

NORTHSIDE BEHAVIORAL HEALTH CENTER

TITLE VI PLAN

ADOPTED: January 25, 2023

Title VI/Nondiscrimination Policy Statement and Management Commitment to Title VI Plan

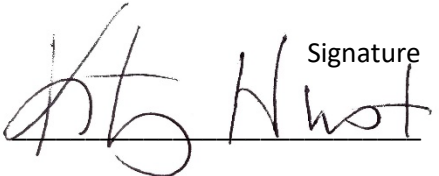
49 CFR Part 21.7(a): Every application for Federal financial assistance to which this part applies shall contain, or be accompanied by, an assurance that the program will be conducted, or the facility operated in compliance with all requirements imposed or pursuant to [49 CFR Part 21].

Northside Behavioral Health Center assures the Florida Department of Transportation that no person shall on the basis of race, color, national origin, age, disability, family or religious status, as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987 and the Florida Civil Rights Act of 1992 be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any program or activity undertaken by the agency.

Northside Behavioral Health Center further agrees to the following responsibilities with respect to its programs and activities:

1. Designate a Title VI Liaison that has a responsible position within the organization and access to the recipient's Chief Executive Officer or authorized representative.
2. Issue a policy statement signed by the Executive Director or authorized representative, which expresses its commitment to the nondiscrimination provisions of Title VI. The policy statement shall be circulated throughout the Recipient's organization and to the general public. Such information shall be published where appropriate in language other than English.
3. Insert the clauses of Section 4.5 of this plan into every contract subject to the Acts and the Regulations.
4. Develop a complaint process and attempt to resolve complaints of discrimination against Northside Behavioral Health Center.
5. Participate in training offered on the Title VI and other nondiscrimination requirements.
6. If reviewed by FDOT or any other state or federal regulatory agency, take affirmative actions to correct any deficiencies found within a reasonable time period, not to exceed ninety (90) days.
7. Have a process to collect racial and ethnic data on persons impacted by the agency's programs.
8. Submit the information required by FTA Circular 4702.1B to the primary recipients (refer to Appendix A of this plan)

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal funds, grants, loans, contracts, properties, discounts or other federal financial assistance under all programs and activities and is binding. The person whose signature appears below is authorized to sign this assurance on behalf of the agency.

 Signature

Kristy Hust

Title VI Plan Concurrence and Adoption

Your Agency will submit the Title VI Plan to FDOT for concurrence every three (3) years or any time a major change in the Plan occurs.

This Plan was approved and adopted by Northside Behavioral Health Center's Board of Directors during a meeting held on date January 25, 2023. A copy of the meeting minutes is included in **Appendix A** of this Plan.

1.0 Title VI Notice to the Public

1.1 Notice to Public

Recipients must notify the public of its rights under Title VI and include the notice and where it is posted in the Title VI Plan. The notice must include:

- A statement that the agency operates programs without regard to race, color and national origin
- A description of the procedures members of the public should follow to request additional information on the grantee's nondiscrimination obligations
- A description of the procedure members of the public should follow to file a discrimination complaint against the grantee

A sample of the notice is included in the **Appendix B** of this Plan. The sample notice should be translated into other languages, as necessary.

1.2 Notice Posting Locations

The Notice to Public will be posted at many locations to apprise the public of Northside Behavioral Health Center's obligations under Title VI and to inform them of the protections afforded them under Title VI. At a minimum, the notice will be posted in public areas of Northside Behavioral Health Center's office(s) including the reception desk and meeting rooms, and on the Northside Behavioral Health Center's website at www.Northsidebhc.org. Additionally, Northside Behavioral Health Center may also post the notice on transit vehicles.

If your agency does not have a website, contact Mr. Dave Newell, District 7 – Tampa Florida
Dave.Newell@dot.state.fl.us
813/975-6195

A sample version of this notice is included in **Appendix B** of this Plan along with any translated versions of the notice, as necessary. The public notice must be provided in any other language which meets the Safe Harbor threshold (See Appendix E).

2.0 Title VI Procedures and Compliance

2.1 Complaint Procedure

Any person who believes he or she has been discriminated against on the basis of race, color or national origin by Northside Behavioral Health Center may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form (see **Appendix C**). Northside Behavioral Health Center investigates complaints received no more than 180 days after the alleged incident. Northside Behavioral Health Center will process complaints that are complete.

Once the complaint is received, Northside Behavioral Health Center will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

Northside Behavioral Health Center has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, Northside Behavioral Health Center may contact the complainant. The complainant has ten (10) business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within ten (10) business days, Northside Behavioral Health Center can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. A LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, she/he has seven (7) days to do so from the time he/she receives the closure letter or the LOF.

The complaint procedure will be made available to the public on Northside Behavioral Health Center's website (www.Northsidebhc.org).

2.2 Complaint Form

A copy of the complaint form in English and Spanish is provided in the **Appendix C** and on Northside Behavioral Health Center's website (www.Northsidebhc.org). The complaint form must be provided in any languages spoken by the LEP population which meet the Safe Harbor threshold (See **Appendix C**).

3.0 Title VI Investigations, Complaints, and Lawsuits

In accordance with 49 CFR 21.9(b), Northside Behavioral Health Center must record and report any investigations, complaints, or lawsuits involving allegations of discrimination. The records of these events shall include the date the investigation, lawsuit, or complaint was filed; a summary of the allegations; the status of the investigation, lawsuit, or complaint; and actions taken by Northside Behavioral Health Center in response; and final findings related to the investigation, lawsuit, or complaint. The records for the previous three (3) years shall be included in the Title VI Plan when it is submitted to [FDOT].

Northside Behavioral Health Center has had no investigations, complaints, or lawsuits involving allegations of discrimination on the basis of race, color, or national origin over the past three (3) years. A summary of these incidents is recorded in Table 1.

Table 1: Summary of Investigations, Lawsuits, and Complaints

	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, or national origin)	Status	Action(s) Taken
Investigations				
1. N/A				
2.				
Lawsuits				
1.N/A				
2.				
Complaints				
1.N/A				
2.				

4.0 Public Participation Plan

The Public Participation Plan (PPP) for Northside Behavioral Health Center was developed to ensure that all members of the public, including minorities and Limited English Proficient (LEP) populations, are encouraged to participate in the decision making process for Northside Behavioral Health Center. The PPP is included in **Appendix D** to this Title VI Plan.

Current Outreach Efforts

Northside Behavioral Health Center is required to submit a summary of public outreach efforts made over the last three (3) years. The following is a list and short description of Northside Behavioral Health Center’s recent, current, and planned outreached activities.

- Florida Assertive Community Treatment (FACT)

FACT prioritizes community prevention efforts in Hillsborough County to improve health and save lives by focusing on four strategic areas: building healthy/safe communities, expanding quality prevention services, empowering people to make healthy choices and eliminating health disparities.

5.0 Language Assistance Plan

Northside Behavioral Health Center operates a transit system within Hillsborough County. The Language Assistance Plan (LAP) has been prepared to address Northside Behavioral Health Center’s responsibilities as they relate to the needs of individuals with Limited English Proficiency (LEP). Individuals, who have a limited ability to read, write, speak, or understand English are LEP. In Northside Behavioral Health Center service area there are 96,961 residents or 8.0% who describe themselves as not able to communicate in English very well (Source: US Census). Northside Behavioral Health Center is federally mandated (Executive Order 13166) to take responsible steps to ensure meaningful access to the benefits, services, information and other important portions of its programs and activities for individuals who are LEP. Northside Behavioral Health Center has utilized the U.S. Department of Transportation (DOT) LEP Guidance Handbook and performed a four factor analysis to develop its LAP. The LAP is included in this Title VI Plan as **Appendix E**.

Transit Planning and Advisory Bodies

Northside Behavioral Health Center does not have a transit-related committee or board; therefore, this requirement does not apply.

6.0 Title VI Equity Analysis

Northside Behavioral Health Center has not recently constructed any facilities, nor does it currently have any facilities in the planning stage. Therefore, Northside Behavioral Health Center does not have any Title VI Equity Analysis reports to submit with this Plan. Northside Behavioral Health Center will utilize the demographic maps included in Appendix I for future Title VI analysis.

Appendices

APPENDIX A	TITLE VI PLAN ADOPTION MEETING MINUTES
APPENDIX D	TITLE VI SAMPLE NOTICE TO PUBLIC
APPENDIX C	TITLE VI COMPLAINT FORM
APPENDIX D	PUBLIC PARTICIPATION PLAN
APPENDIX E	LANGUAGE ASSISTANCE PLAN
APPENDIX F	OPERATING AREA LANGUAGE DATA: NORTHSIDE BEHAVIORAL HEALTH CENTER SERVICE AREA
APPENDIX G	DEMOGRAPHIC MAPS (COULD BE OPTIONAL)

Appendix A
Title VI Plan Adoption Meeting Minutes

To:

- Susan Hoerbelt <shoerbelt@gmail.com>; Kelly Williams <kelly@mindbalancehealing.com>

+12 others

Cc:

Spana, Emily

Thu 1/19/2023 11:49 AM

FDOT_REVISED Title VI Plan Template-Northside 2023.docx

7 MB



Good afternoon, Board Members,

In September 2022, Northside had its triennial Federal Department of Transportation (FDOT) review. As a result of the audit , FDOT noted Northside needed a Title VI Plan. This plan includes language that addresses how FDOT sub-recipients prevent discrimination and ensures nondiscrimination in all programs and activities, adhering to Title VI of the Civil Rights Act of 1964.

Our current plan is due to FDOT by Wednesday, January 25, 2023. As the next board meeting is not scheduled until February, this communication is a request for board review and approval in lieu of a meeting. **Please respond by Tuesday, January 24, 2023.**

Please review the attached plan and respond with the indication of approval to the plan as written. We utilized a template provided by FDOT and the page numbering within the template does not include a page 2. If you have any questions, please let me know or contact Emily Spana @ 813-877-8700 at extension 4303.

From: Monica Rider <monicadst44@gmail.com>

Sent: Friday, January 20, 2023 4:54 PM

To: Susan Hoerbelt <shoerbelt@gmail.com>

Cc: Alex Kawliche <alexkawliche@gmail.com>; Dan McDonald <dan@homelesspolice.com>; Dr. Dan Fallon <dfallon1@usf.edu>; Elaine Churton <churton@gmail.com>; Hust, Kristina <Kristina.Hust@baycare.org>; Kelly Williams <kelly@mindbalancehealing.com>; Lisa Montelione <lisa4tampa@gmail.com>; Opal Hudson <opal-northside@outlook.com>; Petersen, Stephanie <Stephanie.Petersen@BAYCARE.ORG>; Ryder, Gail <Gail.Ryder@baycare.org>; Spana, Emily <Emily.Spana@BAYCARE.ORG>

Subject: Re: Title VI Plan

WARNING: This email originated outside of BayCare. BE CAUTIOUS clicking links and opening attachments. Use the Report Phishing and Spam button to report malicious emails and contact the IS Service Desk with all other suspicious activity.

Approve

On Fri, Jan 20, 2023 at 4:50 PM Susan Hoerbelt <shoerbelt@gmail.com> wrote:
Please send your approval (or disapproval) to me as soon as possible..a simple "I approve (or disapprove)" will do.

Thanks,
Susan

From: Susan Hoerbelt <shoerbelt@gmail.com>

Sent: Wednesday, January 25, 2023 4:14 PM

To: Stephanie Petersen <stephanie.petersen@northsidemh.org>

Subject: Re: Fw: Policy for the Board Approval

I second the motion to approve this plan.
Susan Hoerbelt

Appendix B
Title VI Sample Notice to Public

Notifying the Public of Rights Under Title VI

Northside Behavioral Health Center

- Northside Behavioral Health Center operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Northside Behavioral Health Center.
- For more information on Northside Behavioral Health Center's civil rights program, and the procedures to file a complaint, contact 1-844-343-1685, (TTY 1-800-955-8771); email CivilRightsCoordinator@BayCare.org; or visit our administrative office at 12512 Bruce B Downs Blvd, Tampa, Florida 33612. For more information, visit ww.Northsidebhc.org.
- If information is needed in another language, contact 1-844-343-1685
- Si necesita información en otro idioma, comuníquese al 1-844-343-1685

Appendix C
Title VI Complaint Form

Northside Behavioral Health Center

Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Family or Religious Status <input type="checkbox"/> Other_____				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. _____ _____				
Section IV				
Have you previously filed a Title VI complaint with this agency?			Yes	No

Appendix D

Public Participation Plan (PPP)

The Public Participation Plan (PPP) is an open ended plan which should be tailored to the needs and capabilities of your agency. The following is a rough template for a possible PPP for a typical sub-recipient transit agency. The plan should be modified to match the public participation needs of your agency with capabilities of your agency. FTA Circular 4702.1B provides little concrete guidance to the contents of the PPP. The following are instructions from FTA Circular 4702.1B with regards to the PPP:

“Recipients have wide latitude to determine how, when, and how often specific public participation activities should take place, and which specific measures are most appropriate. Recipients should make these determinations based on a demographic analysis of the population(s) affected, the type of plan, program and/or service under consideration, and the resources available.”

“Some of those effective practices include:

- a. Scheduling meeting at times and locations that are convenient and accessible for minority and LEP communities.
- b. Employing different meeting sizes and formats.
- c. Coordinating with community and faith-based organizations, educational institutions, and other organizations to implement public engagement strategies that reach out specifically to members of affected minority and/or LEP communities.
- d. Considering radio, television, or newspaper ads on stations and in publications that serve LEP populations. Outreach to LEP populations could also include audio programming available on podcasts.
- e. Providing opportunities for public participation through means other than written communication, such as personal interviews or use of audio or video recording devices to capture oral communication. “

With these instructions in mind, please add or remove items from the template as you see fit. The majority of the plan is shown in **green text** to indicate the flexibility in the plan.

Introduction

The Public Participation Plan (PPP) for Northside Behavioral Health Center was developed to ensure that all members of the public, including minorities and Limited English Proficient (LEP) populations, are encouraged to participate in the decision making process for Northside Behavioral Health Center. Policy and service delivery decisions need to take into consideration community sentiment and public opinion based upon well-executed outreach efforts. The public outreach strategies described in the PPP are designed to provide the public with effective access to information about Northside Behavioral Health Center services and to provide a variety of efficient and convenient methods for receiving and considering public comment prior to implementing changes to services. Northside Behavioral Health Center also recognizes the importance of many types of stakeholders in the decision-making process, including other units of government, metropolitan area agencies, community based organizations, major employers, passengers, and the general public, including low-income, minority, LEP, and other traditionally underserved communities.

Public Participation Goals

The main goal of the PPP is to offer meaningful opportunities for all interested segments of the public, including, but not limited to, low-income, minority and LEP groups, to comment, about Northside Behavioral Health Center and its operations. The goals for this PPP include:

- **Inclusion and Diversity:** Northside Behavioral Health Center will proactively reach out and engage low-income, minority, and LEP populations for the Northside Behavioral Health Center service area so these groups will have an opportunity to participate.
- **Accessibility:** All legal requirements for accessibility will be met. Efforts will be made to enhance the accessibility of the public's participation – physically, geographically, temporally, linguistically and culturally.
- **Clarity and Relevance:** Issues will be framed in public meetings in such a way that the significance and potential effect of proposed decisions is understood by participants. Proposed adjustments to fares or services will be described in language that is clear and easy to understand.
- **Responsive:** Northside Behavioral Health Center will strive to respond to and incorporate, when possible, appropriate public comments into transportation decisions.
- **Tailored:** Public participation methods will be tailored to match local and cultural preferences as much as possible.
- **Flexible:** The public participation process will accommodate participation in a variety of ways and will be adjusted over time as needed.

Public Participation Methods

The methods of public participation included in this PPP were developed based upon best practices in conjunction with the needs and capabilities of Northside Behavioral Health Center. Northside Behavioral Health Center intends to achieve meaningful client participation by a variety of methods with respect to service and any changes to service.

Northside Behavioral Health Center will conduct community meetings and listening sessions as appropriate with passengers, employers, community based organizations, and advisory committees to gather population served input and distribute information about service quality, proposed changes or new service options.

The population served will be invited to provide feedback on the Northside Behavioral Health Center website (www.Northsidebhc.org) and all feedback on the site will be recorded and passed on to Northside Behavioral Health Center management. The public will also be able to call the Northside Behavioral Health Center office at 1-844-343-1685 during its hours of operation. Feedback collected over the phone will be recorded and passed on to Northside Behavioral Health Center leadership.

Meeting formats will be tailored to help achieve specific clients participation goals that vary by project or the nature of the proposed adjustment of service. Some meetings will be designed to share information and answer questions. Some will be designed to engage the clients in providing input, establishing priorities, and helping to achieve consensus on a specific recommendation. Others will be conducted to

solicit and consider public comments before implementing proposed adjustments to services. In each case, an agenda for the meetings will be created that work to achieve the stated goals and is relevant to the subject and not overwhelming for the clients.

For all client meetings, the venue will be a facility that is accessible for persons with disabilities and, preferably, is served by public transit. If a series of meetings are scheduled on a topic, different meeting locations may be used, since no one location is usually convenient to all participants.

For community meetings and other important information, Northside Behavioral Health Center will use a variety of means to make populations served aware, including some or all of the following methods:

- In-vehicle information
- Posters or flyers at front desk, intake desk and Residential Programs
- Posting information on website
- Other methods required by local or state laws or agreements

All information and materials communicating proposed and actual service adjustments will be provided in English and any other language that meets the “safe harbor” criteria.

Appendix E

Language Assistance Plan (LAP)

I. Introduction

Northside Behavioral Health Center operates a transit system within Hillsborough County. The Language Assistance Plan (LAP) has been prepared to address Northside Behavioral Health Center's responsibilities as they relate to the needs of individuals with Limited English Proficiency (LEP). Individuals, who have a limited ability to read, write, speak, or understand English are LEP. In Northside Behavioral Health Center service area there are 99,401 residents who describe themselves as not able to communicate in English "very well" (Source: US Census). Northside Behavioral Health Center is federally mandated (Executive Order 13166) to take responsible steps to ensure meaningful access to the benefits, services, information and other important portions of its programs and activities for individuals who are LEP. Northside Behavioral Health Center has utilized the U.S. Department of Transportation (USDOT) LEP Guidance Handbook and performed a four factor analysis to develop its LAP.

The U.S. Department of Transportation Handbook, titled "Implementing the Department of Transportation's Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient (LEP) Persons: A Handbook for Public Transportation Providers, (April 13, 2007) " (hereinafter "Handbook"), states that Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq., and its implementing regulations provide that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity that receives Federal financial assistance (Handbook, page 5). The Handbook further adds that Title VI prohibits conduct that has a disproportionate effect on LEP persons because such conduct constitutes national origin discrimination (Handbook, page 5).

Executive Order 13166 of August 16, 2000, states that recipients of Federal financial assistance must take reasonable steps to ensure meaningful access to their programs and activities by LEP persons (Handbook, page 6). Additionally, recipients should use the DOT LEP Guidance to determine how best to comply with statutory and regulatory obligations to provide meaningful access to the benefits, services, information and other important portions of their programs and activities for individuals who are LEP (Handbook, page 6). These provisions are included in FTA Circular 4702.1B in Paragraph 9 of Chapter III (pages III-6 to III-9).

For many LEP individuals, public transit is the principal transportation mode available. It is important for Northside Behavioral Health Center be able to communicate effectively with all of its riders. When Northside Behavioral Health Center is able to communicate effectively with all of its riders, the service provided is safer, more reliable, convenient, and accessible for all within its service area. Northside Behavioral Health Center is committed to taking reasonable steps to ensure meaningful access for LEP individuals to this agency's services in accordance with Title VI.

This plan will demonstrate the efforts that Northside Behavioral Health Center undertakes to make its service accessible to all persons without regard to their ability to communicate in English. The plan addresses how services will be provided through general guidelines and procedures including the following:

- Identification: Identifying LEP populations in service areas
- Notification: Providing notice to LEP individuals about their right to language services

- Interpretation: Offering timely interpretation to LEP individuals upon request
- Translation: Providing timely translation of important documents
- Staffing: Identifying Northside Behavioral Health Center staff to assist LEP customers
- Training: Providing training on LAP to responsible employees.

II. Four Factor Analysis

The analysis provided in this report has been developed to identify LEP population that may use Northside Behavioral Health Center services and identify needs for language assistance. This analysis is based on the “Four Factor Analysis” presented in the Implementing the Department of Transportation’s Policy Guidance Concerning Recipients’ Responsibilities to Limited English Proficient (LEP) Persons, dated April 13, 2007, which considers the following factors:

1. The number and proportion of LEP persons in the service area who may be served or are likely to encounter a Northside Behavioral Health Center program, activity or service.
2. The frequency with which LEP persons come in contact with Northside Behavioral Health Center programs, activities or services.
3. The nature and importance of programs, activities or services provided by Northside Behavioral Health Center to the LEP population.
4. The resources available to Northside Behavioral Health Center and overall costs to provide LEP assistance

a. Factor 1: The Number and Proportion of LEP Persons Serviced or Encountered in the Eligible Service Population

Of the 1,219,613 residents in the Northside Behavioral Health Center service area 119,833 residents describe themselves as speaking English less than “very well”. People of Spanish descent are the primary LEP persons likely to utilize Northside Behavioral Health Center services. For the Northside Behavioral Health Center service area, the American Community Survey of the U.S. Census Bureau shows that among the area’s population 13.1% speak English “very well”. For groups who speak English “less than very well”, 8.0% speak Spanish and 0.3% speak Vietnamese.

Appendix F contains a table which lists the languages spoken at home by the ability to speak English for the population within the Northside Behavioral Health Center service area.

b. Factor 2: The Frequency with which LEP Individuals Come into Contact with Your Programs, Activities, and Services

The Federal guidance for this factor recommends that agencies should assess the frequency with which they have contact with LEP individuals from different language groups. The more frequent the contact with a particular LEP language group, the more likely enhanced services will be needed.

Northside Behavioral Health Center has assessed the frequency with which LEP individuals come in contact with the transportation system. The methods utilized for this assessment include analysis of Census data, examining phone inquiries, requests for translated documents, and staff survey. As discussed above, Census data indicates that possible no prominent LEP groups. Phone inquiries and staff survey feedback indicated that Northside Behavioral Health Center drivers interact infrequently with LEP persons. The majority of these interactions have occurred with LEP persons who mainly spoke Spanish. Over the past 3 years, Northside Behavioral Health Center has had no requests for translated documents.

c. Factor 3: The Nature and Importance of the Program, Activity, or Service Provided by the Recipient to People’s Lives

Public transportation and regional transportation planning is vital to many people’s lives. According to the Department of Transportation’s *Policy Guidance Concerning Recipient’s Responsibilities to LEP Persons*, providing public transportation access to LEP persons is crucial. A LEP person’s inability to utilize public transportation effectively, may adversely affect his or her ability to access health care, education, or employment.

Northside Behavioral Health Center must ensure that persons with disabilities, including persons who have hearing, vision, or speech disabilities, as well as persons of Limited English Proficiency (LEP), have equal opportunity to participate in our services, activities, programs and other benefits. When a person with a communications disability presents for treatment or services, consult with the individual to determine which aids or services are necessary to provide effective communication. Except in emergencies, staff do not use family members, friends, or others as interpreters to relay clinical information. Resources for the deaf and hard-of-hearing vary by facility; for assistance with any of these resources, contact your Administrator on Duty (AOD). Available resources at no cost to clients include Over-Phone Interpreting (OPI) (Cyracom or Stratus) is available 24/7 with more than 140 different languages. Staff also utilize Certified Languages at 1-800-225-5254. Video Remote Interpreter (VRI) and Florida Relay Service (deaf, hard of hearing, deaf/blind or speech disabled) - DIAL 711 Persons with Limited English Proficiency: 1. Language assistance may be provided through the use of telephonic interpretation services, competent bilingual staff, and contracts with local organizations providing interpretation or translation services, or technology. Staff will perform an initial assessment at the time the person presents for services to identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at www.lep.gov) or posters to determine the language. 2. Over the Phone Interpreting services, which provide translation services in more than 300 different languages, 24 hours a day, 7 days a week is available. The number for the interpreting service at each facility is posted on the at the intake office, reception desk, in Northside Deaf and Hard of Hearing Plan and is also available through the Section 504 Coordinator or AOD. 3. When written translation of vital documents is needed and not already available, documents should be submitted for translation to the Section 504 Coordinator or AOD.

d. Factor 4: The Resources Available to the Recipient and Costs

Clients who have special communication needs will be informed of the availability of free auxiliary aids and services and will be provided such auxiliary aids and services as are necessary for effective communication as soon as practicable. Significant others, relatives, caregivers, and Health Care Surrogates may also require such services when they are involved in healthcare discussion, decisions or carrying out the care plan. If the staff and the client, significant other, relative, caregiver or Health Care Surrogate have a difference of opinion on the auxiliary aid and/or service necessary for effective communication, staff should contact the Section 504 Coordinator.

III. Language Assistance Plan

In developing a Language Assistance Plan, FTA guidance recommends the analysis of the following five elements:

1. Identifying LEP individuals who need language assistance
2. Providing language assistance measures
3. Training staff
4. Providing notice to LEP persons
5. Monitoring and updating the plan

The five elements are addressed below.

a. Element 1: Identifying LEP Individuals Who Need Language Assistance

Federal guidance provides that there should be an assessment of the number or proportion of LEP individuals eligible to be serviced or encountered and the frequency of encounters pursuant to the first two factors in the four-factor analysis.

Northside Behavioral Health Center has identified the number and proportion of LEP individuals within its service area using United States Census data (see Appendix H). As presented earlier, 72.5 % of the District 7 population speaks English only. The largest non-English spoken language in the District 7 is Spanish (21.0%). Of those who primary spoken language is Spanish approximately 8.0% identify themselves as speaking less than “very well”. Those residents whose primary language is not English or Spanish and who identify themselves as speaking English less than “very well” account for 1.5% % of the District 7 population.

Northside Behavioral Health Center may identify language assistance need for an LEP group by:

1. Examining records to see if requests for language assistance have been received in the past, either at meetings or over the phone, to determine whether language assistance might be needed at future events or meetings.

2. Having Census Bureau Language Identification Flashcards available at Northside Behavioral Health Center Meetings. This will assist Northside Behavioral Health Center in identifying language assistance needs for future events and meetings.
3. Having Census Bureau Language Identification Flashcards on all transit vehicles to assist operators in identifying specific language assistance needs of passengers. If such individuals are encountered, vehicle operators will be instructed to obtain contact information to give to Northside Behavioral Health Center management to follow-up.
4. Vehicle operators will be surveyed on their experience concerning any contacts with LEP persons during the previous year.

b. Element 2: Language Assistance Measures

Federal Guidance suggests that an effective LAP should include information about the ways in which language assistance will be provided. This refers to listing the different language services an agency provides and how staff can access this information.

For this task Federal Guidance recommends that transit agencies consider developing strategies that train staff as to how to effectively deal with LEP individuals when they either call agency centers or otherwise interact with the agency.

Northside Behavioral Health Center has undertaken the following actions to improve access to information and services for LEP individuals:

1. Provide bilingual staff at community events, public hearings, and transit committee meetings.
2. Survey drivers and other front-line staff annually on their experience concerning any contacts with LEP persons during the previous year.
3. Provide Language Identification Flashcards onboard transit vehicles and in the Northside Behavioral Health Center offices.
4. When an interpreter is needed in person or on the telephone, staff will attempt to access language assistance services from a professional translation service or qualified community volunteers.

Northside Behavioral Health Center will utilize the demographic maps provided in **Appendix G** in order to better provide the above efforts to the LEP persons within the service area.

c. Element 3: Training Staff

Federal guidance states staff members of an agency should know their obligations to provide meaningful access to information and services for LEP persons and that all employees in public contact positions should be properly trained.

Suggestions for implementing Element 3 of the Language Assistance Plan, involve: (1) identifying agency staff likely to come into contact with LEP individuals; (2) identifying existing staff training opportunities; (3) providing regular re-training for staff dealing with LEP individual needs; and (4) designing and implementing LEP training for agency staff.

In the case of Northside Behavioral Health Center, the most important staff training is for staff and drivers. A few of Northside's Drivers are bilingual in English and Spanish

The following training will be provided to Staff and Drivers:

1. Information on Title VI Procedures and LEP responsibilities
2. Use of Language Identification Flashcards
3. Documentation of language assistance requests
4. How to handle a potential Title VI/LEP complaint

d. Element 4: Providing Note to LEP Persons

Northside Behavioral Health Center will make Title VI information available in English and Spanish on the Agency's website. Key documents are written in English and Spanish. Notices are also posted in Northside Behavioral Health Center office lobby. Additionally, when staff prepares a document or schedules a meeting, for which the target audience is expected to include LEP individuals, then documents, meeting notices, flyers, and agendas will be printed in an alternative language based on the known LEP population.

e. Element 5: Monitoring and Updating the Plan

The plan will be reviewed and updated on an ongoing basis. Updates will consider the following:

- The number of documented LEP person contacts encountered annually
- How the needs of LEP persons have been addressed
- Determination of the current LEP population in the service area
- Determination as to whether the need for translation services has changed
- Determine whether Northside Behavioral Health Center's financial resources are sufficient to fund language assistance resources needed

Northside Behavioral Health Center understands the value that its service plays in the lives of individuals who rely on this service, and the importance of any measures undertaken to make the use of system easier. Northside Behavioral Health Center is open to suggestions from all sources, including customers, Northside Behavioral Health Center staff, other transportation agencies with similar experiences with LEP communities, and the general public, regarding additional methods to improve their accessibility to LEP communities.

IV. Safe Harbor Provision

DOT has adopted the Department of Justice's Safe Harbor Provision, which outlines circumstances that can provide a "safe harbor" for recipients regarding translation of written materials for LEP population. The Safe Harbor Provision stipulates that, if a recipient provides written translation of vital documents for each eligible LEP language group that constitutes five percent (5%) or 1,000 persons, whichever is less, of the total population of persons eligible to be served or likely to be affected or encountered, then such action will be considered strong evidence of compliance with the recipient's written translation obligations. Translation of non-vital documents, if needed, can be provided orally. If there are fewer than 50 persons in a language group that reaches the five percent (5%) trigger, the recipient is not required to

translate vital written materials but should provide written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

Northside Behavioral Health Center service area does have LEP populations which qualify for the Safe Harbor Provision. As shown in **Appendix F**, Spanish, French Creole, Vietnamese, Other Asian Languages, Arabic, Chinese, speakers qualify for the Safe Harbor Provision as the number of person which speak English less than “very well” is counted as 8.0% and 96,961 persons; 0.2% and 2,440 persons; .03% and 4,178 persons; 0.1% and 1,530 persons; 0.2% and 2,184 persons; 0.2% and 2,078 persons respectively.

The Safe Harbor Provision applies to the translation of written documents only. They do not affect the requirement to provide meaningful access to LEP individuals through competent oral interpreters where oral language services are needed and are reasonable. Northside Behavioral Health Center may determine, based on the Four Factor Analysis, that even though a language group meets the threshold specified by the Safe Harbor Provision, written translation may not be an effective means to provide language assistance measures.

Appendix F

Operating Area Language Data:

Northside Behavioral Health Center

Service Area

Hillsborough County, Florida		
<u>Language</u>	<u>People</u>	<u>Percentage</u>
Total	1,219,613	100.0%
Speak only English	884,020	72.5%
Spanish or Spanish Creole	256,379	21.0%
Speak English "very well"	159,418	13.1%
Speak English less than "very well"	96,961	8.0%
French (incl. Patois, Cajun)	5,297	0.4%
Speak English "very well"	4,418	0.4%
Speak English less than "very well"	879	0.1%
French Creole	6,777	0.6%
Speak English "very well"	4,337	0.4%
Speak English less than "very well"	2,440	0.2%
Italian	2,541	0.2%
Speak English "very well"	2,265	0.2%
Speak English less than "very well"	276	0.0%
Portuguese or Portuguese Creole	2,942	0.2%
Speak English "very well"	1,947	0.2%
Speak English less than "very well"	995	0.1%
German	3,941	0.3%
Speak English "very well"	3,430	0.3%
Speak English less than "very well"	511	0.0%
Yiddish	29	0.0%
Speak English "very well"	11	0.0%
Speak English less than "very well"	18	0.0%
Other West Germanic languages	750	0.1%
Speak English "very well"	693	0.1%
Speak English less than "very well"	57	0.0%
Scandinavian languages	377	0.0%
Speak English "very well"	318	0.0%
Speak English less than "very well"	59	0.0%
Greek	1,143	0.1%
Speak English "very well"	1,017	0.1%
Speak English less than "very well"	126	0.0%
Russian	1,784	0.1%
Speak English "very well"	1,177	0.1%
Speak English less than "very well"	607	0.0%
Polish	939	0.1%
Speak English "very well"	706	0.1%
Speak English less than "very well"	233	0.0%
Serbo-Croatian	611	0.1%
Speak English "very well"	446	0.0%
Speak English less than "very well"	165	0.0%

Other Slavic Languages	727	0.1%
Speak English “very well”	561	0.0%
Speak English less than “very well”	166	0.0%
Armenian	59	0.0%
Speak English “very well”	52	0.0%
Speak English less than “very well”	7	0.0%
Persian	1,079	0.1%
Speak English “very well”	703	0.1%
Speak English less than “very well”	376	0.0%
Gujarati	2361	0.2%
Speak English “very well”	1,843	0.2%
Speak English less than “very well”	518	0.0%
Hindi	3053	0.3%
Speak English “very well”	2,704	0.2%
Speak English less than “very well”	349	0.0%
Urdu	1,442	0.1%
Speak English “very well”	1,109	0.1%
Speak English less than “very well”	333	0.0%
Other Indic languages	2,587	0.2%
Speak English “very well”	1,854	0.2%
Speak English less than “very well”	733	0.1%
Other Indo-European Languages	1,341	0.1%
Speak English “very well”	1,081	0.1%
Speak English less than “very well”	260	0.0%
Chinese	4,619	0.4%
Speak English “very well”	2,541	0.2%
Speak English less than “very well”	2,078	0.2%
Japanese	787	0.1%
Speak English “very well”	431	0.0%
Speak English less than “very well”	356	0.0%
Korean	2,596	0.2%
Speak English “very well”	1,671	0.1%
Speak English less than “very well”	925	0.1%
Mon-Khmer, Cambodian	415	0.0%
Speak English “very well”	152	0.0%
Speak English less than “very well”	263	0.0%
Hmong	277	0.0%
Speak English “very well”	205	0.0%
Speak English less than “very well”	72	0.0%
Thai	856	0.1%
Speak English “very well”	369	0.0%
Speak English less than “very well”	487	0.0%
Laotian	157	0.0%

Speak English “very well”	87	0.0%
Speak English less than “very well”	70	0.0%
Vietnamese	7,287	0.6%
Speak English “very well”	3,109	0.3%
Speak English less than “very well”	4,178	0.3%
Other Asian languages	6,816	0.6%
Speak English “very well”	5,286	0.4%
Speak English less than “very well”	1,530	0.1%
Tagalog	3,719	0.3%
Speak English “very well”	2,882	0.2%
Speak English less than “very well”	837	0.1%
Other Pacific Island languages	844	0.1%
Speak English “very well”	682	0.1%
Speak English less than “very well”	162	0.0%
Navajo	10	0.0%
Speak English “very well”	10	0.0%
Speak English less than “very well”	0	0.0%
Other Native American languages	144	0.0%
Speak English “very well”	116	0.0%
Speak English less than “very well”	28	0.0%
Hungarian	517	0.0%
Speak English “very well”	378	0.0%
Speak English less than “very well”	139	0.0%
Arabic	7,368	0.6%
Speak English “very well”	5,184	0.4%
Speak English less than “very well”	2,184	0.2%
Hebrew	634	0.1%
Speak English “very well”	528	0.0%
Speak English less than “very well”	106	0.0%
African languages	2,277	0.2%
Speak English “very well”	1,928	0.2%
Speak English less than “very well”	349	0.0%
Other and unspecified languages	111	0.0%
Speak English “very well”	111	0.0%
Speak English less than “very well”	0	0.0%

Appendix G

Demographic Maps

Hillsborough County Limited English Proficiency by Census Block Group

