Oregon Department of Corrections and Oregon Youth Authority

Youth and Adults in Close-Custody Correctional Facilities Need Better Language Supports

July 2026

Report 2026-20

Oregon Secretary of State

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Secretary of State **Tobias Read**
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Audit Summary

Oregon Department of Corrections and Oregon Youth Authority

Youth and Adults in Close-Custody Correctional Facilities Need Better Language Supports

OBJECTIVE

To determine the extent to which the Oregon Department of Corrections (DOC) and the Oregon Youth Authority (OYA) identify, communicate, and address language needs during intake to prepare people in close-custody correctional facilities to participate in programs and services.

SCOPE

This audit focuses on the roughly 30-day intake process that takes place at close-custody correctional facilities run by DOC and OYA. The audit scope includes requirements and guidelines for both spoken and signed languages, and examines each agency's data collection, communications, and training from 2023 to 2025, and policies, procedures, practices, and contracts current as of 2025. The audit scope does not include analysis of language accessibility needs for processes that occur prior to or after intake at a DOC or OYA facility. It also does not include a review of language access barriers experienced by those in custody who speak English as a primary language.

Why this audit is important

People with limited English proficiency (LEP), including people who communicate in signed languages, face communication barriers that, when unaddressed, can lead to disparate outcomes in health, safety, and civil rights. DOC and OYA are responsible for thousands of people and have state and federal requirements to address language barriers. These agencies provide oversight and treatments ranging from education, programming, and medical and mental health care with the goals of rehabilitation and reducing recidivism. Public agencies depend on clear, well-documented policies, procedures, and plans to carry out their missions effectively and equitably. This is especially true for language access, which is not simply a compliance requirement but a fundamental component of delivering fair and accessible public services. Ultimately, these agencies can't meet their missions of increasing public safety and reducing recidivism, comply with legal requirements, or maintain the safety of people in custody and staff without effectively addressing language barriers.

What we found

DOC and OYA should improve early identification of language needs. (pg. 03)
Formal identification of language needs should occur on the first day of intake. DOC and OYA have not made identifying language needs a consistent practice. Both agencies need to clarify how staff should communicate with each other about the language needs of those in custody.

DOC and OYA should ensure they meet healthcare-specific requirements. (pg. 06)
DOC and OYA risk providing a lower quality of healthcare for people with LEP. Both agencies lack reliable data to know whether they are meeting language access requirements and needs.

DOC and OYA need to build language accessibility into existing structures and operations. (pg. 08)
DOC and OYA should designate coordinators that support monitoring and compliance for the full range of spoken and signed language needs. Both agencies need a framework to determine which documents to translate into which languages.

What we recommend

To ensure language needs are identified early in the intake process, DOC and OYA should:

1. Place visible signage in key locations to support early identification, such as "I Speak" signage and notice of available language services.
2. Document how and when staff should communicate the language needs of people in custody, including key points of contact and processes to inform staff outside of multidisciplinary teams.

To ensure appropriate language supports are provided in healthcare settings, DOC and OYA should:

3. Train healthcare employees, including Qualified Mental Health Providers, to ensure they comply with language access requirements.
4. Ensure electronic systems capture information about language needs and interpreter usage in healthcare settings. This should include mandatory fields that capture the type of language assistance provided (oral or written) during each encounter, if any, including the use of certified medical interpreters or alternatives in compliance with ORS 413.559 and OAR 950-050-0160.

To embed language accessibility into existing structures and operations, DOC and OYA should:

5. Document, regularly update, and periodically review policies that include:
    a. How staff should identify the language supports needed for an individual with LEP.
    b. Coordinating, requesting, and providing interpretation and translated materials.
    c. How to identify vital documents for translation in compliance with legal requirements, including rules of conduct and healthcare communications for people in custody who read languages other than English or Spanish.
    d. Compliance with state requirements related to the use of interpreters in healthcare settings.
    e. Standards to help control costs and quality when working with contractors and staff who produce translated documents or provide interpretation.
6. Designate staff to monitor whether language needs are identified and met for each person in custody, and their family when required, including those who are deaf or hard of hearing and those who speak some English but may need an interpreter in more technical or complex settings.
7. Train staff and managers who work directly with people with LEP how to identify language needs, access and provide the necessary language assistance services, work with interpreters, request document translations, and track the use of language assistance services.

8. Ensure information is captured about language needs and interpreter usage for people in custody, and their family when required, in a way that allows staff to find the information, including mandatory fields for LEP status, languages spoken or signed, and the preferred language for written communication.

To improve language accessibility agency-wide, DOC and OYA management should:

9. Use data about current and changing language access needs, resource allocation, and compliance with relevant requirements to make system-wide improvements.

Agency response

Both DOC and OYA agreed with all of our recommendations. The responses can be found at the end of the report.

Introduction

Oregon is linguistically diverse

Oregon's population is increasingly diverse, and nearly one in six Oregonians speak a language other than English at home. Language access, or an individual's ability to access information, services, and resources in their preferred language, is included in several federal and state laws. People with LEP, including people with disabilities who communicate in signed languages, face communication barriers that, when unaddressed, can lead to disparate outcomes in health, safety, and civil rights.

The State of Oregon addresses language barriers in many ways

Agencies in the State of Oregon are required to address language barriers through a broad range of accommodations. At DOC and OYA, both contractors and certified bilingual staff provide interpretation and translation.

Although the terms are often used interchangeably, interpretation and translation are distinct.

Interpretation focuses on speech or signed language.

Interpreters convert one spoken or signed language to another language. Interpreters provide real-time assistance in person and remotely via telephone or video call.

Translation focuses on text.

Translators convert writing from one language to another. End products of translation include content for webpages, books, forms, and other documents.

In both cases, translators and interpreters consider tone, intent, dialect, culture, technical terminology, and other key factors as they convey information from one language into another.

Source: American Translators Association

People held in state correctional facilities have a range of language needs

DOC and OYA run close-custody correctional facilities, which are facilities with 24/7 security and operations. Combined, there is capacity for over 14,000 people in these facilities statewide. DOC conducts intake at Coffee Creek Correctional Facility in Wilsonville. Coffee Creek is the only correctional facility for women, and while there are separate facilities for men at Coffee Creek, they may be assigned to one of DOC's 11 other facilities across the state after intake.[1]

[1] DOC manages 12 close-custody facilities: Coffee Creek Correctional Facility, Columbia River Correctional Institution, Deer Ridge Correctional Institution, Eastern Oregon Correctional Institution, Oregon State Correctional Institution, Oregon State Penitentiary, Powder River Correctional Facility, Santiam Correctional Institution, South Fork Forest Camp, Snake River Correctional Institution, Two Rivers Correctional Institution, and Warner Creek Correctional Facility.

Coffee Creek Correctional Facility | Source: DOC

OYA conducts intake for youth at two different facilities. Oak Creek Youth Correctional Facility in Albany is for female youth, and they will stay there while mandated to be in a close-custody setting. MacLaren Youth Correctional Facility in Woodburn is for male youth, and they may stay there or be transferred to one of three other close-custody correctional facilities after intake.[2]

There is some overlap in the age groups present in facilities run by both DOC and OYA. OYA is responsible for youth who commit offenses between the ages of 12 and 18 but may house people until the age of 25 in its facilities. 42% of all youth in OYA custody are in close-custody correctional facilities, with 39% in juvenile close-custody facilities run by OYA and 3% in adult DOC facilities. On average, youth in OYA facilities spend just over 1 year in OYA custody compared to the 2000+ days for youth in DOC facilities.

Oak Creek Youth Correctional Facility | Source: OYA

The population of people in Oregon's correctional facilities is diverse and continues to change over time. Recently, OYA has had a growing number of youth in custody who only speak Spanish, and DOC has had adults in custody who speak less common languages like Chuukese. While the agencies' need to provide services in specific languages will continue to change, their need to address language barriers in general will not.

[2] OYA manages five close-custody correctional facilities: Eastern Oregon Youth Correctional Facility, MacLaren Youth Correctional Facility, Oak Creek Youth Correctional Facility, Rogue Valley Youth Correctional Facility, and Tillamook Youth Correctional Facility.

Audit Results

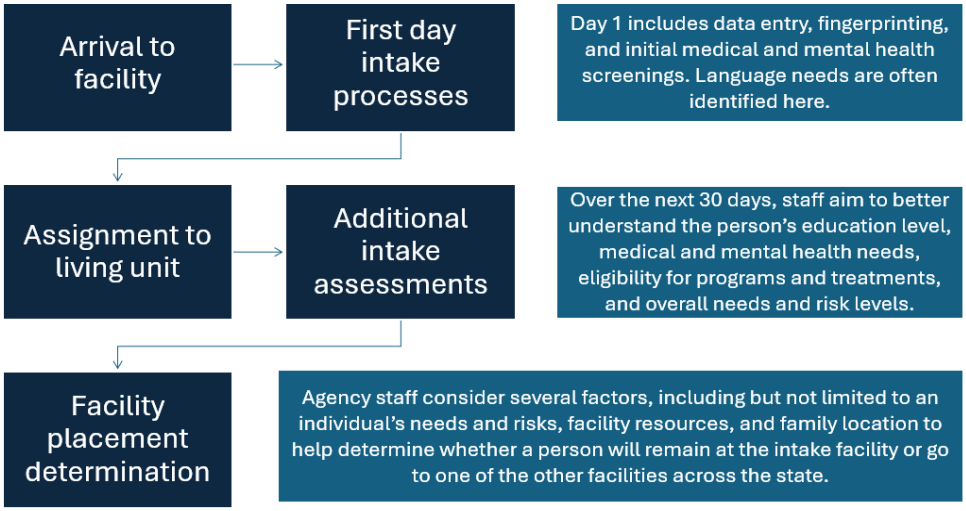
DOC and OYA can't comply with legal requirements, maintain the safety of people in custody and staff, or meet their missions of increasing public safety and reducing recidivism without proactively addressing language barriers. In close-custody facilities, staff and people in custody need to effectively communicate health and safety information. DOC and OYA also need to provide important information to people in custody and their families, such as rules of conduct and avenues for communication like phone calls. DOC and OYA's abilities to address language impact the public because these agencies provide important treatments and programming that are meant to support rehabilitation and public safety, such as violence reduction and prevention, vocational training, substance abuse programming, and more.

DOC and OYA should improve early identification of language needs

DOC and OYA have intake processes that include medical and mental health assessments. Clear communication is important for the safety of people in custody and staff during this process. Both agencies rely on staff to identify, communicate, and meet the language needs of people in custody but there is not a clear expectation that this is one of the first things that should happen or what steps staff should take to do so. These gaps increase the risk that people will not receive timely language support.

Formal identification of language needs should occur on the first day of intake

Both agencies have staff who work across the intake process – ranging from transportation and security personnel to parole and probation officers, to mental and medical health staff – who help identify language needs. However, neither agency has a clear, documented expectation for staff to identify and record all language needs on the first day of intake and some needs may be identified later or not at all.



DOC and OYA each have a roughly 30-day intake process. Agency staff may receive short notice before someone arrives and limited information on their medical and mental health status, primary language, English proficiency, or behavioral concerns that may pose risk for staff and other people in custody. DOC does not have any forms or intake procedures to identify primary language on the first day of intake. OYA's intake process includes a cultural services questionnaire where youth self-identify their primary language. However, English, Spanish, and Russian are the only listed options, and the cultural services questionnaire

does not always take place on the first day of intake. OYA does not appear to have any other intake procedures with the explicit expectation that staff identify and document language needs.

A person's first day in custody includes medical and mental health screenings. During these screenings, clear communication is essential because staff hold important conversations about a person's health status, including current prescriptions and immediate needs. At both agencies, staff arrange interpretation for these assessments when language needs are correctly identified in advance. However, if language needs are not accurately identified by this stage, DOC and OYA risk processing people into custody without proper supports. For example, some people can answer simple questions in English but may still need an interpreter for more complex medical or legal information. As a result, some people who need interpreters may not be receiving appropriate, consistent, or timely language services.

The lack of formal expectations and documentation at both agencies increases the likelihood that language needs will be missed or recorded inconsistently. However, DOC has a quality control process that OYA lacks: agency staff review a sample of files to check for completeness, including the identification of both signed and spoken language needs. While the quality control process can identify missing information, it does not address problems or gaps that occur earlier in the intake process, and it does not cover all files. If language needs are not identified on the first day, staff and providers could make important assessments and determinations without proper understanding and communication. DOC and OYA could improve communication, provide better care, and better meet state requirements by making language identification and documentation a standard part of the first day of intake.

DOC and OYA have not made identifying language needs a consistent practice

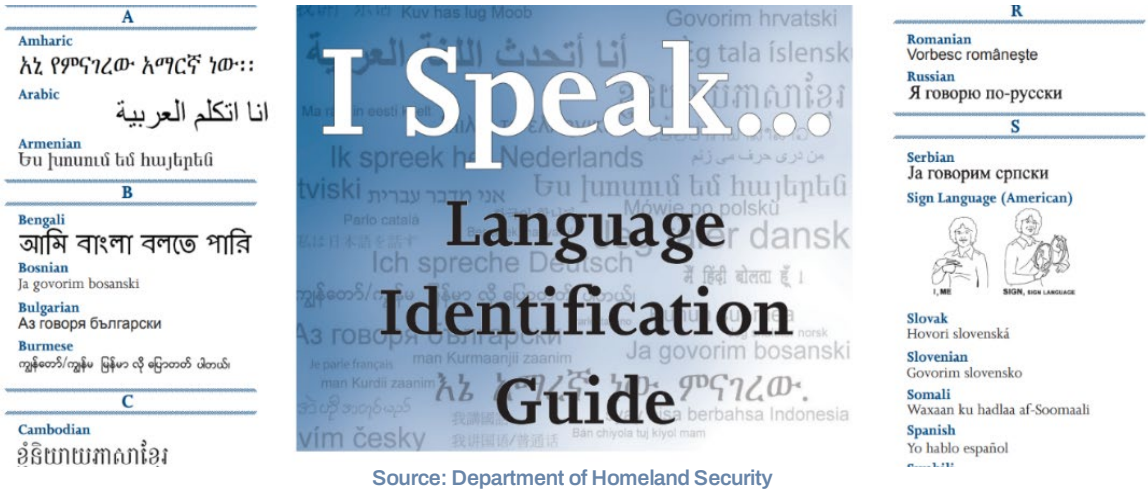
DOC and OYA have placed the responsibility and the burden on staff to correctly identify language needs and coordinate appropriate language services for people in custody without an adequate system in place for staff to do so. In the absence of clear processes, roles, and responsibilities, the way people's language needs are identified, documented, and communicated is largely reactive and the process is not standardized. Staff may not have the right knowledge and resources to successfully identify a need and coordinate appropriate services. Some staff may make incorrect assumptions about a person's English proficiency.

Although DOC and OYA both offer a bilingual pay differential, neither agency assigns staff according to the language needs of people in custody with LEP. This leaves gaps in bilingual staff availability, particularly during night shifts. Staff at both agencies frequently rely on bilingual staff to help identify a person's primary language and engage in basic communication, but many bilingual staff shared they lacked the resources, training, and support to more effectively perform these roles.

Glossaries are an important tool for consistency and clarity.

Glossaries support consistent and standardized use of terminology, especially technical or specialized terminology. Agencies use glossaries to support quality, cost control, and clarity for both interpretation and translation. For example, OYA developed a Spanish-English glossary with agency-specific terminology in partnership with native Spanish-speaking staff. Although OYA's glossary is a work in progress, it is still an important tool that supports the broad range of communications they coordinate in the second most frequently encountered language at the agency. OYA shares the glossary with contractors and bilingual staff who provide language services and stores it in a central location for staff to access. Bilingual staff who provide interpretation at both agencies expressed the desire for such a tool, including many OYA staff who were not aware of this resource.

DOC and OYA could demonstrate their commitment to identifying and meeting language needs through simple steps like adding "I Speak" signage in key locations that people in custody encounter at the very beginning of intake. This is a low-cost, high-impact change that allows people entering custody to identify their own primary language right away. DOC's current process shows why this matters: some staff ask people, in English, what country they are from to determine their primary language. This approach is not reliable, and it may be confusing for both staff and people in custody and increase the time and effort it takes to correctly identify a person's primary language. Visible signage also sends a clear message that language supports are available and increases the likelihood that language needs are correctly identified. Both agencies lack public signage about language services in some key areas.



Source: Department of Homeland Security

DOC and OYA need to clarify how staff should communicate with each other about the language needs of those in custody

DOC and OYA both rely on multidisciplinary teams to coordinate care and share information about people in custody, including their language needs. These teams include staff from different roles to discuss needs and plan services including case management and medical and mental health. This approach is a strength and creates regular opportunities for staff to share important information. However, not all staff who interact with people in custody are part of these teams and there are gaps in communication.

Neither agency has clear documentation or processes for sharing information about individuals' language needs with staff outside of core teams. Without a clear process, staff use methods such as verbal updates, e-mails, and personal notes. This approach is not effective. For example, youth in OYA custody have been transferred to new facilities without appropriate language supports in place because staff were not made aware of their language needs. DOC and OYA's informal processes increase the risk that important information about language needs is lost or overlooked, and a person who is identified as needing language accommodation may repeatedly encounter staff who are unaware of their needs. Language barriers can make people in custody feel isolated, which can be particularly damaging for youth mental health. The ability to communicate with the people around them can be a first step towards reducing that isolation.

A counselor at OYA describes how language barriers increase isolation for youth in custody.

Staff can call an interpreter, but youth can't. These guys live here and can't initiate communication when they have needs, or even when they just want some normalcy. That's harmful to mental health. You can't always schedule an interpreter in advance when a youth needs to see someone. English-speaking kids line up at my door to talk to me – this guy can't. I can't check in on him and see how he's doing. He can't express basic things that the others can, things like "I'm hungry," or "I don't like this…" He is very limited in how he can do that. He can't even come to me just to say, "I miss my mom." There should be a way for him to initiate conversation.

DOC and OYA should document and inform staff how to communicate the language needs of people in custody, including key points of contact and staff outside of multidisciplinary teams. Staff should also know where to look for this information as needed. By formalizing and standardizing processes, DOC and OYA can increase the likelihood that language needs are not only correctly identified and properly communicated, but also consistently understood and addressed in a timely manner.

DOC and OYA should ensure they meet healthcare-specific requirements

Both agencies are required to meet Oregon's healthcare-related accessibility requirements, including the use of interpreters in healthcare settings. DOC and OYA have taken some steps to provide interpretation services, but there are gaps in how well the agencies are meeting requirements, including in how each agency captures data about the use of certified interpreters or alternatives. This can increase the risk of miscommunication and noncompliance, and make it harder for agencies to ensure people in custody receive effective medical and mental healthcare.

DOC and OYA risk providing a lower quality of healthcare for people with LEP

People with LEP, including those who use signed languages, experience inequities in Oregon's healthcare system like delays, denials, or exclusion from services because of misunderstood or incomplete information due to language differences. Under current practices, DOC and OYA not only risk providing a lower quality of care for people with LEP, but they may also be out of compliance with state requirements.

DOC and OYA are obligated to provide healthcare services to people in custody under standards for similar care provided in the community. Generally, Oregon healthcare providers must meet language accessibility requirements, including:

- Using certified medical interpreters from OHA's registry and documenting what steps are taken when a certified medical interpreter is not available;[3]
- Training staff on healthcare requirements related to language accessibility;
- Providing free, accurate, and timely access to language services; and
- Posting public notice of free language services, including auxiliary aids.[4]

[3] ORS 413.559 and OAR 950-050-0160

[4] Patient Protection and Affordable Care Act, 45 C.F.R. Part 92 (2010)

Both agencies have gaps in staff training and policies around language access in healthcare settings. While both DOC and OYA have contracts for interpreters, their current practices make it unclear whether all healthcare-related requirements are being met.[5] OYA has a contract that requires interpreters to be on Oregon's certified medical interpreter's registry, but only documents whether certified medical interpreters are used when they are requested through their Office of Inclusion and Intercultural Relations (OIIR). OYA's contract for certified medical interpreters is an important step but it is not supported by clear policies or staff training and development. DOC does not have a requirement in its contracts that interpreters must be listed on the registry, and it is unclear when certified medical interpreters are used.

In Oregon, bilingual staff should not act as healthcare interpreters unless they are the medical provider or no certified medical interpreter is available. Providers must document when these instances occur, including what steps were taken to find a certified medical interpreter and what alternative option was used. Both DOC and OYA lack consistent documentation in line with OAR 950-050-0160 for instances when a certified medical interpreter is not available, and providers have not been trained on how to capture this information.

Officer station unit | Source: DOC

With gaps in documentation, training, and practices, it is unclear to what extent DOC and OYA are providing accurate and timely language services. There is a statewide shortage of certified medical interpreters which impacts both agencies' ability to provide timely services, particularly in less common languages. Interpreters, especially interpreters for less common languages, are not always available on demand. There is a risk of lost staff time and delays for people in custody if staff need to reschedule medical and mental health assessments when interpreters are not available. While both agencies can schedule interpreters in advance, DOC did not communicate this clearly. Some intake staff at DOC were not aware they could schedule interpreters in advance and believed this was due to agency contract limitations. Clearer communication could help ensure staff know about the resources available to meet people's language needs.

Neither DOC nor OYA has clear, documented expectations for when staff can and should interpret in medical settings, or how documentation requirements should be met. Without clear policies and procedures, staff may rely on informal or ad-hoc processes which can vary widely. In comparison, the Washington State Department of Corrections has several policies related to language accessibility, including a requirement for bilingual staff to be certified for medical settings. DOC and OYA have done

[5] OAR 950-050-0160

limited work to determine whether it would benefit the agencies to support bilingual staff becoming certified medical interpreters. This is a missed opportunity that could address gaps at each agency and help build capacity to meet language needs, increase the number of available certified medical interpreters, reduce reliance on outside vendors, and create avenues for professional development.

Both agencies lack reliable data to know whether they are meeting language access requirements and needs

One of the biggest risks of DOC and OYA's current data practices is they cannot effectively report on compliance with state requirements around medical interpreters under ORS 413.559 and OAR 950-050-0160. DOC intake staff track interpreter use on handwritten logs, but this information is not consistently entered in a database where it could be reviewed by facility or agency management. At OYA, OIIR tracks interpreter requests made through their office, but does not otherwise capture interpreter use. As a result, neither agency can provide a complete picture of how often interpreters are used, whether those interpreters are bilingual staff or contractors, and whether they are certified when used in healthcare settings. They also cannot provide documentation for compliance with requirements.

Poor data collection extends beyond compliance with Oregon's certified medical interpreter requirements. While DOC and OYA leadership may expect staff to identify and document language needs as they interact with people in custody, this does not appear to be the case. Both agencies' data systems can capture information about primary language and language accommodations, but staff do not always document this information accurately or consistently. From 2022-2025, the number of people whose primary language was recorded as "Unknown" was over 20% at DOC and almost 50% at OYA.

When staff do document language, they often use free-text notes which makes it difficult to search for people's language needs and generate reports. DOC and OYA's current data practices limit leadership's ability to understand language needs at the facility and statewide levels and allocate resources using a data-informed approach. With growing state budget constraints, it is important to understand the landscape of services and resources to know where changes need to be made. Leadership should be able to easily identify the most common languages at each facility, where interpretation and translation demand is highest, and where gaps exist. Without better understanding of language needs, DOC and OYA will likely have difficulty effectively planning services, assigning resources, improving language accessibility, and meeting compliance requirements.

DOC and OYA need to build language accessibility into existing structures and operations

Both DOC and OYA have taken steps toward providing language access, but important gaps remain. Information about the language needs of people in custody is not consistently documented or shared. Policies and procedures are incomplete, and neither agency has a strategy to guide consistent, systemwide efforts. Responsibility is not clearly assigned to confirm language needs are met, which makes it harder to ensure accountability. In addition, key documents like rules of conduct are only available in English and Spanish, with no clear process for deciding what forms to translate into other languages or into which additional languages. Strengthening these areas would help both agencies be more consistent, safe, and effective when it comes to people in custody and their families with LEP.

OYA and DOC should designate both language access and Americans with Disabilities Act (ADA) coordinators to support monitoring and compliance

When "everyone" is responsible for identifying and communicating language needs, the practical result is no one is clearly accountable. Neither agency has clearly designated individuals or roles responsible for identifying and verifying the full range of spoken and signed language needs are met at each intake facility. By making responsibility explicit, agencies can move from fragmented efforts to a coordinated, accountable approach to better serve people in custody, their families, and agency staff. Designating specific staff or positions to oversee language identification and documentation for both spoken and signed languages would create clarity, improve consistency, and ensure language needs are not missed.

Mural at Oak Creek Youth Correctional Facility | Source: OYA

A designated ADA coordinator is a requirement under the Americans with Disabilities Act. DOC has designated ADA coordinators at each facility and one that oversees compliance across all facilities for individuals with disabilities, including those who need sign language interpretation. However, DOC does not have comparable positions responsible for spoken languages. This creates an uneven system in which one set of needs benefits from centralized oversight, while another relies on informal, decentralized efforts. A staff member at Coffee Creek is responsible for sampling files of people in custody to check they are complete. She has identified times when people's spoken language needs have not been identified or communicated by the end of the intake process. Without a dedicated language access coordinator, staff may be uncertain about processes and expectations, resources may be inconsistently deployed, and gaps in service can go unaddressed.

At OYA, there is no one responsible for overall monitoring and compliance related to language accessibility. OYA does not have an ADA coordinator who would be responsible for ensuring effective identification and accommodation for youth with disabilities, including those who are deaf or hard of hearing. For spoken languages, staff know they can reach out to OIIR to coordinate language services by filling out a form for a contracted interpreter and some OIIR staff also provide in-house interpretation and translation services. However, one person in OIIR coordinates interpretation requests and it is only part of her role. OYA also does not have a quality control process that takes language needs into account. As a result, both spoken and signed language needs may go unmet for some youth in custody and their families.

DOC and OYA need a framework to determine which documents to translate into which languages

People in custody face significant barriers when critical information is unavailable in a form they can effectively read, retain, and understand. Currently, DOC and OYA have many documents translated into Spanish, the most commonly spoken language after English in most facilities. However, Spanish is not the

only language in use, particularly at DOC where staff have identified a need for Russian and Ukrainian materials.

Oregon's top five languages after English are currently: Spanish, Vietnamese, Chinese, Russian, and Korean. However, the linguistic diversity of Oregon continues to change, and the state's top 5 languages are not necessarily the same as the top languages in cities, counties, facilities, or among populations served by a specific agency or program.

DOC and OYA have identified some high-priority documents for translation into Spanish, such as intake forms, assessments, and orientation materials. OYA has been working on making sure materials for youth and families, such as some forms, handbooks, and agency policies are in plain language and at approximately an 8th-grade reading level. As OYA's documents get updated into plain language they are also re-translated into Spanish, which they hope will lead to increased accessibility for youth and families from multiple backgrounds.

Using plain language reduces costs and makes documents more accessible.

Plain language means using short, simple words that people can easily understand. In Oregon, state agencies are required by law (ORS 183.750) to write public materials this way. Plain language matters because it helps more people understand information, no matter their reading level or background. Jargon and technical terms can be confusing for anyone, in any language. If a document is hard to understand in English, it will likely be just as hard—or harder—to understand once it's translated. Also, if agencies don't tell translators to use plain language or explain who the audience is, translators may choose more formal or technical wording, which can make the translated version more difficult to read.

However, neither agency has an effective framework for translation to help address current or future needs. They have not clearly identified a set of high-priority documents for translation into languages other than Spanish or established a clear methodology for determining which languages should be supported. For example, DOC's intake handbook, which outlines expectations and behavioral standards as well as the process to submit grievance forms, is not available in languages other than English and Spanish despite demand for written materials in other languages at certain facilities. This limits the ability of people who do not speak those languages to fully understand and comply with rules and expectations, and increases the risk of disparate outcomes such as disciplinary action.

Agencies would benefit from establishing a framework for translation that uses demographic and linguistic data to determine which languages are most prevalent and where investments would have the greatest impact. Without an effective framework, translation efforts are likely to be reactive and lead to gaps in health, safety, and civil rights. For agency leadership and state legislators, investing in translation infrastructure is a practical step towards reducing communication issues, strengthening accountability and transparency, more strategic use of public resources, and ensuring people of all backgrounds have meaningful access to critical information.

National guidance describes components of an effective framework for translation:

Identify vital documents

Agencies should determine which documents are necessary to translate and which ones support meaningful access to information. These documents could include:

- Intake, application, and medical evaluation forms;
- Written notice of rights as well as orientation and rulebook materials;
- Documents related to disciplinary action;
- Documents related to legal proceedings;
- Consent, complaint, and grievance forms; and
- Forms for participating in programs, such as counseling and vocational work.

Establish when documents should be translated into certain languages

Agencies should use a range of information to decide, such as:

- The top number of languages spoken within a locale (e.g. facility, agency, state);
- Population thresholds such as USDOJ's safe harbor guidance, which is 5% of the population or 1,000 people, whichever is less; and
- USDOJ's 4-factor analysis, which considers: the number or proportion of people with LEP served or encountered, the number or proportion of people with LEP in the eligible service population, the nature and importance of the program, activity or service, and the resources available and cost to the agency.

Determine who should provide translations and how it should be done

Documentation and processes that support translation quality, cost control, and compliance include:

- Details on who may translate, such as contractors, staff, or volunteers, and their qualifications;
- Requirements for plain language, machine translation, and website translation;
- A process for handling written communication with people who speak less common languages;
- Methods for supporting consistent use of technical terminology, such as a glossary; and
- Details on how translations should be requested, such as target audience specifications like regional language/dialect, reading level, and educational background, as appropriate.

DOC and OYA need to improve their work around language access to more effectively meet their missions of supporting rehabilitation to increase public safety. Public agencies depend on clear, well-documented policies, procedures, and plans to carry out their missions effectively and equitably. This is especially true for language access, which is not simply a compliance requirement but a fundamental component of delivering fair and accessible public services. When language access is supported by strong internal frameworks, agencies are better positioned to serve diverse communities, reduce legal and operational risk, and effectively meet their missions.

Recommendations

To ensure language needs are identified early in the intake process, DOC and OYA should:

1. Place visible signage in key locations to support early identification, such as "I Speak" signage and notice of available language services.
2. Document how and when staff should communicate the language needs of people in custody, including key points of contact and processes to inform staff outside of multidisciplinary teams.

To ensure appropriate language supports are provided in healthcare settings, DOC and OYA should:

3. Train healthcare employees, including Qualified Mental Health Providers, to ensure they comply with language access requirements.
4. Ensure electronic systems capture information about language needs and interpreter usage in healthcare settings. This should include mandatory fields that capture the type of language assistance provided (oral or written) during each encounter, if any, including the use of certified medical interpreters or alternatives in compliance with ORS 413.559 and OAR 950-050-0160.

To embed language accessibility into existing structures and operations, DOC and OYA should:

5. Document, regularly update, and periodically review policies that include:
    a. How staff should identify the language supports needed for an individual with LEP.
    b. Coordinating, requesting, and providing interpretation and translated materials.
    c. How to identify vital documents for translation in compliance with legal requirements, including rules of conduct and healthcare communications for people in custody who read languages other than English or Spanish.
    d. Compliance with state requirements related to the use of interpreters in healthcare settings.
    e. Standards to help control costs and quality when working with contractors and staff who produce translated documents or provide interpretation.
6. Designate staff to monitor whether language needs are identified and met for each person in custody, and their family when required, including those who are deaf or hard of hearing and those who speak some English but may need an interpreter in more technical or complex settings.
7. Train staff and managers who work directly with people with LEP how to identify language needs, access and provide the necessary language assistance services, work with interpreters, request document translations, and track the use of language assistance services.
8. Ensure information is captured about language needs and interpreter usage for people in custody, and their families when required, in a way that allows staff to find the information, including mandatory fields for LEP status, languages spoken or signed, and the preferred language for written communication.

To improve language accessibility agency-wide, DOC and OYA management should:

9. Use data about current and changing language access needs, resource allocation, and compliance with relevant requirements to make system-wide improvements.

Objective, Scope, and Methodology

OBJECTIVE

To what extent do the Oregon Department of Corrections and the Oregon Youth Authority identify, communicate, and address language needs during intake to prepare people held in close-custody correctional facilities to participate in programs and services?

SCOPE

This audit focuses on the roughly 30-day intake process that takes place at close-custody correctional facilities run by DOC and OYA. The audit scope includes requirements and guidelines for both spoken and signed languages, and examines each agency's data collection, communications, and training from 2023 to 2025, and policies, procedures, practices, and contracts current as of 2025. The audit scope does not include analysis of language accessibility needs for processes that occur prior to or after intake at a DOC or OYA facility. It also does not include a review of language access barriers experienced by those in custody who speak English as a primary language.

METHODOLOGY

To meet our objective, we performed the following procedures:

- Reviewed current and past state and federal laws and polices related to language access;
- Reviewed DOC and OYA policies, procedures, and processes related to language access;
- Interviewed DOC and OYA managers and staff;
- Observed data systems that capture information about language;
- Conducted site visits at one DOC and two OYA intake centers; and
- Reviewed research, reports, and other documents from professional organizations and outside groups, such as the Migration Policy Institute and the National Association of State Workforce Agencies.

INTERNAL CONTROL REVIEW

We determined that the following internal controls were relevant to our audit objective.[6]

- Control Environment
  - We interviewed DOC and OYA language access and ADA coordinators, bilingual staff, and contract administrators.
- Risk Assessment
  - We evaluated DOC and OYA strategic plans and information provided by agency management.

[6] Auditors relied on standards for internal controls from the U.S. Government Accountability Office, report GAO-14-704G.

- Control activities
    - We evaluated DOC and OYA intake assessment procedures, policies and procedures for working with contracted interpreters and translators, bilingual staff testing and support, and how language data is captured and used.
- Information and communication
    - We observed where information is captured about whether language needs are being met and the availability of appropriate interpreters.
- Monitoring activities
    - We evaluated quality control practices and whether information about deficiencies in the systems of internal control has been provided to DOC and OYA management.

We identified deficiencies in each of these areas at both agencies. Deficiencies with these internal controls were documented in the results section of this report.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

We sincerely appreciate the courtesies and cooperation extended by officials and employees of DOC and OYA during the course of this audit.

Audit team

Andrew Love, CFE, Audit Manager
Krystine McCants, M. Econ, CIA, Principal Auditor
Dorian Pacheco, MPA, Senior Auditor

ABOUT THE SECRETARY OF STATE AUDITS DIVISION

The Oregon Constitution provides that the Secretary of State shall be, by virtue of the office, Auditor of Public Accounts. The Audits Division performs this duty. The division reports to the Secretary of State and is independent of other agencies within the Executive, Legislative, and Judicial branches of Oregon government. The Secretary of State has constitutional authority to audit all state officers, agencies, boards, and commissions.

Oregon

Tina Kotek, Governor

Oregon Department of Corrections
3723 Fairview Industrial Drive SE 200
Salem, OR 97302
Voice: (503) 945-9090

July 23, 2026

Steve Bergmann, Director
Secretary of State, Audits Division
255 Capitol St. NE, Suite 180
Salem, OR 97310

Dear Mr. Bergmann,

This letter provides a written response to the Audits Division's final draft audit report titled "Youth and Adults in Close-Custody Correctional Facilities Need Better Language Supports."

For as long as the Oregon Department of Corrections (DOC) has been in existence, individuals with limited English proficiency have been sentenced by the courts to our custody. Although they make up a very small percentage of the overall incarcerated population, their ability to complete assessments, understand processes, and participate in programs are no less important. Because individuals sentenced to DOC custody live, work, and learn within the institutions, the ability to communicate is essential. For many years DOC has relied on both certified staff and private agencies for interpreters and translators.

We appreciate the Secretary of State's comprehensive review and agree with all nine recommendations aimed at strengthening language access for adults in custody. DOC has already begun implementing several improvements, including enhanced signage, clearer communication processes, expanded training, policy development, and system updates to ensure language needs are consistently identified, documented, and addressed across the agency. The department is committed to completing the remaining work within the specified timelines and advancing a coordinated, system-wide approach that supports equitable access to services for individuals with limited English proficiency, those who are deaf or hard of hearing, and others requiring language assistance.

Below is our detailed response to each recommendation in the audit.

RECOMMENDATION 1 Place visible signage in key locations to support early identification, such as "I Speak" signage and notice of available language services.		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	01/31/27	Shawn Cost-Streety 503-570-2267

Narrative for Recommendation 1
In May 2026, the Department of Corrections installed "I Speak" signage in key locations within the department's Intake Center located at the Coffee Creek Correctional Facility (CCCF), where all adults in custody (AICs) are processed into the state's correctional system following sentencing. Signs have also been installed at the two nurses' stations where AICs undergo medical and mental health testing upon arrival. DOC is also in the process of installing "I Speak" signage in the CCCF medical clinic and locations where administrative hearings are held. Additionally, staff instructions for accessing a language line are being drafted and placed next to "I Speak" signage.

RECOMMENDATION 2 Document how and when staff should communicate the language needs of people in custody, including key points of contact and processes to inform staff outside of multidisciplinary teams.		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	08/31/2027	Shawn Cost-Streety (503) 570-2267

Narrative for Recommendation 2
DOC staff have historically communicated the language needs, when other than English, of those in custody. However, the methods and expectations of communication have not been codified in a formal procedural format. The work of drafting such a document to ensure consistency in how and when to communicate language needs of AICs is underway.

RECOMMENDATION 3 Train healthcare employees, including Qualified Mental Health Providers, to ensure they comply with language access requirements.		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	06/30/2027	Kevin Bovenkamp (971) 209-6721

Narrative for Recommendation 3
The Health Services (HS) Division will develop and implement an online training module for all HS staff on the importance of, and their responsibility for, complying with language access requirements. The training will be mandatory for all staff to complete by 6/30/27. Thereafter, all newly hired employees will complete the training as part of their initial orientation requirements.

RECOMMENDATION 4 Ensure electronic systems capture information about language needs and interpreter usage in healthcare settings. This should include mandatory fields that capture the type of language assistance provided (oral or written) during each encounter, if any, including the use of certified medical interpreters or alternatives in compliance with ORS 413.559 and OAR 950-050-0160.		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	04/30/2027	Kevin Bovenkamp (971) 209-6721

Narrative for Recommendation 4

The Health Services Division will complete the implementation of the Electronic Health Records (EHR) system in the coming months, and a data field exists in the EHR system for staff to capture language access information for AICs with limited English proficiency (LEP). While the EHR system was not designed for the use of this field to be mandatory, Health Services policy will be updated to require it to be utilized. The EHR system will have the information clearly visible to all Health Services staff who are working with AICs.

RECOMMENDATION 5 Document, regularly update, and periodically review policies that include: a. How staff should identify the language supports needed for an individual with LEP. b. Coordinating, requesting, and providing interpretation and translated materials. c. How to identify vital documents for translation in compliance with legal requirements, including rules of conduct and healthcare communications for people in custody who read languages other than English or Spanish. d. Compliance with state requirements related to the use of interpreters in healthcare settings. e. Standards to help control costs and quality when working with contractors and staff who produce translated documents or provide interpretation.		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	08/2027	Michelle Axtell (971) 990-6663

Narrative for Recommendation 5

DOC will develop and maintain policies outlining how staff identify language needs for AICs with limited English proficiency, coordinate and provide interpretation and translation services, determine which vital documents require translation for adults in custody who read languages other than English or Spanish, and ensure compliance with healthcare interpreter requirements. DOC will apply consistent cost and quality control standards when working with contractors or staff who provide language services.

RECOMMENDATION 6 Designate staff to monitor whether language needs are identified and met for each person in custody, and their family when required, including those who are deaf or hard of hearing and those who speak some English but may need an interpreter in more technical or complex settings.		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	08/31/2027	Ryan Dwyer (971) 446-9328

Narrative for Recommendation 6

The department has a robust process to monitor language needs of AICs who are deaf or hard of hearing and their family members when required. During the intake screening, a designator is entered into the state's central database that staff use to track, manage, and process records for all AICs (DOC400). This system tracks AICs who use American Sign Language (ASL) to communicate. As deaf or hard of hearing AICs move between institutions, email notifications are sent to the AIC Americans with Disabilities Act (ADA) coordinator at the receiving facility to facilitate the presence of an ASL interpreter as needed. Each facility has a laptop with an ASL program installed and available at all times. Annually, the Statewide AIC ADA Coordinator provides the opportunity for all deaf and hard of hearing AICs to meet in person to ensure they are provided with equal access to the department's programs, services, and activities and ensure that their family members have their language needs met, if required.

As described above in Recommendations 2 and 5, the department will develop and maintain policies outlining how staff identify language needs for AICs (and their families, when required) that have limited English proficiency, coordinate and provide interpretation and translation services, determine which vital documents require translation for adults in custody who read languages other than English or Spanish, and ensure compliance with healthcare interpreter requirements. DOC will also apply consistent cost and quality control standards when working with contractors or staff who provide language services. DOC will identify appropriate staff to monitor and coordinate the limited English proficiency population statewide.

RECOMMENDATION 7 Train staff and managers who work directly with people with LEP how to identify language needs, access and provide the necessary language assistance services, work with interpreters, request document translations, and track the use of language assistance services.		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	06/30/2027	Gail Levario (971) 600-6131

Narrative for Recommendation 7

DOC will develop and implement an online training module to ensure all staff who work directly with the AIC population are appropriately trained in how to identify language needs, access necessary language assistance services, work with certified staff interpreters, request document translation, and track the use of language services. The training will be mandatory for all staff to complete by 6/30/27. Going forward, all newly hired employees will complete the training as part of their initial orientation requirements.

RECOMMENDATION 8 Ensure information is captured about language needs and interpreter usage for people in custody, and their families when required, in a way that allows staff to find the information, including mandatory fields for LEP status, languages spoken or signed, and the preferred language for written communication.		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	08/31/2027	Shawn Cost-Streety (503) 570-2267

Narrative for Recommendation 8
DOC staff have historically captured language needs of AICs (and their families, when required) that have LEP within various electronic systems. However, this effort has been limited by systems functionality making it difficult to ensure all necessary staff have access to needed information. Accurate, complete, and efficient capture of non-English language needs - including mandatory fields for LEP status, languages spoken or signed, and preferred language for written communication - will require system programming of the DOC400.

As noted in the Oregon Secretary of State's July 22, 2026, audit report, "DOC's ability to meet its mission is limited by obsolete IT systems." Due to these systemic issues, we are required to go through a process with our IT Department to ensure this added functionality will not cause instability.

RECOMMENDATION 9 Use data about current and changing language access needs, resource allocation, and compliance with relevant requirements to make system-wide improvements.		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	08/31/2027	Ryan Dwyer (971) 446-9328

Narrative for Recommendation 9
DOC will gather and review data related to language access needs and resource allocation. This information will be used to perform updates and adjustments across DOC systems, ensuring ongoing compliance with applicable standards and requirements.

Please contact my Chief of Staff, Jennifer Black, at (503) 569-3318 with any questions.

Sincerely,

Mike Reese
Director

Oregon
Tina Kotek, Governor

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July 24, 2026

Steve Bergmann, Director
Secretary of State, Audits Division
255 Capitol St. NE, Suite 180
Salem, OR 97310

Dear Mr. Bergmann,

This letter provides a written response to the Audits Division's final draft audit report titled "Youth and Adults in Close-Custody Correctional Facilities Need Better Language Supports."

Below is our detailed response to each recommendation in the audit.

RECOMMENDATION 1
Place visible signage in key locations to support early identification, such as "I Speak" signage and notice of available language services.

Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	September 1, 2026	Denessa Martin 503-801-2074

Narrative for Recommendation 1

OYA agrees with this recommendation. By September 1, 2026, OYA will post visible "I Speak" signage and notices describing the availability of language-assistance services in youth intake areas at the Oak Creek and MacLaren Youth Correctional Facilities. OYA will identify the specific locations where signage is needed and establish responsibility for ensuring it remains visible, accurate, and available.

RECOMMENDATION 2
Document how and when staff should communicate the language needs of people in custody, including key points of contact and processes to inform staff outside of multidisciplinary teams.

Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	October 31, 2026	Shannon Myrick 503-302-7207

Narrative for Recommendation 2

OYA will develop and document a standardized process for communicating the language-access needs of youth and, when required, their families.

OYA will review and update the Cultural Services Questionnaire used during intake to ensure it captures spoken and signed languages, including American Sign Language, as well as interpretation and translation needs. Language information will also be reviewed through the Risk/Needs Assessment process at least every 90 days and whenever staff become aware of a new or changing need.

Case Coordinators and Juvenile Parole and Probation Officers (JPPOs) will serve as the primary points of contact for language-access information concerning youth and their families. The documented process will identify:

- Where language-access information must be recorded and how staff can locate it;
- When Case Coordinators, JPPOs, and other staff must document or communicate new or changing needs;
- Key points when language needs must be reviewed or shared, including intake, case planning, treatment, progress review team meetings, and transfers between facilities or programs; and
- How relevant staff outside multidisciplinary teams will be informed when they are responsible for providing services to a youth or family with identified language-access needs.

Case Coordinators and JPPOs will be responsible for ensuring that documented language needs are communicated to relevant service providers. Applicable staff will be trained on the process and their responsibilities.

RECOMMENDATION 3
Train healthcare employees, including Qualified Mental Health Providers, to ensure they comply with language access requirements.

Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	December 31, 2026	Dana Hargunani 971-701-1721

Narrative for Recommendation 3
OYA Health Services, in collaboration with Development Services and Facility Services, will develop and assign Workday-based training to healthcare employees, including Qualified Mental Health Providers.
The training will address:

- Healthcare providers' language-access obligations under ORS 413.559 and OAR 950-050-0160;
- How to identify when a youth requires language assistance;
- How to access and work effectively with qualified or certified healthcare interpreters;
- Appropriate alternatives when a certified healthcare interpreter is unavailable, as permitted by applicable requirements; and
- Requirements for documenting language-assistance services provided during healthcare encounters.

OYA will track completion through Workday and establish expectations for training newly hired healthcare employees and providing updates when applicable requirements or agency procedures change.

RECOMMENDATION 4
Ensure electronic systems capture information about language needs and interpreter usage in healthcare settings. This should include mandatory fields that capture the type of language assistance provided (oral or written) during each encounter, if any, including the use of certified medical interpreters or alternatives in compliance with ORS 413.559 and OAR 950-050-0160.

Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	January 31, 2027	Dana Hargunani 971-701-1721

Narrative for Recommendation 4
OYA Health Services will collaborate with Information Technology Services and OCHIN, OYA's contracted electronic health record vendor, to develop, test, and implement mandatory fields

within OYA's electronic health record. OYA Health Services will collaborate with Information Technology Services and Oregon Community Health Information Network (OCHIN), OYA's contracted electronic health record vendor, to develop, test, and implement mandatory fields within OYA's electronic health record.

The fields will document, for each healthcare encounter:

- The youth's identified language-access needs;
- Whether oral or written language assistance was needed and provided;
- Whether a healthcare interpreter was used;
- Whether the interpreter met applicable certification or qualification requirements; and
- Any alternative used when a certified healthcare interpreter was unavailable, consistent with ORS 413.559 and OAR 950-050-0160.

OYA will configure the information so it can be reviewed to monitor compliance, identify gaps, and inform corrective action. Health Services will establish related documentation expectations and communicate them to applicable healthcare staff.

Implementation will be coordinated with OCHIN and supported by OYA's Electronic Health Records Analyst. OYA is actively recruiting to fill that vacant position and will manage the work through Health Services and Information Technology Services during the recruitment process.

RECOMMENDATION 5

Document, regularly update, and periodically review policies that include:

a. How staff should identify the language supports needed for an individual with LEP.

b. Coordinating, requesting, and providing interpretation and translated materials.

c. How to identify vital documents for translation in compliance with legal requirements, including rules of conduct and healthcare communications for people in custody who read languages other than English or Spanish.

d. Compliance with state requirements related to the use of interpreters in healthcare settings.

e. Standards to help control costs and quality when working with contractors and staff who produce translated documents or provide interpretation.

Agree or Disagree with Recommendation	Target date to complete implementation activities	Name and phone number of specific point of contact for implementation
Agree	October 31, 2026	Winifred Skinner (971) 304-4793

Narrative for Recommendation 5

OYA maintains an established policy-management system requiring every agency policy to be reviewed at least once every two years. Compliance with this review cycle has been consistently maintained since 2011 and is monitored quarterly by OYA's multidisciplinary Policy Committee.

Through this established process, OYA will review the policies and related procedures governing language access and make revisions necessary to address:

- How staff identify an individual's language-support needs;
- How interpretation and translated materials are coordinated, requested, and provided;
- How OYA identifies vital documents and determines the languages into which they should be translated;
- Compliance with state requirements governing interpreters in healthcare settings; and
- Quality and cost-management standards for services provided by contractors and agency staff.

As part of the initial review, OYA will identify any policy gaps requiring action before the regularly scheduled review date and prioritize interim revisions when necessary to address legal, healthcare, safety, or operational risks. Once reviewed and updated, the applicable policies will remain subject to OYA's established two-year review cycle and quarterly monitoring by the Policy Committee.

RECOMMENDATION 6 Designate staff to monitor whether language needs are identified and met for each person in custody, and their family when required, including those who are deaf or hard of hearing and those who speak some English but may need an interpreter in more technical or complex settings.		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	August 31, 2026	Sandra Santos 503 779 3938

Narrative for Recommendation 6

Case Coordinators and Juvenile Parole and Probation Officers will be responsible for monitoring whether each youth's identified language-access needs, and, when required, the needs of the youth's family, are documented, communicated, and addressed throughout the youth's case.

Language needs will be reviewed through the Risk/Needs Assessment process at least every 90 days and whenever staff become aware of a new or changing need. This includes youth who are deaf or hard of hearing and youth who may communicate conversationally in English but require interpretation for healthcare, treatment, legal, or other technical and complex information.

Facility and program staff remain responsible for arranging and documenting appropriate language assistance when providing services. OIIR will support access to interpretation and translation resources and will use its IMPACT review to monitor broader service patterns, implementation gaps, and systemwide needs.

RECOMMENDATION 7 Train staff and managers who work directly with people with LEP how to identify language needs, access and provide the necessary language assistance services, work with interpreters, request document translations, and track the use of language assistance services.		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	December 31, 2026	Shannon Myrick 503-302-7207

Narrative for Recommendation 7

Development Services, in partnership with the OYA Training Academy, OIIR, and Communications, will develop and assign Workday-based training to staff and managers whose responsibilities include providing or overseeing direct services to youth and families with language-access needs.

The training will address:

- How to identify spoken and signed language needs;
- How to access interpretation and translation services;
- How to work effectively with interpreters;
- How to request translation of documents;
- How and where to document language-access needs and services provided; and
- The responsibilities of Case Coordinators, JPPOs, service providers, and managers under OYA's language-access procedures.

OYA will track training completion through Workday. The training will be incorporated into onboarding or role-specific training for newly hired or newly assigned employees, and it will be updated when applicable legal requirements, agency policies, or language-access procedures change.

Until structured electronic fields are implemented, staff will document the use of language-assistance services through OYA's designated interim process, including JJIS case notes when applicable.

RECOMMENDATION 8 Ensure information is captured about language needs and interpreter usage for people in custody, and their families when required, in a way that allows staff to find the information, including mandatory fields for LEP status, languages spoken or signed, and the preferred language for written communication.		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	December 31, 2026	Griselda Solano Salinas (971)304-5751 Ardell Bailey (503)551-9243

Narrative for Recommendation 8

OYA will pilot a standardized language-access questionnaire at the Oak Creek and MacLaren Youth Correctional Facilities. The questionnaire will identify each youth's languages spoken or signed, interpretation and translation needs, preferred language for written communication, and, when required, the language-access needs of the youth's family.

By October 31, 2026, OYA will evaluate the pilot, make necessary revisions, and implement a standardized interim process for documenting and communicating language-access information. The process will establish staff responsibilities and identify where the information must be recorded so it is readily available to staff responsible for the youth's care, supervision, treatment, education, and case planning.

OYA will also work with JJIS, OIIR, Health Services, and Information Technology Services to define and implement mandatory, searchable electronic fields that consistently capture

language needs and interpreter usage. Until those enhancements are operational, OYA will use the standardized questionnaire, designated JJIS documentation, and existing interpretation-request processes to capture and track the information.

Implementation progress and identified gaps will be monitored through OIIR's IMPACT review.

RECOMMENDATION 9 Use data about current and changing language access needs, resource allocation, and compliance with relevant requirements to make system-wide improvements.		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	October 31, 2026	Griselda Solano Salinas (971)304-5751 and Ardell Bailey (503)551-9243

Narrative for Recommendation 9

OYA currently collects data from interpretation request forms submitted by staff and healthcare providers. These data allow the agency to track the volume of requests, languages requested, service locations, and whether services are provided to youth or their families.

OYA will strengthen its analysis and use of language-access data through the Office of Inclusion and Intercultural Relations' (OIIR) IMPACT review (monthly performance management). The review will provide ongoing leadership oversight of language-access needs, service utilization, resource allocation, implementation progress, and compliance with applicable requirements. It will also help OYA identify service gaps, emerging language needs, and differences across facilities and programs.

Findings from the IMPACT review will inform decisions regarding interpreter and translation services, contract capacity, staff training, translated materials, technology, and other language-access resources. OIIR will identify needed corrective actions, responsible owners, and timelines and will report on progress through subsequent IMPACT reviews.

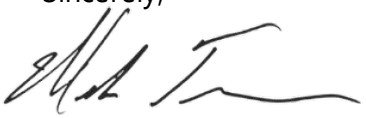
OYA is also expanding access to interpretation services. The agency currently contracts with English2Spanish, Oregon Certified Interpreters Network, Inc., and Linguava to provide virtual and in-person interpretation statewide. Language Link provides on-demand telephonic interpretation. OYA is also working with Professional Interpreters, Inc. and OYA's Information Technology team to implement a mobile application that would give staff more immediate access to interpretation services. Implementation of the application is targeted for October 2026.

As JJIS and other agency information systems are enhanced, OYA will work to incorporate available language-access information into this monitoring and decision-making process. This

combination of improved data collection and ongoing IMPACT oversight will support data-informed, systemwide improvements.

Please contact Mike Tessean at 971-707-3722 with any questions.

Sincerely,



Mike Tessean Director, OYA

Oregon
Secretary of State

Secretary of State **Tobias Read**
Audits Director **Steve Bergmann**

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