

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 testing¹ 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.

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 workgroup 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.

¹ 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.

- 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** Employee testing of social services interpreters 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.