In response to the discussion prompts: • *Strategies for increasing access to language access providers in rural communities and for languages of lesser demand.* • *Strategies for certified language access provider workforce resiliency, including adequate workload and compensation.* • *Standards of ethics and professional responsibility for language access providers.* Would there be a way for DSHS to assist in proactively looking for interpreters from languages of lesser demand? Would it be possible to incentivize these communities to get certified by partnering with 3rd party testing organizations to reduce costs for certifying languages of lesser demand? Regarding improving access to rural communities, in my role with University of Washington/Harborview Medical Center we have found it helpful to have contracts with multiple interpreter agencies so that if one agency does not have access to language X, possibly a secondary organization may have that language available. Regarding compensation, recommended to do a survey of current industry standards for pay. Is there pay differential for years of experience, amount of training, location (mileage - especially for rural areas), and shift differential (night/weekend/holiday pay)? Additionally, consider the vast difference in compensation between sign language interpreters spoken language interpreters - the job is the same, even if the community and modality are unique. Regarding workload, that may vary greatly when comparing staff interpreters and freelancers, the latter of whom make up the vast majority of interpreters in the community. For freelancers, how would it be possible to limit the number of hours worked? Yes, it would be beneficial for their personal health, but if there is a need for a language of lesser demand and there are limited interpreter resources, would a cap truly be placed on that individual? Regarding ethics, from my perspective and understanding the NCIHC has national standard for healthcare interpreters and I believe that there is something similar for courts. As noted by Ms. Theresa Powell, there is need to consider certification for K-12 education interpreters, tax law, contract law, etc. There may be a need for a variance in standards of ethics and responsibility for those fields as they may have needs different from courts and other community interpreter practices.

2.	**Technology** • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
3.a.	**Prerequisites and screening** • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.
3.b.	**Test content** • Proficiency in English and target languages. • Domain knowledge: Healthcare system, medical terminology, and procedures • Medical interpreter ethics. • Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
3.c.	**Test quality** • Tests must meet national standards and federal requirements. • Tests must be valid and reliable. • Testing entities must provide reports demonstrating test validity and reliability
4.	**Resources to support clients and healthcare providers** • A platform accessible by healthcare providers to look for interpreters. • Approved continuing education (CE) courses. • Certification distribution and revocation systems. • Customer complaint resolution process. • Other customer services.

Draft Recommendation 11 – Jon Gould, Childhaven

Instructions: Use the Information Sheet describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

1.	**Testing entities** • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
	For - Strategies for increasing access to language access providers in rural communities and for languages of lesser demand: Increase funding, policy and capacity to better support Marshallese language interpretation needs for the growing Marshallese community in WA.
2.	**Technology** • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
3.a.	**Prerequisites and screening** • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.
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4.	**Resources to support clients and healthcare providers** • A platform accessible by healthcare providers to look for interpreters. • Approved continuing education (CE) courses. • Certification distribution and revocation systems. • Customer complaint resolution process. • Other customer services.

Draft Recommendation 12 – Tara Bostock, DOH

Instructions: Use the Information Sheet describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

1.	**Testing entities** • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
	1. Representation matters- identify the communities you are planning to serve and when you have positions available consider advertising in these communities. Many times small communities don't know about employment opportunities unless someone who they know and trust tells them about it. We can't assume no one in these communities doesn't speak enough English or is not qualified for the job because smaller communities also have members who are bilingual or multilingual and have an education to work in professional jobs when given the opportunity. It is important to mention that if a person doesn't have the proper training or experience but speaks the language of the community you're planning to serve, the proper training and experience is something that can be obtained once working, however the language skill and the cultural knowledge it's something more difficult to obtain. 2. Create an ongoing interpreter recruitment program, by creating a program that is ongoing you will be able to give opportunity to community members from the communities you are planning to serve to become qualified interpreters by meeting the following requirements: • Complete a training in Ethics & Confidentiality • Complete a training for specific terminology • Complete a certification training 3. Provide sight Translation, for some indigenous languages translated material isn't necessarily the best way to provide information.
2.	**Technology** • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
3.a.	**Prerequisites and screening** • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.

3.b.	**Test content** • Proficiency in English and target languages. • Domain knowledge: Healthcare system, medical terminology, and procedures • Medical interpreter ethics. • Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
3.c.	**Test quality** • Tests must meet national standards and federal requirements. • Tests must be valid and reliable. • Testing entities must provide reports demonstrating test validity and reliability
4.	**Resources to support clients and healthcare providers** • A platform accessible by healthcare providers to look for interpreters. • Approved continuing education (CE) courses. • Certification distribution and revocation systems. • Customer complaint resolution process. • Other customer services.

Draft Recommendation 13 – Helen Eby, Interpreters United

Recommendations to the ESSB 5304 Language Access Workgroup convened by DSHS

by Interpreters United / AFSCME 28 (WFSE) Submitted to DSHS on October 2, 2023

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Recommendations to the ESSB 5304 Language Access Workgroup convened by DSHS

by Interpreters United / AFSCME 28 (WFSE) Submitted to DSHS on October 2, 2023

BACKGROUND INFORMATION

Interpreters United is a labor union of freelance interpreters organized under AFSCME Council 28 also known as the Washington Federation of State Employees (WFSE). WFSE is the sole and exclusive representative of Language Access Providers who provide spoken language interpreter services for the Department of Social and Health Services (DSHS), the Department of Child, Youth and Family (DCYF), the Department of Labor & Industries and HCA-Medicaid enrollees.

Interpreters provide language access services for Limited English Proficient (LEP) individuals. For patients, their limited English proficiency

> *creates a barrier to receiving quality healthcare services, as the ability to communicate with healthcare professionals, to understand their treatment options,* ***and*** *to follow treatment protocols is significantly hindered. This, in turn, impacts health outcomes and increases risk of morbidity. For healthcare professionals, the inability to effectively communicate with patients with limited English proficiency leads to care challenges, significant financial costs, and higher risk of malpractice.*[1]

The biggest requesters of medical interpreting services among WA State agencies and who rely on DSHS credentialed medical interpreters are in this order:

- Health Care Authority for its Medicaid program

1 LOST IN INTERPRETATION. How Interpreting Impacts Healthcare Outcomes for Patients with Limited English Proficiency (LEP). https://9055732.fs1.hubspotusercontent-na1.net/hubfs/9055732/White%20Paper_Lost%20in%20Interpretation_Impacts%20of% 20Language%20Barriers%20in%20Healthcare-1.pdf

- Department of Labor and Industries for its injured workers and crime victims
- Department of Social and Health Services for its psychiatric facilities Western and Eastern State Hospitals

Others who also rely heavily on DSHS credentialed medical interpreters are:

- public and private hospitals
- community health clinics and
- numerous other healthcare organizations

History of DSHS medical interpreter credentials

For almost 30 years, Washington State agencies and healthcare providers have relied on DSHS credentialed medical interpreters to comply with Section 1557 of the Affordable Care Act, the Revised HHS LEP Guidance, Executive Order 13666 and Title VI of the Civil Rights Act of 1964.

DSHS Language Testing and Certification (DSHS/LTC) is the credentialing body for spoken language interpreters rendering services in healthcare and community settings. DSHS/LTC issues the following spoken language interpreter credentials:

- Social Services Certified Interpreter since 1992
- Social Services Authorized Interpreter since 1996
- Medical Certified Interpreter since 1995
- Medical Authorized Interpreter since 1996

DSHS created its Language Testing and Certification unit to develop systems, methods, procedures, and policies in carrying out the department's legal commitment. This effort was the culmination of lawsuits and Title VI of the 1964 Civil Rights Act complaints brought against DSHS during the 1980s. This was a class action by LEP plaintiffs (Reyes, et al.) for not providing equal access to its Economic and Medical Field Services. Back in those days, DSHS oversaw the Medicaid program (moved to Health Care Authority in 2011) and the Children's Administration (moved to Department of Child, Youth and Family in 2018). The plaintiff class was defined as follows:

> *All persons of limited English-language proficiency who have applied for or received or will apply for or receive public assistance benefits within Washington State since October 1, 1987. Public assistance is defined as services and notices*

> *provided by DSHS Economic and Medical Field Services, including but not limited to Aid to Families with Dependent Children, Family Independence Program, Food Stamps, General Assistance, medical assistance, refugee assistance, and consolidated emergency assistance.*

In 1991, as part of its Agreement of Settlement and Consent Order (heretofore referenced as the Reyes Consent Decree, Appendix 1) entered with the Office for Civil Rights Region X of the US Department of Human and Health Services, DSHS agreed to ensure the quality of the interpreting services through the development and administration of oral and written tests as well as training of contracted interpreters.

> *Section 30. RELEVANT OCR PROVISION*
>
> *DSHS will ensure that all interpreters and bilingual workers are fluent in English and a primary non-English language. DSHS shall develop standards of testing, oral and written, to ensure that all interpreters and bilingual workers meet the standard.* ***Testing shall include***
>
> - *evaluation of the language competence,*
> - *interpreter skills,*
> - *understanding of DSHS policies regarding confidentiality,*
> - *DSHS forms and*
> - *the role of interpreters. (Reyes Consent Decree, page 16)*

(Bullets and bold type added for clarity)

Medical interpreters' knowledge, skills, and abilities

Spoken language interpreters

> *work in many different settings, providing oral translation between people with limited English proficiency (LEPs) and English speakers. They do so accurately, in a culturally appropriate manner, preserving confidentiality, without*

> *allowing their own views to interfere and without allegiance to any side.*[2]

In order to be a competent medical interpreter, candidates must demonstrate their ability to accurately convey the message from one language into another in the two modes of interpreting most used in healthcare settings: (1) consecutive interpreting[3] and (2) sight translation[4]. This requires a near-native level of language proficiency in both English and a language other than English. "*While language proficiency is a prerequisite, it is not enough to ensure a successful interpreting performance*."[5] Indeed, there is a need to test candidates' transfer skills in the relevant modes of interpreting, as done by the DSHS certified and authorized exams created in 1995/6.

Steps followed to create the DSHS medical interpreter exams

When it was created, DSHS medical interpreter testing involved the following steps in the entire test development process[6]:

1. A test conceptualization conference was held to share ideas and plans for medical interpreter certification. Inputs were solicited from a large group of participants at the conference, including MDs, interpreter coordinators, and interpreters.
2. Development of test guidelines.
3. Development of proficiency guidelines.
4. Development of test specifications.
5. Collection of various written materials commonly used in medical settings.
6. Compilation of list of commonly used medical terminology.

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[2] Spoken Language Interpreter Job Description, American Translators Association. https://ata-divisions.org/ID/wp-content/uploads/2021/07/Interpreter_Job_Description_Recast_updated_Nov_23_2020.pdf

[3] Consecutive interpreting: where the interpreter conveys the message after the speaker pauses frequently taking notes to aid their memory retention.

[4] Sight translation: where the interpreter reads a text written in one language and conveys it in another language. This mode of interpreting is often used to assist in filling out forms or to convey follow-up instructions.

[5] ASTM F3516-22 Section 6.1.3 Standard Guide for Testing Interpreting Performance

[6] Legal backgrounds and history of DSHS Bilingual Testing and Certification prepared by Hungling Fu for the Expert Panel on Community Interpreter Testing and Certification - June 13-15, 2007, Upper Midwest Translators and Interpreters Association (UMTIA)

7. Review of list of medical terminology by MDs, MAA interpreter program staff, and medical interpreter coordinators.
8. Revision of list of medical terminology.
9. Item writing per test specifications.
10. Review of test instruments by mono-lingual MDs, nurses, MAA interpreter program staff, and medical interpreter coordinators.
11. Revision of test instrument
12. Rewriting of test into different languages.
13. Review of rewritten tests by language specialists in various languages.
14. Revision of tests per language specialists' inputs.
15. Review of tests by bilingual MDs and nurses in each language.
16. Assessment by bilingual MDs and nurses as to the percentage a medical interpreter should score correctly on the test to be considered proficient.
17. Revision of tests per input by bilingual MDs and nurses.
18. Pilot test at 6 locations statewide.
19. Revision of tests per pilot test outcomes.
20. Benchmark setting per pilot test outcomes and expert assessment.
21. Ongoing item revision/adjustment per test candidates' valid inputs.

Timeline of the interactions between Interpreters United and DSHS LTC

In 2011, the first collective bargaining agreement went into effect. Article 4 of this contract addressed professional development and training, one of the mandatory subjects for collective bargaining under RCW 41.56.513(2)(c). As such, any changes to professional development and training trigger a Demand to Bargain. When the first union contract was negotiated, Washington State was the only state testing spoken language interpreters in all languages for medical services[7]. A decade-long effort to create a national credential for medical interpreters culminated in the creation of two private organizations, Certification Commission for Healthcare Interpreters (CCHI) and National Board of Certification for Medical Interpreters (NBCMI) each with their own exams in a limited number of languages.

[7] California had a medical interpreter exam for services to injured workers in a limited number of languages but discontinued it in 2008.

In 2012, pursuant to Article 4 of the Language Access Providers Collective Bargaining Agreement 2011-13, an *Ad Hoc* Union Management Communications Committee was created in order to address Professional Development and Training for interpreters. This committee worked with DSHS LTC to create:

- Procedures for approving and publishing continuing education activities
- Application to provide DSHS interpreter continuing education activities
- Criteria for approving DSHS interpreter continuing education activities.

In 2015, as a result of collaborative efforts between DSHS and Interpreters United, DSHS LTC unveiled its searchable public online database to find DSHS credentialed interpreters. Article 4 of the union contract also created an DSHS LTC Advisory Committee that included practicing interpreters, representatives of LEP communities, and other state agencies. In addition, WAC 388-03-030 was amended to include CCHI and NBCMI certifications as DSHS recognized credentials to render medical interpreter services. Other WAC rules were added to mandate:

- continuing education activities to renew the DSHS credential
- orientation and training to become DSHS credentialed

In 2018, RCW 39.26.300(6) was enacted to require that all interpreter services procured by Washington State agencies must be provided by language access providers who either credentialed by Washington State or certified by CCHI or NBCMI.

In 2019, Dr. Fu retired after leading DSHS LTC for 30 years though LTC and those who worked under Dr. Fu stepped up to take over. In addition, DSHS LTC was moved into the DSHS Office of Diversity and Inclusion.

In March 2020, DSHS stopped testing due to the COVID-19 pandemic and later resumed testing in April 2022. At the same time, a completely new manager with no previous experience in DSHS LTC took over.

In 2021, DSHS LTC did not convene its Advisory Committee at all until, in 2022, the union threatened to file a grievance with the Office of Financial Management for violation of the union contract. At that point, DSHS LTC convened the committee for 30 minutes (as opposed to the regular 2-hour meetings of the past) three months in a row. There was no time for discussion and members felt that LTC was just informing committee members as opposed to actively discussing issues and seeking solutions based on the feedback of committee members. This was the first time committee members saw a dramatic change in the way DSHS LTC treated committee members.

In August 2022, against the advice of subject matter experts, members of the Advisory Committee, DSHS stopped administering its own medical interpreter tests and outsourced testing to unreliable third parties: language companies that also sell interpreting services. Tests by for profit language companies are not recognized by the American Translators Association[8] and have not obtained NCCA accreditation[9]. There is an inherent conflict of interest for a company that sells services to be the testing entity of the services it sells. Besides, RCW 74.04.25(9) states that *"no testing or certification authority may be awarded to a private entity with a financial interest in the direct provision of interpreter services."* WFSE took action against DSHS LTC's decision by filing a grievance with the Office of Financial Management and an Unfair Labor Practice with the Public Employment Relations Commission. These two labor disputes are currently going through the established process and have not been resolved yet.

In **August 2022**, DSHS also started accepting written tests in English from national medical interpreting certification private organizations – CCHI and NBCMI– as proof of oral interpreting skills between two spoken languages. DSHS's excuse for such a preposterous decision was that in order to take the written exam, both CCHI and NBCMI required candidates to show proof of language proficiency in English and a language other than English. First of all, the "proof" is not always a validated test of language proficiency since the requirement ranges from a high school diploma in a country where that language is spoken to a reliable and validated test of oral language proficiency. This requirement does not guarantee a near-native fluency in

[8] What are the requirements for the CI designation?

1. Interpreting proficiency must be demonstrated by:
   - Passing an oral exam that tests performance skills in two or more modes of interpreting, with published assessment instruments, research methods, development and validation procedures, eligibility requirements, and administration (e.g., availability and location, fees, reporting of results);[1] or
   - In the case of conference interpreting, exacting peer review or testing through one of the organizations approved for the CI designation.
2. And the credential must have been granted by a:
   - Government agency, or
   - Non-profit professional association, or
   - Non-profit certification board or governing committee that includes individuals from the certified population, as well as voting representation from at least one consumer or public member. For entities offering more than one certification program, a system must be in place through which all certified populations are represented, with voting rights, on the certification board or governing committee.[2]

[9] National Commission for Certifying Agencies (NCCA), Standards for the Accreditation of Certification Programs.

both working languages. Second, though language proficiency is useful as a screening tool, it does not guarantee in any way that the candidate can interpret accurately.

In **July 2023**, Engrossed Second Substitute Senate Bill 5304 went into effect. The bill requires DSHS to credential interpreters only after passing both written and oral exams, prohibits private entities with a financial interest in the direct provision of interpreter services from testing or certifying interpreters and created a language access workgroup to make recommendations to the legislature on:

- Criteria necessary to demonstrate that interpreters have the skills necessary to ensure quality and accurate services;
- Strategies for increasing access to interpreters in rural communities and for languages of lesser demand;
- Strategies for workforce resiliency including adequate workload and compensation;
- Standards of ethics and professional responsibility; and
- Investments needed to implement the plan for online testing.

Impact of DSHS decision on the pool of medical interpreters

Interpreters United conducted searches of the DSHS/LTC's public online database[10], on December 19, 2019, on August 6, 2022, and on September 20, 2023[11]. Since December 2019, Washington State has lost one-third of its credentialed medical interpreters. And while the pandemic predictably decreased the number of credentialed medical interpreters, DSHS' decision to stop administering its own test accelerated the decline. This decrease disrupts the marketplace and endangers the LEP population since competent medical interpreters are harder and harder to find.

[10] https://fortress.wa.gov/dshs/ltcgateway/FindInterpreter/Public Accessed on September 20, 2023.
[11] Some interpreters hold credentials in more than one language.

DSHS Credential	Dec 19, 2019	Aug 6, 2022	Sep 20, 2023	2019 to 2023 Decrease
Medical Certified Interpreter	2,200	1,930	1,446	-35%
Medical Authorized Interpreter	625	523	413	-31%
Total Medical Interpreters	2,825	2,453	1,859	-34%

Table 1 DSHS Credentials for 2019, 2022 and 2023

Even though the CCHI and NBCMI exams have an overall higher pass rate that is double the DSHS one, California – the most populous state in the US– only has a total of 1,267 CCHI credentials and 993 NBCMI credentials[12]. In other words, before the pandemic, WA State had more medical interpreter credentials than California.

In conclusion, the move of DSHS Language Testing and Certification (LTC) to the DSHS Office of Diversity and Inclusion, coupled with the complete overhaul of its managers caused labor disputes, destabilized the pool of credentialed interpreters, and decreased the quality of medical interpreters. All of this puts the safety of Washington State LEP patients at risk and increases the liability risks for healthcare providers.

INTERPRETERS UNITED RECOMMENDATIONS

1. Testing entities

- Must have expertise and sustainable resources to develop and update tests.
- Must have the necessary technology to deliver online tests.
- Must have the resources to maintain and update the technology routinely.
- Must have processes that align with national and industry standards of medical interpreter testing.

Recommendation 1.1: DSHS should continue being the testing and credentialing entity of medical interpreters and not outsource

[12] We count credentials as opposed to interpreters because some interpreters hold both CCHI and NBCMI medical interpreter credentials or are credentialed in more than one language.

testing to third parties. Alternatively, medical interpreter testing and credentialing could be moved to the Department of Health.

The testing and credentialing of Washington State medical interpreters should not be outsourced to private entities over which it would have no enforceable legal requirements. DSHS LTC should continue being the testing entity for medical interpreters because DSHS LTC has 28 years of experience in testing interpreters for medical and social services. Alternatively, if DSHS is unwilling to comply with the Reyes Consent Decree and RCW 74.04.25, then medical interpreter testing and credentialing could be moved to the Department of Health, which already credentials several categories of healthcare professionals. If so, DSHS LTC should transfer all its medical interpreter tests and related documentation to the new state agency.

Interpreters United maintains that under the Reyes Consent Decree DSHS is obligated to test candidates' interpreting performance skills. In signing the Reyes Consent Decree DSHS agreed to ensure the quality of the interpreting services through the development and administration of oral and written tests. Since 1995, DSHS has been testing medical interpreters' consecutive and sight translation skills in all languages. The national healthcare interpreter certifications (CCHI and NBCMI) only started testing in 2011 and test interpreting performance skills in a limited number of languages. In fact, DSHS LTC former manager, Dr. Hungling Fu, was one of the subject matter experts advising the national healthcare certification efforts.[13]

Furthermore, under RCW 74.04.025(4) DSHS must *"require the successful completion of oral and written tests in accordance with established standards to ensure that all language access providers are fluent in English and a primary non-English language. Testing shall include evaluation of language competence, interpreting performance skills, understanding of the interpreter's role, and knowledge of the department's policies regarding confidentiality, accuracy, impartiality, and neutrality."*

While moving medical interpreter testing to another WA State agency may sound appealing, that agency would have a steep learning curve and the transition would be unnecessarily disruptive. However, if this were the case then DSHS should be mandated to transfer all its medical interpreter tests and related materials to the new state agency. Considerable state funds and

[13] Final Report Expert Panel on Community Interpreter Testing and Certification, Interpreting Stakeholder Group of the Upper Midwest Translators and Interpreters Association, Plymouth, Minnesota, June 13-15, 2007.

resources have been spent on the creation of this valuable assessment tool. Numerous policies, WACs, online platforms, databases, etc. have been implemented to support the medical interpreter credentialing process that will need to be transferred to the new agency. DSHS should not be allowed to destroy decades of work.

Recommendation 1.2: Testing fees should cover expenses.

To be sustainable, the testing entity should charge sufficient testing fees to cover all the expenses related to medical interpreter testing including training and contracting of raters.

DSHS LTC testing fees have remained unchanged for more than a decade and there is no legislative or regulatory impediment in either RCWs or WACs for DSHS to set testing fees as appropriate. Even though DSHS LTC claims to not have an adequate budget for testing medical interpreters, public records show that income exceeds expenses. In calendar year 2019, the total income from fees for all written and oral tests (including medical interpreter, social service interpreter and document translator tests) was

$174,840 while the expenses were only $142,990.[14]

Recommendation 1.3: DSHS must stop credentialing candidates who have passed the CCHI or NBCMI written exams in English but not passed their oral interpreting performance skills exams.

DSHS LTC should stop credentialing candidates without testing their interpreting performance skills. DSHS LTC should immediately stop credentialing candidates who have only passed the written tests in English from CCHI (CoreCHI) and NBCMI (Hub-CMI) because a written test cannot assess a candidate's interpreting performance between two spoken languages.

A written test in the English language is obviously not the appropriate assessment tool to measure whether a candidate can accurately interpret from one language into another spoken language. DSHS excuse is that the national credentialing private entities (CCHI and NBCMI) require proof of language proficiency in English and a LOTE is in order to take their written exams in English. First of all, the "proof" is not always a validated test of language proficiency since the requirement ranges from a high school diploma from a country where that language is spoken to a reliable and

[14] Public Records Request – DSHS Request ID# 202304 PRR 284

validated test of oral language proficiency. Second, this requirement does not guarantee a near-native fluency in both working languages. Third, while language proficiency can be used as a screening tool to identify individuals who are unlikely to perform well on interpreting performance tests, language proficiency by itself is not enough to ensure a successful interpreting performance. In other words, there is no guarantee of accurate language interpretation.[15] Furthermore, RCW 74.04.25(4) mandates DSHS to require interpreting performance skills. Only DSHS exams measure interpreting performance skills in all languages.

Recommendation 1.4: DSHS LTC must stop credentialing candidates who passed the medical test from the for-profit language company ALTA

DSHS should immediately stop credentialing candidates who have passed the ALTA medical interpreter test because this is a for profit company that sells interpreting services and it does not test in the sight translation mode of interpreting needed for patient intake forms, surgical instructions, etc. thus endangering the health and safety of LEP patients.

RCW 74.04.25(9) states that *"no testing or certification authority may be awarded to a private entity with a financial interest in the direct provision of interpreter services."* Tests by for profit language companies are not recognized by the American Translators Association[16] and have not obtained NCCA accreditation[17]. It is an inherent conflict of interest for a company that sells services to be the testing entity of the services it sells. Furthermore, ALTA tests consecutive interpreting but does not test sight translation skills which has been identified by DSHS, CCHI and NBCMI through Job Task Analyses as one of the two modes of interpreting used in healthcare settings.

Moreover, the ALTA needs analysis (job task analysis) shows that utterances can be 2 to 4 sentences[18]. In Plain Language they recommend short sentences, about 15 words long. This means that utterances vary, at a minimum, between 30 and 60 words. However, the maximum utterance

[15] ASTM F3516-22 Standards Guide for Testing Interpreting Performance, section 6.
[16] ATA Credentialed Interpreter Designation, What are the requirements for the CI designation?
[17] National Commission for Certifying Agencies (NCCA), Standards for the Accreditation of Certification Programs.
[18] Interpretation Job Analysis, ALTA Language Services, June 2015

tested is 1 to 35 words[19], about half of the length of a normal utterance. The percentage assigned to each area scored is not clearly specified, and there is no statement regarding test refreshment.

Recommendation 1.5: The credentialing entity should enter into a contract with an online proctoring company

To improve accessibility to test sites, the credentialing entity should enter into a contract with an online proctoring company that has multiple testing sites and can routinely maintain and update the technology.

Test candidates should not be responsible for the technology requirements that online proctoring requires. Both national medical interpreter credentialing organizations, CCHI and NBCMI, subcontract with established proctoring companies that have multiple proctoring facilities. For the written court interpreter exam, Washington State's Administrative Office of the Courts (AOC) has a contract with a proctoring company that has 15 testing sites in Washington State. AOC pays an annual fee to use the company's platform. The price varies according to the length and complexity of the written test. Online proctoring for interpreting skills tried by several credentialing entities has not been reliably successful and has led to numerous appeals.

WA State Court Interpreter Written Exam	
BEFORE 2021	**NOW**
Pen and paper	Online
2 testing centers	15 testing centers across the state
1 per year	Year round

Table 2 WA State Court Interpreter Written Exam implementation

[19] Medical Interpreting Test Development and Administration, page 1, by ALTA Language Services, Inc.

Recommendation 1.6: The credentialing entity should follow ASTM and NCCA standards.

To have processes that align with national and industry standards of medical interpreter testing, the testing entity and credentialing agency should follow the ASTM Standard Guide for Testing Interpreting Performance[20], the NCCA Standards for the Accreditation of Certification Programs and enter into a contract with a company to conduct a Job Analysis and update the DSHS medical interpreter tests accordingly.

The NCCA Standards for the Accreditation of Certification Programs[21] states that "*a job analysis must be conducted frequently enough to ensure that the content specifications accurately reflect current practice*." Before *refreshing* a test (updating a test) there needs to be a Job Task Analysis, a survey sent to the practitioners of a profession asking a series of questions about their work. Tests are then adjusted to reflect any changes to the current work performance and responsibilities if there are any. Job analysis is the primary evidential link between the responsibilities of the professional role and the credentialing requirements. Thus, job analyses serve a critical function in establishing and safeguarding a credentialing examination's job relevance, content validity, and legal defensibility.

Interpreters United asked DSHS LTC whether there had been complaints about the DSHS medical interpreter exams being outdated and therefore an inappropriate assessment tool to evaluate whether candidates had the required knowledge, skills, and abilities (KSAs) to render medical interpreting services. To our knowledge, DSHS LTC's decision that their own tests were outdated was based on its managers' own perceptions and was not based on any solid data. In 2016, when conducted another Job Task Analysis the published report stated that "*the existing examinations align with the current practices of the healthcare interpreting profession*."[22] In

[20] ASTM F3516-22 Standard Guide for Testing Interpreting Performance.

[21] In 1977, a Congressional mandate under President Jimmy Carter called for the creation of the National Commission for Health Certifying Agencies (NCHCA). NCHCA was established to develop standards for quality certification programs in the allied health fields and to accredit programs that met those standards. In 1987, NCHCA was restructured and expanded to include accreditation of certification programs for all professions and became the National Organization for Competency Assurance (NOCA) under which National Commission for Certifying Agencies (NCCA) was formed. In 2009, the NOCA Board of Directors moved to change to a new name and became the Institute for Credentialing Excellence (ICE). NCCA's structure and role remained the same as the certification program accreditation body of ICE. NCCA *Standards* address the structure and governance of the certifying agency, the characteristics of the certification program, the information required to be available to applicants, certificants, and the public, and the recertification initiatives of the certifying agency.

[22] Certification Commission for Healthcare Interpreters (CCHI) Job Task Analysis Study 2016, page 28.

other words, it is very likely that the DSHS medical interpreter exams are still an appropriate assessment tool because while the healthcare field sees frequent changes, the tasks and professional ethics of medical interpreters remain the same.

2. Technology
- 24/7 access to registration/scheduling.
- Virtual testing, or easily accessible test centers.
- Virtual proctors / ID verification available (e.g., through ProctorU service)
- Quick written test score reporting turn-around (immediate or within 48 hours for written tests).
- Reasonable cost to candidates based on industry standards.

Recommendation 2.1: DSHS LTC should continue hosting its scheduling and registration platform.

DSHS LTC should continue hosting its own registration/scheduling platform that currently has 24/7 access or transfer it to the new credentialing state agency.

About a decade ago, DSHS LTC created an online platform, booknow.appointment-plus.com, for candidates to register and schedule testing. In 2020, DSHS LTC joined Washington State's Gateway platform where candidates can check their test scores online and already credentialed interpreters can submit proof of continuing education credits and renew their credentials. Considerable state human resources and taxpayers' funds have been allocated to this efficient online system and therefore it should not be discontinued.

Recommendation 2.2: The credentialing entity should contract with an online proctoring company to provide virtual testing, virtual proctors, and virtual ID verification for the written exam.

For virtual testing, virtual proctors, virtual ID verification or to have easily accessible testing sites, the credentialing entity should enter into a contract with an online proctoring company that has multiple testing sites and can provide quick written test score reporting turn-around.

Test candidates should not be responsible for the technology requirements that online proctoring requires. Both national medical interpreter credentialing organizations, CCHI and NBCMI, subcontract with established

proctoring companies that have multiple proctoring facilities. For the written court interpreter exam, the Administrative Office of the Courts (AOC) has a contract with a proctoring company that has 15 testing sites in Washington State. AOC pays an annual fee to use the company's platform. The price varies according to the length and complexity of the written test. Online proctoring for interpreting skills tried by several credentialing entities has not been reliably successful and has led to numerous appeals. (See table 2 in Recommendation 5)

Recommendation 2.3: DSHS medical interpreter exams are the most affordable option.

So that testing is of a reasonable cost to candidates based on industry standards, the credentialing entity should use the DSHS medical interpreter exams because they are by far the least expensive option.

COST	DSHS	CCHI	NBCMI
PREREQUISTE: oral language proficiency tests English and LOTE		~$200	~$200
PREREQUISTE: 40 hours of training in healthcare interpreting		~$750	~$750
REGISTRATION FEE		$40	$35
WRITTEN EXAM FEE	$30	$191	$175
ORAL EXAM FEE	$45	$302	$275
RENEWAL FEE		$300	$300
TOTAL	**$75**	**$1,983**	**$1,935**

Table 3 Comparative cost of exams

3. a. Prerequisites and screening

- Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience.
- Training in interpreting skills.

Recommendation 3.a.1: The credentialing entity should continue to provide the DSHS LTC free online orientation and ethics training modules.

For training in interpreting skills, the credentialing entity should continue offering the DSHS LTC medical interpreter free online orientation training as well as its ethics training it currently provides that was developed by renowned interpreter trainers. The credentialing entity could also request more online volunteer interpreter training as it has done in the past and/or purchase it. If another state agency takes over the credentialing of medical interpreters, then DSHS LTC should transfer its own online orientation training as well as the ethics training.

WAC 388-03-112 requires candidates to take the mandatory DSHS interpreter orientation in the medical field and interpreter professional ethics training. The DSHS medical interpreter orientation video as well as the medical interpreter ethics and their corresponding quizzes were created as a volunteer effort by two renowned medical interpreter trainers who also served on the board of directors of the national healthcare interpreter credentialing organizations. Considerable state human resources and taxpayers' funds have been allocated to this efficient online system and therefore it should not be discontinued and DSHS should not be allowed to destroy all this work.

Medical New Interpreter Orientation (2:58)

- Modes of interpreting
- Medical interpreter functions
- Understanding what is said
- Language register
- Use of 1st person
- Accuracy
- Tone
- Language transparency
- Positioning
- Pre-session
- Infection control and industrial safety for medical interpreters
- Prisoner patients and psychiatric patients
- Good practices for maintaining interpreters' mental health

Medical Interpreter Ethics Training (2:50)

- What is a code of ethics?

- Healthcare codes of ethics
- Patient stories
- Accuracy
- Cultural sensitivity and respect
- Confidentiality
- Proficiency
- Financial gain
- Non-discrimination and personal beliefs
- Self-representation
- Impartiality
- Conflict of interest
- Professional demeanor
- Professional development
- Scope of practice
- Reporting obstacles to practice

3. b. Test content

- Proficiency in English and target languages.
- Domain knowledge: Healthcare system, medical terminology, and procedures
- Medical interpreter ethics.
- Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).

Recommendation 3.b.1: The credentialing entity should use the DSHS medical interpreter exams because they are appropriate assessment tools.

Regarding test content, DSHS medical interpreter tests are appropriate assessment tools to evaluate the necessary knowledge, skills and abilities medical interpreters must master in order to provide competent interpreting services.

When comparing DSHS tests with the other two national organizations, it is apparent that DSHS testing of interpreting performance skills is superior since the scoring is not combined. In other words, for certified languages DSHS testing candidates must achieve a high level of accuracy in each mode of interpreting. And for non-certified languages, the national organizations simply don’t test sight translation and consecutive modes while DSHS tests do. DSHS also tests interpreting performance skills in more languages than CCHI or NBCMI.

Only DSHS exams test candidates' interpreting performance skills in both consecutive interpreting and sight translation in all languages. **It is a language injustice and a disservice to LEP patients to credential interpreters without having tested their interpreting performance skills**.

RUBRICS	DSHS Certified Languages	DSHS Authorized Languages
Ethics	True or False	True or False
Terminology	Multiple Choice English stem LOTE options	Multiple Choice English
Medical Procedures	Multiple Choice LOTE	Multiple Choice English
Sentence completion	Multiple Choice English	Multiple Choice English
Sentence completion	Multiple Choice LOTE	
Items	150 items	100 items
Pass Score	85%	80%

Table 4 Rubric for DSHS written exam

DSHS Oral Exam for Certified Languages			
MODE	**WEIGHT**	**DIRECTION**	**LENGTH & TYPE**
Sight translation	100%	English > LOTE	100-140 words document
		LOTE > English	100-140 words document
Consecutive	100%	English <> LOTE	350-400 words dialogue
Pass Score	75% Sight and 75% Consecutive		
DSHS Oral Exam for Authorized Languages			
		DIRECTION	**LENGTH & TYPE**
Sight translation	Combined with Consecutive	English > LOTE	250 words 10 unrelated sentences
Oral memory retention	100%	English	210 words 10 progressively longer unrelated sentences
Consecutive	Combined with Sight	LOTE > English	250 words Back translation of sentences in sight translation section
Pass Score	70% Memory Retention and 70% Sight/Consecutive		

Table 5 Rubric for DSHS oral exams

CCHI Oral Exam for Certified Languages			
MODE	**WEIGHT**	**DIRECTION**	**LENGTH & TYPE**
Sight translation	9%	English > LOTE	3 brief passages
Consecutive	75%	English <> LOTE	4 vignettes
Simultaneous	14%	English > LOTE	1 vignette
		LOTE > English	1 vignette
WRITTEN TRANSLATION	2%	English > LOTE	1 multiple choice question
Pass Score	All sections combined with distribution scaled of 300 to 600 with pass score at 450 (75%)		

Table 6 Rubric for CCHI oral exam

NBCMI Oral Exam for Certified Languages			
MODE	**WEIGHT**	**DIRECTION**	**LENGTH & TYPE**
Sight translation	Unknown	English > LOTE	2 passages
Consecutive	Unknown	English <> LOTE	12 scenarios
Pass Score	Pass or fail with unknown score.		

Table 7 Rubric for NBCMI oral exam

	DSHS	**CCHI**	**NBCMI**
CERTIFIED LANGUAGES	Spanish Russian Vietnamese Mandarin Cantonese Korean Cambodian Laotian	Spanish Mandarin Arabic	Spanish Russian Vietnamese Mandarin Cantonese Korean

Table 8 Languages with oral tests

3. c. Test quality

- Tests must meet national standards and federal requirements.
- Tests must be valid and reliable.
- Testing entities must provide reports demonstrating test validity and reliability

Recommendation 3.c.1: WA State should not discontinue the DSHS medical interpreter exams.

The DSHS medical interpreter tests should not be discontinued because they comply with national and federal requirements as outlined in Section 1557 of the Affordable Care Act, the American Translators Association and both ASTM language interpreting standards.

Under Section 1557 of the Affordable Care Act, a qualified interpreter must:

(1) adhere to ethics principles, including patient confidentiality,

(2) demonstrate proficiency in speaking and understanding both spoken English and at least one other spoken language, and

(3) be able to interpret effectively, accurately, and impartially to and from such languages and English, using any necessary specialized vocabulary, terminology, and phraseology. 45 CFR §92.4

The American Translators Association whose membership includes interpreters, bestows their Credentialed Interpreter tag to those members whose:

- Interpreting proficiency has been demonstrated by:
  - Passing an oral exam that tests performance skills in two or more modes of interpreting, with published assessment instruments, research methods, development and validation procedures, eligibility requirements, and administration (e.g., availability and location, fees, reporting of results);[1] or
  - In the case of conference interpreting, exacting peer review or testing through one of the organizations approved for the CI designation.
- And the credential must have been granted by a:
  - Government agency, or
  - Non-profit professional association, or
  - Non-profit certification board or governing committee that includes individuals from the certified population, as well as voting representation from at least one consumer or public member. For entities offering more than one certification program, a system must be in place through which all certified populations are represented, with voting rights, on the certification board or governing committee.

Under Interpreter Qualifications, the ASTM F2089-15 Standard Practice for Language Interpreting clarifies that "*a high level of proficiency in two or more languages, is a necessary prerequisite, but not sufficient by itself to provide quality interpreting*." Therefore, assessment of interpreting performance skills such as those found in DSHS medical interpreter tests are a guarantee for quality interpreting. Section 6.1.6 of the ASTM F3516-22 Standard Guide for Testing Interpreting Performance states that "*an Interpreting Performance Test should require that candidates demonstrate that they can interpret effectively in the interpreting mode required*," which in the case of medical interpreters is to obtain a qualifying score in the two modes of interpreting used in healthcare settings: consecutive interpreting and sight translation. Furthermore, both national interpreter certification oral exams CCHI and NBCMI test candidates' interpreting performance in consecutive interpreting and sight translation. However, DSHS tests those skills in all languages while ALTA only tests consecutive interpreting.

The DSHS medical interpreter tests should not be discontinued because they have proven reliability and validity as demonstrated by published reports. Considerable state resources and funds have been expended to make the

DSHS medical interpreters tests reliable and valid. The reports have been published and posted online and are provided to workgroup members as an attachment.

4. Resources to support clients and healthcare providers

- A platform accessible by healthcare providers to look for interpreters.
- Approved continuing education (CE) courses.
- Certification distribution and revocation systems.
- Customer complaint resolution process.
- Other customer services.

Recommendation 4.1: Continue using the DSHS LTC Gateway platform.

So that healthcare providers can look for interpreters, the credentialing entity should continue using the LTC Gateway platform to find credentialed interpreters.

The "Find an Interpreter or Translator" DSHS LTC current platform is a free online database that allows the public including healthcare providers to search interpreters by language, interpreter name, type of credential, county, NPI number, credential number and even issue date. Interpreters name, phone number and email address can be exported in Excel spreadsheet format.

Recommendation 4.2: Fingerprint-based background checks for medical interpreters.

In order to determine their character and suitability to work in healthcare settings, medical interpreters should submit to a fingerprint-based background check to check their criminal history records kept by the Washington State Patrol and the Federal Bureau of Investigation.

Medical interpreters may be the only ones able to communicate with LEP patients, especially with vulnerable adults and minors. In addition, medical interpreters learn all sorts of confidential information that in the hands of unscrupulous individuals could cause great harm.

Recommendation 4.3: WA State should issue photo ID badges to credentialed medical interpreters.

In order to promote trust among end users of interpreting services, Washington State should issue photo ID badges to credentialed medical interpreters indicating their full name, the language for which they are credentialed, the number of their credential and the expiration date of their credential.

The Administrative Office of the Courts provides badges to the court interpreters it credentials.

Recommendation 4.5: The credentialing entity should follow the complaint and revocation process DSHS LTC had.

For complaints against medical interpreters and revocation of credentials, the credentialing entity should continue with the current regulations, policies, and procedures.

WAC 388-03-170/176 describes the process for the revocation of interpreters' credentials. On September 3, 2020, DSHS/LTC announced a new credential revocation process starting on September 1, 2020. This change was in response to recent feedback concerning the LTC Advisory Committee and a document submitted by Interpreters United. Until recently, DSHS LTC had a detailed process for submitting complaints against interpreters that included a complaint form[23]. DSHS LTC has removed all this information from its website without consulting or even informing its own Advisory Committee or the interpreters' labor union. This is yet another example of DSHS LTC disrespecting stakeholders and subject matter experts. The DSHS LTC Revocation Process is attached at the end of this document so that all that work is not destroyed by DSHS LTC.

See Appendix 1 for the DSHS LTC Revocation Process

[23] DSHS 02-638 (REV 09/2018) Interpreter and/or Translator Credential Revocation Request

Recommendation 4.6: The credentialing entity should continue to approve and post continuing education courses as DSHS LTC has been doing it.

The credentialing entity should continue following the policies and procedures that DSHS LTC currently has in place for the submission, approval and posting of continuing education courses.

WAC 388-03-160 requires medical interpreters to renew their credentials every four years. One of the renewal requirements is to submit through the Gateway platform proof of having earned 16 general credits and 4 ethics credits totaling 20 credits. The Guidelines for Application and Management of continuing education activities and the application form 02-592 were originally created in collaboration with Interpreters United before WAC 388-03-160 went into effect. Since 2015, the Advisory Committee created by the collective bargaining agreement and composed of a broad spectrum of stakeholders was actively involved in the updating of the guidelines and the approval process until 2019 when DSHS LTC was moved to the Office of Diversity and Inclusion. Since then, the time for approval has increased considerably and some activities that had been previously approved were rejected.

Recommendation 4.7: Establish a stakeholder group and follow its recommendations.

The credentialing entity in charge of the medical interpreter testing should establish a stakeholder group and follow its recommendations as required by industry standards.

The NCCA standards specify that "*the certification program must be structured and governed in ways that are appropriate and effective for the profession, occupation, role, or specialty area; that ensure stakeholder representation; and that ensure autonomy in decision-making over all essential certification activities*." The stakeholder group must include individuals from the certified population and may include other appropriate stakeholder groups. The certification program must identify its stakeholders and provide an ongoing mechanism to solicit their input. The certification board must include at least one member, with voting rights, which represents the public or non-employer consumer interest. The certification

program must document how the public interest is routinely represented and protected.

For several decades, the AOC interpreter commission, a stakeholder group, has been advising the court interpreter certification program. Working interpreters have voting rights and their input is not ignored. On the other hand, the opinion of interpreters in the Advisory Committee has been ignored in DSHS LTC since it was moved under the Office of Diversity and Inclusion.

APPENDIX: Revocation request process

(Housed in the DSHS LTC website until recently)

Causes for Revocation

DSHS can revoke credentials issued to interpreters and translators for any of the following reasons:

1. They were not truthful with DSHS.
2. They violated a provision of the code of conduct (WAC 388-03-050) and that violation created a major negative impact on DSHS or the profession.
3. They committed a felony or misdemeanor related to their language services.
4. Their actions related to their language services were fraudulent, dishonest, or corrupt.
5. They continued to violate the code of conduct (WAC 388-03-050) after they were asked to stop.
6. They continued to falsely advertise their language service after they were asked to stop.
7. They are grossly incompetent as a language services provider.

Requesting a Revocation

Entities who contract with a DSHS interpreter or translator can file a request for revocation of DSHS credentials under WAC 388-03-170. DSHS/LTC will consider a revocation request only if the contracting entity completes the following steps:

1. Conduct an investigation of the incident.
2. Interview the interpreter regarding the incident and include the details of that interview in the revocation request.
3. Complete a Revocation Request Form: link
4. Provide the names and contact information of individuals who witnessed the incident.
5. Provide supporting documentation to corroborate the allegations.
6. Confirm that the incident happened within 2 years of the revocation request.

Review Process

Upon receiving a revocation request, LTC will:

1. Acknowledge receipt via email to the requestor.
2. Review the request to determine if it is complete and timely.
    1. If revocation request is not complete or timely
        1. Dismiss and notify complainant.
    2. If revocation request is complete and timely
    1. Notify complainant that the request will be reviewed within 30 days.
        2. Notify the interpreter that the request has been received and will be reviewed within 30 days.
        3. Contact witnesses and interpreter to get more information.
        4. Conduct any research needed to adequately resolve request.
        5. Notify complainant and interpreter if additional time is needed.
        6. Additional time shall not extend beyond 90 days from the date LTC received the revocation request.
        7. If no action is taken within 90 days, the request is automatically dismissed.

Resolutions

Dismissal: Evidence does not support the violation.

1. Dismiss allegation.
2. Notify interpreter.
3. Notify Complainant

Warning: Evidence supports violation, but violation does not warrant revocation.

1. Notify interpreter of violation; require that interpreter halt activity in question.
2. Notify complainant.

   Possible factors that MAY lead to this outcome: limited or no evidence of harm to client or resident with LEP or DSHS; first complaint; singular violation; minor violation; mitigating and/or justifying circumstances.

Suspension: Evidence supports greater than minor violation.

1. Suspend all current credentials for a period of time between 3 months and one year.
2. Notify interpreter of violation; require that interpreter halt activity in question.
3. Include notice of right to appeal.
4. Notify complainant.
5. Suspend from list of fully certified/authorized interpreters.
6. Notify language agencies who use interpreters.

Possible factors that MAY lead to this outcome: violation is major or substantial; caused or could cause harm to client or resident with LEP or DSHS; no or only minor prior violations or warnings; mitigating circumstances that do not rise to full justification.

Revocation: Evidence supports violation and violation is substantial.

1. Notify interpreter of permanent revocation and ban from LTC tests in the future.
2. Include notice of right to appeal.
3. Notify complainant.
4. Remove from list of fully certified/authorized interpreters.
5. Notify language agencies who use interpreters.

Possible factors that MAY lead to this outcome: caused or could cause harm to client or resident with LEP; evidence of inadequacy to be an interpreter or work with DSHS clients; multiple offending incidents; no mitigating circumstances that justify lesser action; prior warnings.

Records Retention and Prior Requests

Revocation requests and all accompanying documentation will be kept by DSHS for ten years at which time they may be destroyed. Incidents occurring more than 2 years prior to the current revocation request will not be considered in the resolution of the current request. However, previous dispositions may be considered when determining the resolution of the current request.

Appeal

1. Interpreters have the right to appeal the suspension or revocation decision to the Office of Administrative Hearings.
2. An appeal must be filed within 30 days of receipt of the revocation letter.
3. To initiate an appeal, mail revocation letter and hearing request to the nearest office: http://oah.wa.gov/Content-Area-Management/All-About-OAH-Hub/Office-Information.

Reference: WAC 388-03-170 through WAC 388-03-176.

First Response to Draft Recommendation 13 – Natalya Mytareva, CCHI

Thursday, October 5, 2023

Natalya Mytareva
CCHI Executive Director

RE: CCHI's Response to the *Draft Recommendations by the Interpreters United* dated 10/2/23 and Posted as #13 on the Workgroup Website

Unfortunately, the [*Draft Recommendations by the Interpreters United* dated 10/2/23 and posted as #13 on the workgroup website] document contains multiple factual errors about testing processes overall and about CCHI's examinations, specifically, including but not limited to the percentages of the CCHI exam content. I encourage all parties to go to CCHI's publications to get correct information about our national certification credentials (the most comprehensive description of all our exams and testing processes is in the Candidate's Examination Handbook, available here).

CCHI's credentials – CoreCHI (which the Interpreters Unted's document refers to as a "written exam") and CHI-Spanish – are accredited by NCCA. We are the *only* entity with interpreting certification that has NCCA accreditation. In 2023, CCHI has launched a new credential – *CoreCHI-Performance*, which includes passing of two exams: a "written" and an interpreting skills exam in 2023, and currently counts 120 certificants with this credential whose languages range from French, Japanese, Korean, Portuguese, Vietnamese to Farsi, Hmong, Nepali, Tagalog, and also American Sign Language. CCHI is seeking its accreditation by NCCA in 2024.

1) The main point of clarification is that, with the new CoreCHI-Performance credential, CCHI does have a reliable mechanism of assessing interpreting knowledge and *skills for all languages*. Here is a brief outline of the performance exam (called ETOE™) that is required for this new credential:

1. Listening Comprehension (14%)
2. Shadowing (13%)
3. Memory Capacity (24%)
4. Restate the Meaning (21%)
5. Equivalence of Meaning (19%)
6. Reading Comprehension (9%)
7. Speaking Skills in Language Other Than English (LOTE) (this item is further assessed via a required continuing education activity).

(A detailed description of the ETOE™ interpreting performance exam is available here.) In 2025, CCHI will start requiring all CoreCHI certificants to take this exam and earn the CoreCHI-Performance credential. CCHI has updated its language proficiency requirements based on a national survey, to make them more robust. These requirements go into effect in early November and are published next week. I'll share them with the DSHS workgroup as soon as they are available.

2) Another point of clarification is about the importance of updating the certification exams based on a national job task analysis. The Interpreters United chose to site our report of 2016 (page 17 of their document), yet, they do not reference our report of 2022 (https://cchicertification.org/uploads/CCHI_Job_Analysis_Report_2022.pdf). Comparison of these two reports demonstrates that there have been changes in the practice that necessitate changes in the

content and structure of the tests, e.g., in the 2022 report, simultaneous interpreting skills receive a higher weight on the bilingual performance exam (17% compared to 14% in 2016). And CCHI adjusts all its exams based on the most recent job task analysis. The fact that the old DSHS tests have not undergone such comprehensive revisions means that they do not meet current psychometric standards of certification test development at this point.

3) The Interpreters United make an unsubstantiated claim that medical interpreting is performed via only two modes – consecutive and sight translation (page 25). They leave out the simultaneous mode of interpreting which is the third mode as defined by ASTM Standard F2089-18 "Practice for Language Interpreting." In medical settings, the simultaneous interpreting mode has been deployed for such critical instances as emergency care, psychiatric care, patient education, emotionally charged situations, etc. The simultaneous mode has been validated as a main skill by the national job task analyses conducted by CCHI in 2010, 2016, and 2022. Neither the old DSHS not NBCMI's nor ALTA's tests assess skills in this mode. CCHI's performance exams (both CHI and ETOE) assess skills needed for simultaneous interpreting.

4) The description of the bilingual CHI performance exam, presented on p. 23 of the Interpreters United document, is incorrect. Please see the detailed description of the exam here.

5) It's important to correct a misinterpretation of a passing point on our exams which the Interpreters United document presents as 75% for CCHI's bilingual exam (page 23 of their document). The passing score of 450 points is a weighted representation of a passing point established through a psychometric process called "standard setting study". The description of the standard setting process is available at the bottom of this page: https://cchicertification.org/certifications/preparing/chi-score/. While it may seem a technical distinction (a score is not a percentage), CCHI does not accept inaccurate information about our exams in any form.

Please share these comments and corrections with all members of the workgroup and other interested parties.

Second Response to Draft Recommendation 13 – Ruiqin Miao, Ph.D., and Helen Marge Henera, DSHS

Tuesday, October 10, 2023

Ruiqin Miao, Ph.D., and Helen Henera
DSHS

- *Interpreters United stated that they feel: "There is an inherent conflict of interest for a company that sells services to be the testing entity of the services it sells."*

  DSHS: DSHS has thoroughly reviewed this concern over the past 18 months with the launch of the LTC third-party referral testing process for medical interpreters. In consultation with the Attorney General's Office, we found no valid conflict of interest issues.

- *Interpreters United stated: "DSHS's excuse for such a preposterous decision was that in order to take the written exam, both CCHI and NBCMI required candidates to show proof of language proficiency in English and a language other than English."*

  DSHS: The pre-test screening requirements of CCHI and NBCMI meet DSHS-LTC standards for oral proficiency in lieu of an oral test.

- *Interpreters United stated: "Interpreters United conducted searches of the DSHS/LTC's public online database, on December 19, 2019, on August 6, 2022, and on September 20, 2023. Since December 2019, Washington state has lost one-third of its credentialed medical interpreters."*

  DSHS: As of Oct. 1, 2023, the date Interpreters United submitted their draft recommendation, the public Gateway site showed 1,915 active Medical Interpreters.

- *Interpreters United stated in their recommendation: "Recommendation 1.1: DSHS should continue being the testing and credentialing entity of medical interpreters and not outsource."*

  DSHS: DSHS LTC is neither trained, funded, staffed, nor equipped to develop and update tests. DSHS does not have the technology to deliver online tests nor the resources to build, establish, maintain, and routinely update the technology to put in place a virtual testing and certification system with a viable support process. Currently, there are organizations nationwide throughout the industry of medical interpreter testing and certification already established and capable of providing services to maintain a qualified pool of medical interpreters to serve Washingtonians.

- *Interpreters United stated: "Interpreters United maintains that under the Reyes Consent Decree DSHS is obligated to test candidates' interpreting performance skills."*

  DSHS: The Reyes Consent Decree does not require DSHS to administer in-house testing.

- *Interpreters United stated:" Since 1995, DSHS has been testing medical interpreters' consecutive and sight translation skills in all languages."*

  DSHS: Consecutive Interpretation and Sight Translation are skills assessed in the oral tests for certified languages only (Spanish, Cantonese, Mandarin, Vietnamese, Russian, and Korean). For languages other than the six certified languages, the oral tests assess Back Translation and Memory Retention skills.

- *Interpreters United stated: Furthermore, under RCW 74.04.025(4) DSHS must "require the successful completion of oral and written tests in accordance with established standards to ensure that all language access providers are fluent in English and a primary non-English language.*

  DSHS: The pre-test screening requirements of CCHI and NBCMI meet DSHS-LTC standards for oral proficiency in lieu of an oral test.

- *Interpreters United stated: "Since 2015, the Advisory Committee created by the collective bargaining agreement and composed of a broad spectrum of stakeholders was actively involved in the updating of the guidelines and the approval process until 2019 when DSHS LTC was moved to the Office of Diversity and Inclusion."*

  DSHS: The Advisory Committee continues to be involved in the updating of processes and procedures. The Advisory Committee is not an oversight group with approval authority over DSHS management practices to serve DSHS clients or Washingtonians with limited English proficiency.

  There have been continuing updates in LTC's processes and procedures including increasing the number of qualified interpreters; streamlining procedures for access and inclusion; and accommodating statewide emergencies and lockdowns. These updates are communicated to the Advisory Committee members on an ongoing basis.

# # # # #

Draft Recommendation 14 – Cindy Roat, Medical Interpreter

Comments to the SSB 5304 Workgroup regarding Healthcare Interpreter Certification

Submitted by Cynthia E. Roat, MPH, National Consultant on Language Access in Health Care

October 6, 2023

Statement of potential conflict of interest

I am a national consultant on language access in health care with over 30 years of experience in this field. I am participating in this workgroup as a volunteer and have no vested financial interest in the outcome. I do, however, provide training for healthcare interpreters and could potentially benefit if more training were required of interpreters seeking certification.

Statement of purpose

These recommendations will address four basic questions posed to the workgroup under SSB 5304:

1. Recommendations regarding healthcare interpreter certification process.
2. Recommendations aimed at increasing the availability of language services in rural areas and for languages of lesser demand.
3. Recommendations regarding the retention of interpreters.
4. Recommendations regarding a Code of Ethics for interpreters.

Finally, I will offer some recommendations on a few broader issues that impact language services to recipients of state-funded services in Washington.

Healthcare Interpreter Certification

The Reyes Consent Decree of 1991 requires DSHS to "ensure that all interpreters and bilingual workers are fluent in English and a primary non-English language. DSHS shall develop standards of testing, oral and written, to ensure that all interpreters and bilingual workers meet the standards. Testing shall include evaluation of the language competence, interpreter skills, understanding of DSHS policies regarding confidentiality, DSHS forms and the role of interpreters."[m] The consent decree goes on to state, "As soon as the test is validated and approved, DSHS will being testing of contracted interpreters and translators and bilingual staff in the five primary languages of Spanish, Vietnamese, Cambodian, Laotian and Chinese."[n] It is not clear to me whether this language actually requires DSHS to test interpreters, or whether the spirit of the ruling is that DSHS make reasonable efforts to guarantee the quality of language services provided to recipients of state-funded services, such as healthcare paid for by Medicaid. For the sake of these recommendations, I will assume the latter.

At the time of Reyes, there was no valid and reliable test available to ascertain the skills of a healthcare interpreter, therefore, it made sense for DSHS to invest in developing its own certification process. When it was developed, the DSHS tests were shown to be valid and reliable. However, high stakes tests such as these must be maintained periodically in order to maintain their validity and reliability; this means that new items are continuously tested and substituted into the test, raters are tracked and periodically retrained to prevent rater drift. The DSHS healthcare interpreter certification tests have not been regularly maintained since they were designed in 1995 and so are no longer valid and reliable. Bringing these high stakes tests up to standard would cost hundreds of thousands of dollars. Please see my attached written testimony to the Ways and Means Committee for an estimate of the costs of continuing to provide interpreter testing as a service of DSHS.

[m] Consent Decree, page 16, Section 30.

[n] Consent Debree, page 17, Section 31.

In 1995, DSHS had no choice but to invest this money. Today there are two national certification processes for healthcare interpreters: one through the Certification Commission for Healthcare Interpreters (CCHI – a 501(c)5 non-profit organization) and the other through the National Board for Certification of Medical Interpreters (NBCMI – a division of the International Medical Interpreters Association). The money that the State of Washington would spend duplicating these testing processes could be better spent supporting candidates to become nationally certified. To that end, these are my recommendations:

1. Require interpreters serving Medicaid patients to be certified by CCHI.
   Both CCHI and NBCMI provide national certification testing for healthcare interpreters. CCHI is a national 501(c)6 non-profit organization specializing in healthcare interpreter testing. It currently provides language-specific testing for interpreters of English-Spanish, English-Arabic and English-Chinese. The recently implemented CoreCHI-P test, an oral test available to speakers of all other language pairs, tests cognitive skills shown to be statistically predictive of passing a language-specific interpreting test. With these tests, CCHI is prepared to certify interpreters of any language pair.

   NBCMI is a division of the International Medical Interpreter Association (IMIA). While the IMIA claims to be a federally recognized non-profit organization, an October 10 search of the IRS website could find no trace of this organization's non-profit status. NBCMI currently provides language-specific testing in English-Spanish, English-Cantonese, English-Mandarin, English-Russian, English-Korean and English-Vietnamese. It also provides a written test for interpreters of other language pairs (the CMI-HUB), with no oral section.

   All of CCHI's tests are currently valid and reliable. Its test development process has been accredited by the National Commission of Certifying Agencies, and it is actively involved in constantly updating and maintaining its tests. IMIA did have NCCA accreditation but has allowed it to lapse.

   Both CCHI and NBCMI have prerequisites for testing. Candidates must prove that they are over 18 years old, that they have at least a high-school education from any country, that they are fluent in both English and in the non-English language of certification, and that they have received at least 40 hours of basic training. These requirements, while adding cost to the certification process, will guarantee a higher skill level among the interpreters serving Washington's LEP population and Medicaid providers than is currently the case.

   Both CCHI and NBCMI have registration processes done over the internet and test remotely through a professional testing organization called Prometric, which has multiple testing locations throughout Washington State. The tests can also be set up to be done from home with an online proctor.

   Both CCHI and NBCMI require continuing education to maintain their credentials. CCHI requires 32 hours of CE every four years, 4 credits of which must be performance-based, as well as 40 hours of actual interpreting. NBCMI requires 30 contact hours of CE every five years.

   With a valid and reliable national certification option available, there is no need to duplicate the effort by running a parallel program at the state level.

Please note that there seems to be some question as to whether Washington State could legally contract with either of these organizations for their services, considering that they are not based in this state. However, this model does not require the State to contract with CCHI or NBCMI; it simply requires that the State require national certification to provide services to Medicaid patients.

2. Partner with state and local non-profit organizations such as NOTIS to provide scholarships for candidates who need financial assistance to pay for training and certification costs.
   There is one major drawback to the national certifications compared to the program previously being implemented by the Language Testing and Certification Division of DSHS, and that is cost. Both national certification programs charge a candidate around $530, in addition to the cost of basic training. The LTC program used to cost under $100 with no meaningful training required. While many here in Washington State will be able to afford this fee in order to get certified, others may find these fees a real barrier to entering the interpreting profession. Therefore, it would behoove Washington State to dedicate some funds to assisting interpreter candidates who have financial need in meeting these expenses. This could be done through partnership with local interpreter associations such as the Northwest Translators and Interpreters Society, which already provides some level of scholarships for members to attend basic trainings or conferences.

3. Partner with community colleges to provide in-person or online basic training for healthcare interpreters.
   As mentioned, the national certification both require at least 40 hours of basic training. All those who train interpreters will testify that quality interpreting requires knowledge and skills that can only be acquired through training and practice. As a provider of continuing education to DSHS-certified interpreters, I have been frequently chagrined at the general ignorance and high level of inaccuracy in the interpreting of students who are already certified by DSHS. Requiring training before testing will lead to a higher pass rate among those who test and better service being provided to LEP Washingtonians and the providers who serve them.

   Developing out of the 2020 Pandemic, there are now many online basic training programs for healthcare interpreters, include those of ALTA Language Services, Liberty Interpreting Academy, InterpreterEd.com, Americans Against Language Barriers, Blue Horizon, and many others. Some of these classes take place synchronously (that is, at a set time with everyone online together) and some are asynchronous (self-study classes in which the student proceeds at their own rate). In addition, Washington's Community College system could be an appropriate partner in helping to provide in-person or online basic training for healthcare interpreters. The potential drawback with Community College classes is that they must pay for themselves, so classes are often cancelled the day before starting because not enough students have registered. The State could help subsidize these programs, or the colleges could work together to run online classes open to their students anywhere in the state.

4. Task LTC with verifying the pre-requisites for national certification.
   Another way to ameliorate the cost of national certification would be to task LTC with the verification of the pre-requisites for the national certification test. This would allow CCHI and NBCMI to lower their fee to the test candidate.

5. Partner with state and local organizations to help support candidates through the online process. For students who are even moderately tech-savvy, the tasks of registering, training, and testing online will present no challenge. However, experience has shown that interpreters with more limited experience with technology may need support in walking through these online processes. Organizations such as Interpreters United, NOTIS, the Community Colleges or Language Testing and Certification could provide this sort of support.

6. Suspend the accreditation of continuing education programs.
   Both national credentials already require continuing education in order to be maintained, and both national certifying bodies require the continuing education classes they accept to meet certain standards. LTC could, therefore, suspend its current work in accrediting CE programs and tracking CE credits, limiting itself to maintaining the online Gateway in order to track certification revalidation every 4 years. LTC would need to continue to track CE for those interpreters already certified by DSHS, so that they could maintain their credentials without having to retest.

Comments on the Options offered the work group
In my opinion, none of the options created by the Work Group are sufficient in themselves. I believe that the recommendations I make above would provide a better system overall than any of the options we were presented.

I do believe that having a centralized office to manage language access for all of the state services would be a great step forward, however, I find it hard to believe that the legislature would fund such an office. In addition, that office would need to be headed by someone with a great deal of expertise in language access across many domains: healthcare, social services, legal services, mental health services, educational services, etc., as each of these domains encompasses different role definitions, different standards of practice, and different national resources.

Comments on comments submitted by Interpreters United
There are significant factual errors in the comments submitted by Interpreters United. I believe that Natalya Mytareva of CCHI and Eliana Lobo, representing the Community Colleges, have addressed many of those inaccuracies; I refer you to their comments.

Availability of language services in rural areas and for languages of lesser demand.
Providing sufficient interpreters in rural areas, and providing sufficient interpreters in languages of lesser demand, has always been a struggle. National best practices recognize the use of remote interpreting, especially video-interpreting, as the best means to provide language access in areas where the cost of paying for an interpreter to travel (especially for a short appointment) is unsustainable. In addition, working remotely allows interpreters in languages of lesser demand to provide services across many cities and states, increasing the probability that they will have sufficient work to stay in the profession and sufficient practice to become skilled.

Recommendations regarding the retention of interpreters.
There are three major components that influence retention of interpreters:
1. Sufficient remuneration.
2. Acceptable working conditions.
3. Respect.

I believe that Interpreters United is better positioned than I to comment on the degree to which the current system remunerates interpreters fairly, provides acceptable working conditions, and affords respect to interpreters as language professionals.

Recommendations regarding a Code of Ethics for interpreters.
A National Code of Ethics for Interpreters in Health Care already exists, developed through a 2-year national consensus-building process by the National Council on Interpreting in Health Care. It is counterproductive for Washington State to develop and maintain a separate Code of Ethics for healthcare interpreters here. While certain parties express concerns about the National Code's inclusion of advocacy, a close review will show that this Code supports advocacy only in cases in which the "patient's health and well-being are in jeopardy." Such advocacy would be, in fact, required by any healthcare institution of anyone working on its premises, including interpreters.

Comments on workgroup process
There are significant concerns around the process of this "Advisory" Group. The extremely short time frame afforded this process allowed us only six 90-minute meetings, one of which was spent entirely on introductions. Many participants had no expertise in interpreting, language access systems or high stakes test development/maintenance/implementation. The group was so large that, even in small group sessions, there was no time for real discussion, only for each individual to state a view in 2-3 minutes. The report-outs to the larger group were often highly inaccurate, largely, I believe, because the facilitators had no background in the subject matter and so did not really understand what they were hearing. Nuance was lost and many ideas were simply not reported. While it was possible to go back and listen to all the recordings later, I do not think that any participants had the time to do that. In the end, it would be a mistake to believe that any "recommendation" from this group represents anything close to consensus; in fact, it is a pity that we were not allowed the time to really discuss the issues and come to some general agreements. Perhaps if the group were reconvened, or reconfigured, and allowed a longer time frame in which to work, true recommendations could be made.

Draft Recommendation 15 – Elena Vasiliev, ULS

Wednesday, October 11, 2023

Elena Vasiliev, ULS

Re: Comments for Options Poll

I vote for #5 with the below adjustment:

One of the organizations listed below (their choice) receives additional funding to manage the WA State Interpreter/Translator Testing, Training, and Certification program for Medical, Social, and Court Interpreters/Translators through the qualified private entity selected via the official RFP process:

- DSHS LTC
  or
- DES
  or
- State Centralized Office [proposed name: Department of Language Testing and Certification (DLTC)]

NOTE: the selected private entity would be prohibited from testing/training themselves and will partner with organizations that have invested in various comprehensive test/training development/regular improvements, etc. and have proven years of experience successfully managing training and testing programs. The managing organization will issue the Recognition Certificate as per WAC 388-03-114**.**

This system should be similar to how HCA, L&I, and DES manage their contracts through qualified vendors selected via the RFP process.

Some of the key expectations are highlighted below:

1. Testing, all types – Medical, Social, Court, Translations:
   a. The private coordinating entity would be prohibited from testing themselves and will partner with organizations that have already invested in various comprehensive test development/regular improvements (nationally recognized organizations, CCHI, NBCMI, others) to coordinate and manage the test options/locations based on interpreters' or bilingual individuals' needs, ability to use online technology and ability to travel.
   b. Negotiate high volume discounts with professional testing organizations to keep costs down for interpreters/bilingual individuals/state organizations.
   c. Support/coordinate the online and in-person testing events to accommodate individuals with limited technical knowledge/comfort zone/ability limitations related to various health conditions. Negotiate with local organizations for cost-free leasing of testing locations (e.g. local hospitals, social service offices) for in-person testing events.

2. Training:

a. Partner with professional training organizations (e.g., community colleges, recognized training organizations – Bridging the Gap, other) and assist in coordinating the training schedules between organizations to prevent *quarters from* being canceled due to lack of student enrollment.
b. Coordinate training classes through various professional organizations based on language groups to keep the overall course cost down.
c. Partner with professional organizations to coordinate continuing education programs for interpreters.

3. Technology/Online Presence:
    a. Set up and maintain a website to keep the listing of credentialed interpreters up to date.
    b. Provide the technology for tracking and managing continuing education credits for interpreters/translators, tracking their credentials expiration dates, etc.

4. Customer Service Support:
    a. Setup a live contact center to support interpreters/translators/organizations/stakeholders with their online/email/phone inquiries; utilize a cases ticketing system to ensure timely responses.

5. Career Opportunities Support:
    a. Regularly survey WA organizations (e.g. Hospitals, Administrations of XYZ) for their existing and projected language needs.
    b. Research the projected language demand based on refugee migration statistics for a specific geographical area.
    c. Assist credentialed interpreters with language demands to help re-locate to the area of their language pair spoken (as needed) for various reasons (lack of interpreting work in their existing area, or looking for relocation based on personal reasons).
    d. Organize and maintain webinars and in-person events to guide bilingual individuals in starting their interpreter careers.
    e. Partner with refugee organizations, WA Department of Health, WorkSource, and other professional organizations to connect bilingual individuals and interpreters to interpreter career opportunities and hiring events.

Draft Recommendation 16 – Elena Langdon, MasterWord

Friday, October 13, 2023

Elena Langdon, MasterWord

Re: Comments for Options Poll

The best option would be a combination of the ones presented here: training to be provided by community colleges, as in option 1, certifying to be done for medical interpreters through exiting national certification bodies (why reinvent the wheel when this has been done by two entities already?), as in option 3, and certification for other settings (educational, legal,. etc.) to be done by a centralized state office that contracts with existing testing entities. For community college training, who would write the curriculum? Would this be a set curriculum designed by SMEs? I agree with the comments regarding the need for more time to discuss this topic. There are any elements to it and the options provided don't address the complexity of the issue. Would the state consider creating an office to evaluate the strengths of different testing and training programs that currently exist around the country (aside from medical/healthcare certification, because I do not see a reason to certify for this other than nationally)? If standards and criteria were set, then the state could evaluate the merits of various programs and allow them to participate in a state credentialing/certifying program.

Appendix H: Poll Results

Poll to Rank Options for State of Washington Medical Interpreter Testing and Certification

On Tuesday, October 3, 2023, the Language Access Work Group participants were invited to rank options for State of Washington Medical Interpreter Testing and Certification programs.[o] The ranking poll was open until Wednesday, October 4, 2023, at 10:00am.

The instructions for the poll are below.

Which interpretive service certification programs do you think work best for Washington state?

Please rank the five options shown in TABLE ONE [below] by assigning them a number, with 1 being the option you recommend most strongly and 5 being the one you recommend the least.

INTERPRETER OPTIONS[p]
DSHS Receives Additional Funding and Partners with Community Colleges (medical) DSHS would partner with community colleges. Together, they would provide all elements of certification for medical interpreters.
DSHS Receives Additional Funding and Continues Third-Party Testing (medical) DSHS would continue to certify medical interpreters with third-party testing scores and manage the post-certification components of CE course approval, CE tracking, and certification revocation.
State Certified Office Contracts with National Medical Interpreter Certifying Bodies (medical) A brand-new, state-centralized office would be created and would contract with testing and certifying bodies who would independently provide all elements of medical interpreter certification, from screening through post-certification.
State Centralized Office Partners with National Medical Interpreter Certifying Bodies (medical) A brand-new, state-centralized office would be created to certify medical interpreters with test scores from national testing bodies and manage post-certification processes.
State Centralized Office Partners with Community Colleges (medical + other professional interpreters and document translators) A brand-new, state-centralized office be created and would partner with community colleges. Together, they would provide all elements of certification for medical interpreters with the option to include all other types of language access providers in the state such as court, social services, quasi-legal, written document translators, etc. The option to include others recognizes that SSB 5304 limited the work group to provide recommendations on medical interpreters.

[o] In preparation for the vote, participants were asked to review the Draft Options for State of Washington Medical Interpreter Testing and Certification. Because this was a working document, ended up being updated several times. On September 19, during Meeting 5 of the work group, **Version 1** of the Draft Options document was shared with participants. After receiving participant feedback following that meeting, the working document was updated and a link to **Version 2** of the Draft Options was emailed to participants on September 20. Following feedback from state agencies, the document was again updated, and a link to **Version 3** was emailed to participants on September 22. It was this version that was generally commented on during Meeting 6. Following participant feedback during Meeting 6, the document was updated again. **Version 4** of the options is what participants used to vote on.

[p] Some of the options are a vision of the future. They may require further research or modification of state statutes to be implemented.

On Friday, October 6, the poll was shared with participants during the sixth and final meeting of the work group. Following participant feedback during that meeting, the poll table was updated (as shown above) and a link to the updated poll was emailed to 75 potential respondents.

Twenty-five participants submitted votes to rank the five options. However, votes submitted by Natalya Mytareva and Eliana Lobo were removed from the results since both stated they would abstain. Antoinette Wynne and Yun-Mei Wang Wilborn submitted their votes before the updated Options table was uploaded to the online poll.

DSHS contacted Yun-Mei and received her updated vote. DSHS was unable to reach Antoinette before the date and time it had promised to share results with the work group so Initial Poll Results were shared on Friday, October 6, 2023.

On Monday, October 9, 2023, Antoinette provided her top vote, which is reflected in the results under the Rankings column marked **1st**. Antoinette's updated comments are also included in this document.

The **final** poll results are shown below.

Interpreter Options – FINAL Poll Results	Rankings				
	1st	2nd	3rd	4th	5th
DSHS Receives Additional Funding and Partners with Community Colleges (medical)	4	12	1	2	3
DSHS Receives Additional Funding and Continues Third-Party Testing (medical)	0	1	5	5	11
State Certified Office Contracts with National Medical Interpreter Certifying Bodies (medical)	3	2	3	8	6
State Centralized Office Partners with National Medical Interpreter Certifying Bodies (medical)	2	4	10	6	0
State Centralized Office Partners with Community Colleges (medical + other professional interpreters and document translators)	14	3	3	1	2

How to interpret the poll results table

Participants assigned a number from 1 to 5 for each of the five options, with 1 being the option they most strongly recommend and 5 being the option they least recommend. The option that received the highest number votes for each rank is highlighted in green.

Comments

In addition to ranking the options, participants had the opportunity to submit comments. Following are the comments received, in alphabetical order by participants' last name:

Tara Bostock, DOH
Please provide additional recommendations for prioritizing Indigenous languages as their use is increasing in this state. Maybe it is a regional approach, but it needs to be taken into consideration. Consider including guidance on working with community-based organizations to understand

terminology used by people in specific language groups. They could participate in curriculum building and pre-test training. Additionally, I know timing is tight, but I'm not seeing the option 1.5 that people expressed interest in. In addition, it would have been helpful to receive more information about the new options added and specifically, the difference between 3 and 4.

Milena Calderari-Waldron, Interpreters United
#1 Option 5 - State centralized office partners with community colleges A state centralized office partnering with community colleges is an appealing idea. Community colleges would become the training and testing administration entity. Colleges will soon discover that developing interpreting performance skills tests is very complex and expensive. To preserve quality and interpreting performance integrity, there should be unified statewide tests, raters, scoring, etc. WA State has spent considerable resources and taxpayer funds in the development and management of the DSHS medical interpreter program and all this work should not be destroyed. Accordingly, WA State should contract −through competitive bidding− with an established testing company to conduct a Job Task Analysis and refresh the DSHS medical interpreter tests accordingly. The refreshed DSHS medical interpreter tests can then be made available to colleges for their administration. #2 Option 1 - DSHS receives additional funding and partners with community colleges. DSHS receiving additional funding to partner with community colleges keeps both medical interpreter testing and the credentialing process in WA State. Community colleges would become the training and testing entity while DSHS would become the credentialing entity. The National Commission for Certifying Agencies Standards for the Accreditation of Certification Programs prohibit training and testing to be provided by the same entity (e.g., colleges). Accordingly, DSHS should continue its medical tests, albeit refreshed, but proctored by community colleges. #3 Option 4 - State centralized office partners with national medical interpreter certifying bodies The problem with partnering with national medical certification organizations is that they are both private entities with self-perpetuating boards over which WA State has no jurisdiction. Most of their income derives from interpreter testing and renewal fees. In addition, NBCMI pays royalties to a for-profit language company that was the original developer of some of its tests. WA State should not be subsidizing private entities, especially for-profit ones. #4 Option 3 - State centralized office contracts with national medical interpreter certifying bodies (medical)Our union is strongly opposed to WA State using public funds to subsidize private entities, especially for-profit ones. #5 Option 2 - DSHS receives additional funding and continues third-party testing. Under third-party testing, DSHS has allowed for-profit language companies that sell interpreter services to enter the picture. It is an inherent conflict of interest to have the vendor that sells the service to be the testing entity of the services it sells, whether they sell services to WA State or not.

Helen Eby, Interpreters United
#1 Option 5 - State centralized office partners with community colleges A state centralized office partnering with community colleges is an appealing idea. Community colleges would become the training and testing administration entity. Colleges will soon discover that developing interpreting performance skills tests is very complex and expensive. To preserve quality and interpreting performance integrity, there should be unified statewide tests, raters, scoring, etc. WA State has spent considerable resources and taxpayer funds in the development and management of the DSHS medical interpreter program and all this work should not be destroyed. Accordingly, WA State should contract −through competitive bidding− with an established testing company to conduct a Job Task Analysis and refresh the DSHS medical interpreter tests accordingly. The refreshed DSHS medical interpreter tests can then be made available to colleges for their administration. #2 Option 1 - DSHS receives additional funding and partners with community colleges. DSHS receiving additional funding to partner with community colleges keeps both medical interpreter testing and the credentialing process in WA State.

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Jon Gould, Child Haven
thank you

Carolina Gutierrez, DOH
State Centralized Office Partners with Community Colleges (medical + other professional interpreters and document translators) I think creating a new state office to work with colleges and other language access leaders like WASCLA, and community leaders from indigenous communities would be the ideal program to make a path for interpreters and translators. It is time to include other voices to the table and representation is extremely important. I also suggest creating a smaller group that continues to work on strategizing a path to respond to the high need for interpreters of indigenous languages from Guatemala and Mexico.

Larysa House, Interpreter
#1 Option 5 - State centralized office partners with community colleges A state centralized office partnering with community colleges is an appealing idea. Community colleges would become the training and testing administration entity. Colleges will soon discover that developing interpreting performance skills tests is very complex and expensive. To preserve quality and interpreting performance integrity, there should be unified statewide tests, raters, scoring, etc. WA State has spent considerable resources and taxpayer funds in the development and management of the DSHS medical interpreter program and all this work should not be destroyed. Accordingly, WA State should contract −through competitive bidding− with an established testing company to conduct a Job Task Analysis and refresh the DSHS medical interpreter tests accordingly. The refreshed DSHS medical interpreter tests can then be made available to colleges for their administration. #2 Option 1 - DSHS receives additional funding and partners with community colleges. DSHS receiving additional funding to partner with community colleges keeps both medical interpreter testing and the credentialing process in WA State. Community colleges would become the training and testing entity while DSHS would become the credentialing entity. The National Commission for Certifying Agencies Standards for the Accreditation of Certification Programs prohibit training and testing to be provided by the same entity (e.g., colleges). Accordingly, DSHS should continue its medical tests, albeit refreshed, but proctored by community colleges. #3 Option 4 - State centralized office partners with national medical interpreter certifying bodies The problem with partnering with national medical certification organizations is that they are

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Jarrod Irvin, DES
The 3rd and 4th options appear to be very similar, if not the same.

Leroy Mould, Interpreters United Local 1671
The first option that I would recommend, would be to have DSHS receive additional funding and do testing, certifying and maintaining record of continuing education of interpreters, as it has been doing for the last 30 years. With that option being taken off the table, the option that make the most sense from a management and development of interpreters point of view, would be to partner with community colleges by way of a centralized state office. I feel it would be more efficient than the other options and the state would be able to monitor all aspects of the interpreter services that the state uses and is responsible for.

Cristina Labra, OAH
These are all options, but I don't think we ever talked about how realistic and feasible they are. That was missing from the conversation.

Natalya Mytareva, CCHI
My actual vote is: Abstaining due to a conflict of interest as a national certifying body (CCHI). While the ranking above does represent CCHI's opinion, it is done only to submit this "Abstaining" vote to make sure there is record of it. Thank you for the opportunity to participate in this workgroup. *[DSHS comments: To honor CCHI's wishes, their comments are shared here but their vote was removed from the tally.]*

Yvonne Michelle Simpson, UW Medicine
I understand the saying "the perfect is the enemy of the good", but I don't feel particularly confident about any of these options.

Jennifer Price, HCA
DSHS should not be the responsible agency for providing oversight and testing of interpreters on behalf of all State agencies. This is NOT the appropriate agency to perform this service on behalf of other agencies. If there will be a centralized approach to testing, it should encompass all testing for use across all the state agencies and NOT be only Medical related. The time and effort to set up a centralized approach should only be done once, not a second time later to bring in non-Medical. The cost efficiency of setting up a system for all interpretation (and translation) needs must be considered.

/ / / / /

Joana Ramos, WASCLA
WASCLA requests that the following comments be included in the 5304 workgroup report. Please see also all of WASCLA's comments submitted during the course of the workgroup.

1. WASCLA cannot vote on the list of Options as presented on Oct. 3 and in the voting poll. We, and others, shared concerns about missing or erroneous information contained in the options, which have not been corrected. Additionally, we learned at the Oct. 3 meeting, at least some of the options are not viable and therefore are not actual options. The workgroup structure did not permit us to conduct study of issues, nor to discuss possible implications of each option, nor to work to select the options for inclusion through any form of consensus.

For these reasons, we are not ranking the options. We recommend that the list of "Options" not be ranked in the final report, but instead be provided as Observations from the workgroup.
2. The options/ observations must include the recommendation that DSHS continue to offer medical interpreter testing and undertake updating those exams. This recommendation has been made by multiple members, but DSHS is censoring that from the options and report. DSHS has told the workgroup that this is not an option we can consider, but SSB 5304 does not give them that authority. They are to gather input and issue a report. That report must accurately reflect the comments and recommendations provided.

WASCLA objects to any ranking where the options are not accurate and do not reflect actual input provided.

3. WASCLA asks that a recommendation be added to the report to make a request to the legislature to continue the workgroup through June 2024 to allow time for more thorough research and consideration of approaches for preparing and credentialing the well-qualified interpreter workforce that WA needs in healthcare and other service sectors.
Please ensure this is in the final report.

4. WASCLA has made a recommendation that the next iteration of this workgroup (should recommendation 3 be acted upon by the legislature), include a request for assistance from the WA State Institute for Public Policy or similar policy research entity to support future research during the second phase of this effort.

5. WASCLA asks that a recommendation be included in the report that the legislature create a permanent public advisory body for healthcare interpreting statewide.

6. WASCLA has asked that a recommendation be included in the final report that the legislature take steps now to implement interim supports for individuals seeking to become new healthcare interpreters, while a new system is being developed through this process. Given the significant changes to the medical interpreter testing process in WA this past year, this is an urgent need that needs action now.

7. WASCLA has also provided comments on the need for continued work to assess all parts of the LTC credentialing program. SSB 5304 asked this workgroup to consider all aspects of language services credentialing, but we were restricted by DSHS to only providing input to medical credentials. All aspects of the LTC credentialing program must be assessed for their effectiveness and current usability, with

updates made as indicated. This includes vetting of bilingual employees or employee candidates, social services interpreters, document translators, and all aspects of the continuing education program.

8. WASCLA recommends bringing in the Office of Equity, all health & human services programs, and emerging bilingual residents as essential stakeholders in creating equitable language services for Washington into future iterations of this workgroup. DSHS should not be heading up this effort, but instead should be providing information to the workgroup about their operations to help inform decisions.
9. WASCLA also recommends the final report include a requirement by the legislature for robust data collection and public reporting on all aspects of the provision of language services in state government that focus on the effectiveness of programs and center the needs of the public. For healthcare services, investments must be made to achieve genuine health equity.

10. WASCLA requests an opportunity to review and provide feedback on the final report prior to submission to the legislature. Workgroup members must be provided with adequate time to provide input. As of now, we have not seen any aspects of the draft report and must be provided with this opportunity prior to its submission.

Cindy Roat
None of these options is acceptable on its own. To be successful in maintaining a robust body of available healthcare interpreters in WA state, Option 3 will require some degree of State financial support to at least partially defray the costs of certification and the basic training required by national certification, whether that training is provided by community colleges or other online training entities. Option 1 is not feasible alone, as the community colleges -- though well placed to train interpreters -- do not have the financial and technical bandwidth to develop and maintain valid and reliable high-stakes tests such as interpreter certification. Option 1 and 3 together would be the best path forward. Option 2 shares some of the same limitations as Option 3 in that some financial support for interpreters seeking national certification would be needed; in this case, WA State retains the costs of processing the state credential and maintaining the support for the continuing education program, which would be handled by the national certifying bodies anyway for new interpreters. This program would need to be continued in any case, however, to support DSHS-certified interpreters who just need to maintain their credentials. I would support options 4 and 5, as I believe the State would benefit from a centralized Office of Language Access, if I believed the State would be willing to invest in the necessary expertise to run such an office.

Elsie Rodriguez-Paz, Providence
This process did not allow participants of the workgroup to have discussion and debate to reach consensus on the options that were given for us to vote. This would have been of value to the legislature as you have, within your workgroup, volunteering their time, subject matter experts whose breadth of knowledge and expertise could be leveraged to come up with a solution that will best serve the individuals with limited English proficiency who use interpreter services in order to achieve effective communication with their health care providers. The facilitators of this process were not subject matter experts and at time did not (in the breakout groups) accurately and completely gather and present the input of participants.

Quan Tran, Interpreters United Local 1671
State must not be given the authority to unilaterally decide all matters related to testing and certifying interpreters.

James Wells, Supreme Court Commissions
I understand why the options and discussion was limited given the time constraints put on the workgroup. Any of these options would require a lot of discussion on the details. The state has a significant role in and an obligation to providing language access services and should therefore invest more heavily in this area. Training programs in interpretation and translation are critical creating a larger pool of skilled individuals to allow the state to provide the services to everyone who has a right to them in the state whether it is in medical settings, courts, schools, etc. I'd encourage development of sustainable and affordable programs at colleges and community colleges where people can gain a foundation in interpreting skills and then specialization in different work settings.

Yun-Mei Wang Wilborn, Translanguage Arts
Medical terminology is the fundamental thing in this case. Those online testing entities have "fancy" tests that include all sorts of things which is good, but medical terminology is less than 30% in those tests. I do not think that is good enough to address the fundamental subject - medical terminology. Also, the costs of taking the tests, continuing education, and certification renewal cost a lot through those online testing entities compare to what it is with DSHS. It is not sustainable economically. This is why I am against "contracting with national medical interpreter certifying bodies."

Antoinette Wynne, DES
Currently for Spoken Language Interpreter DES statewide contracts, all Interpreters must be skilled to industry standards, expectations, and trends. Interpreters must have the proper certification based on the interpreting type of service. Acceptable industry standards and expectations include the Washington State Department of Social and Health Services (DSHS) Language Testing and Certification Program (LTC) or Authorization, guidelines outlined by the American Translation Association (ATA) for Interpreters, the Certification Commission for Healthcare Interpreters, or the National Board for Certification of Medical Interpreters. Interpreters trained through accredited higher education institution (university or college) programs, which are widely accepted by industry experts, the interpreter community, and by Washington State Purchasers are also acceptable.

The Washington State Department of Social and Health Services (DSHS) Language Testing and Certification Program (LTC) issues Document Translator, Medical and Social Service Interpreter Certifications. Having a state-centralized office for interpreter certifications will open the interpreter pool for the state of Washington. There are different types of interpreter certification depending on the profession and need. Some of the most common interpreter certifications include:

- Certified Document Translator
- Certified Professional Interpreter
- Certified Medical Interpreter (CMI)
- Court Certified Interpreter
- Sign Language Interpreter

Therefore, I highly support having a brand-new state-centralized office created to independently provide all elements of interpreter certification(s) would be most beneficial to the state of Washington. Duties should include:

- Sets and maintain qualification standards for bilingual positions, interpreters and translators serving Washington State.

- Administers language proficiency testing to certify/authorize employees, applicants for bilingual positions, interpreters, and translators serving Washington State.
- Administers language proficiency trainings to keep active certified/authorized employees, applicants for bilingual positions, interpreters, and translators serving Washington State.
- Manages the roster of interpreters and translators certified and authorized to support Washington State.

Appendix I: DSHS Language Access Questionnaire

The Language Equity team at the Washington State Department of Social and Health Services humbly requests your help. We would like to understand the needs and experiences of people who speak limited or no English and need the help of an interpreter or translator. If you choose to answer our survey, you can help DSHS improve its services for Washington state residents. The survey is voluntary. The answers you give will not affect any benefits you apply for or receive.

Note to the interpreter who conducts this survey and enters the information into this form: DSHS may need to contact you. Please enter your email address and name below. Thank you so much for helping us!

- Interpreter's email address: _____
- Interpreter's name:_____
- Do you know of anyone who needs any of the following services? (Choose all that apply)
  - ❑ Food assistance
  - ❑ Medical services
  - ❑ Cash assistance
  - ❑ Disability support
  - ❑ Health and wellness
  - ❑ Child support
  - ❑ Elder care
  - ❑ Employment
  - ❑ Education
  - ❑ Housing
  - ❑ Other
- Do you know of anyone who needs interpreter services?
  - ❑ Yes
  - ❑ No
- What type of language assistance from an interpreter does your community need the most? (For instance, see list above) _____
- Do you know how to get interpreter services if you need them?
  - ❑ Yes
  - ❑ No
- What area of Washington state do you live in? _____
- What is the primary language spoken in your household? _____
- Do you have any other comments? _____
- Please share your name and email with us. (Participant): _____
- Thank you for participating in this survey. We would like to provide you with a $25 gift certificate for sharing your experiences with us. Is this something you are interested in?
  - ❑ Yes
  - ❑ No

<END>

Appendix J: Overview of Medical Interpreter Testing and Certification in 50 States

The DSHS Language Testing and Certification Program and the Research and Data Analysis Division collaborated to ascertain whether any state agencies conduct their own testing and certification of medical interpreters and translators. In keeping with the time constraints of the work group, a preliminary overview was conducted. Results are shown below.

State	State Code/Law/Rule Regarding Medical Interpreter Program	3rd Party National Tests and Certificates Accepted	Note
Alabama	None	x	
Alaska	None	x	
Arizona	None	x	
Arkansas	None	x	
California	None	x	
Colorado	None	x	
Connecticut	None	x	
Delaware	None	x	
Florida	None	x	
Georgia	None	x	
Hawai`i	None	x	
Idaho	None	x	
Illinois	None	x	
Indiana	None	x	
Iowa	None	x	
Kansas	None	x	
Kentucky	None	x	
Louisiana	None	x	
Maine	None	x	
Maryland	None	x	
Massachusetts	None	x	
Michigan	None	x	
Minnesota	MINN. STAT. 144.058 (2023). Interpreter Services Quality Initiative	x	Department of Health, volunteer Interpreter Roster
Mississippi	None	x	
Missouri	None	x	
Montana	None	x	
Nebraska	None	x	
Nevada	None	x	
New Hampshire	None	x	
New Jersey	None	x	

State	State Code/Law/Rule Regarding Medical Interpreter Program	3rd Party National Tests and Certificates Accepted	Note
New Mexico	None	x	
New York	None	x	
North Carolina	None	x	
North Dakota	None	x	
Ohio	None	x	
Oklahoma	None	x	
Oregon	ORS 413.558 (2021). Procedures for testing, qualifications and certification of health care interpreters	x	Equity and Inclusion Division, Health Care Interpreter (HCI) Program
Pennsylvania	None	x	
Rhode Island	None	x	
South Carolina	None	x	
South Dakota	None	x	
Tennessee	None	x	
Texas	None	x	
Utah	UCA 58-80a-302. Medical Language Interpreter Certification is Voluntary	x	Division of Professional Licensing, Medical Language Interpreter
Vermont	None	x	
Virginia	None	x	
Washington	WAC 388-03. Certification of DSHS Spoken Language Interpreters, Translators, Employees, and Licensed Agency Personnel (LAPL)	x	Department of Social and Health Services, Language Testing and Certification Program
West Virginia	None	x	
Wisconsin	None	x	
Wyoming	None	x	

[1] U.S. Department of Homeland Security Office for Civil Rights and Civil Liberties, et al. (2023). *LEP COVID PPT Handout.* Retrieved from Homeland Security: https://www.dhs.gov/sites/default/files/2023-07/lep-covid-ppt-handout.pdf. A state's non-compliance with Title VI of the Civil Rights Act of 1964 can result in suspension or termination of continued federal financial assistance or some other punishment authorized by law. Recognizing the importance of compliance with this act, the U.S. Department of Homeland Security Office for Civil Rights and Civil Liberties, the Federal Emergency Management Agency Office of Equal Rights, and the U.S Department of Health and Human Services Office of Civil Rights, created a training for recipients of federal financial assistance, as seen in Appendix A. Adapting this document to the state level, each state agency in Washington may benefit from conducting a Language Self-Assessment with a Four-Factor Analysis in alignment with federal guidelines, which would include an analysis of: 1) The number or proportion of PLOTE persons eligible to be served or likely to be encountered, 2) The frequency with which PLOTE individuals are encountered (and which languages they speak), 3) The nature and importance of the program, activity, or service provided by the recipient to its beneficiaries, and 4) The resources available to the recipient and the costs of interpretation/translation services. Each state agency should demonstrate their participation in an effective language access practice which examines programs, activities, and services that have contact with the public.

[2] State of Washington Office of Financial Management, *Language Spoken at Home: Persons Living in Households Where Language Other than English Is Spoken* (2023), https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/social-economic-conditions/language-spoken-home

[3] Regarding this data, OFM explains, "The Census long form historically included questions about language(s) spoken at home and ability to speak English in the household. Those questions continue to be asked through the Census' American Community Survey. Respondents are asked to report how well they speak English. Categories used for reporting are "very well," "well," "not well," and "not at all." Those reported to speak English less than "very well" are considered to have difficulty speaking English. The percent of the population age 5 and above living in households where a language other than English is spoken (not necessarily to the exclusion of English) increased steadily. The percent of the population age 5 and above living in households where English is spoken less than "very well" has risen from 2.7% in 1980 to 7.9% in 2021."

[4] State of Washington, Office of Financial Management, *Limited English Proficiency Population Estimates* (2022), https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates/limited-english-proficiency-population-estimates

[5] State of Washington, Office of Financial Management, *Languages Spoken at Home (mapped by county)* (2021), httPs://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/social-economic-conditions/language-spoken-home/languages-spoken-home-mapped-county

[6] The National Council on Interpreting in Health Care Working Papers Series, *A National Code of Ethics for Interpreters in Health Care* (2004), https://www.ncihc.org/assets/z2021Images/NCIHC%20National%20Code%20of%20Ethics.pdf

[7] Washington State Bar Association, *History of the Bar* (2022), https://www.wsba.org/about-wsba/who-we-are/history-of-the-wsba

[8] Oregon Revised Statutes, *ORS 413.558, Procedures for testing, qualifications and certification of health care interpreters* (2021), https://oregon.public.law/statutes/ors_413.558

[9] State of Oregon, Equity and Inclusion Division, *Health Care Interpreter (HCI) Program*, https://www.oregon.gov/oha/ei/pages/hci-program.aspx

[10] Mache, Pratik. "AI Challenges to the Interpreting Industry." *Medium* (June 2023) https://medium.com//@pratikmache/ai-challenges-to-the-interpreting-industry-c8ebbdddf8bb

[11] U.S. Department of Justice, Civil Rights Division, *Language Access Plan* (2023), https://www.justice.gov/d9/2023-08/DOJ-Language-Access-Plan-August-2023.pdf

[12] State of Washington, Office of Financial Management, *Washington State's Immigrant Population: 2010-21* (2023), https://ofm.wa.gov/sites/default/files/public/dataresearch/researchbriefs/brief110.pdf

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