

LANGUAGE ACCESS PLAN FOR LEP INDIVIDUALS

State Agency: The New York State Office of Mental Health

Effective Date of Plan: April 1, 2015

Language Access Coordinator (LAC): Hextor Pabon, Director of the Bureau of Cultural Competence

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PART 1 – INTRODUCTION

Pursuant to Executive Order No. 26 (“Statewide Language Access Policy”), we have prepared this Language Access Plan (“Plan”) that sets forth the actions we will take to ensure that persons with limited English proficiency (“LEP”) have meaningful access to agency services, programs, and activities.

Statement of Agency Services to the Public:

The New York State Office of Mental Health (OMH) promotes the mental health and well-being of all New Yorkers. Our mission is to facilitate recovery for young to older adults receiving treatment for serious mental illness; to support children and families in their social and emotional development; early identification and treatment of serious emotional disturbances; and to improve the capacity of communities across New York to achieve these goals.

As part of the OMH mission to promote recovery and hope, it works towards the elimination of service disparities. The elimination of disparities through culturally competent principles are how services and supports are held accountable for improving access to and engagement in care; differences are managed skillfully; cultural knowledge is absorbed organizationally; language assistance services are provided; and modifications to care are made by taking into account the diversity of individuals, families, and communities.

OMH operates 24 psychiatric centers and two research institutes across the State. It also regulates, certifies and oversees more than 2,500 programs, which are operated by local governments and nonprofit agencies. These programs include various inpatient and outpatient programs, emergency, community support, residential and family care programs.

In developing this plan, we have understood LEP individuals to be persons who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. We will reassess language needs periodically as needed, but at least every two years starting from the effective date of this plan.

PART 2 – ASSESSING LEP POPULATION LANGUAGE NEEDS

The estimated total number of individuals in our service area is: OMH serves any individual and/or families seeking mental health services in New York State.

The top six languages spoken by LEP individuals that our agency serves or could potentially serve are as follows:

Language	Estimated Number of LEP Individuals Who Speak this Language
Spanish	1315
Chinese	143
Russian	67
Italian	13
Korean	39
French (Haitian) Creole	72

Listed are the numbers of persons served in any State-run program (inpatient and non-inpatient) by primary language. This information is from the 2013 Patient Characteristics Survey (PCS), a one-week survey conducted in October 2013. Providers report all persons receiving a service from their programs during the week of the survey.

We use the following resources to determine the top six languages spoken by LEP individuals:

- U.S. Census data (including American Community Survey data)
- Agency data on client contacts
- School system data
- Information from community organizations that serve LEP individuals

Names of organizations: National Alliance for the Mentally Ill (NAMI), various psycho/social clubs, religious community-based organizations, State and local Alcohol and Drug Treatment Programs.

- Information from other government agencies

Names of agencies: New York City Department of Health and Mental Hygiene and NYS Department of Education.

- Other (describe) The referral process (an admission request for hospitalization and/or outpatient services by a community behavioral health hospital and/or provider).

We have determined the frequency of our contacts with LEP individuals as follows:

Upon admission to one of our facilities and/or outpatient programs, language needs are determined and documented on the 725 Admission Form and other field areas within the patient’s chart.

Frequency of contact and provisions of language assistance services is based on the consumer’s level of needs which can include, but are not limited to, inpatient/outpatient services, emergency contact, treatment planning, medication reviews, discharge planning, family involvement and other surrogate needs. These services could be long term and regular in nature.

The Bureau of Cultural Competence (BCC) is responsible for the implementation, facilitation, and compliance monitoring, of Executive Order No. 26 (EO26) and NYCRR 527.4 “Communication Needs” mandates and/or requirements. In 2011, the BCC had established designated Language Access Coordinators (LACs) at our 24 OMH facilities to ensure compliance to EO26. The BCC and LACs meet quarterly via conference calls to discuss training, language access concerns, quality of language access services provided to the facility, compliance monitoring, signage and posting, and other matters related to EO26.

BCC informs OMH Central Office Administration on EO26 matters and updates as well as performs an annual report for review and recommendations in how OMH can provide *effective communication and quality of care* for our LEP patients and their family members.

Each OMH facility has completed a *30 Item LEP Checklist* and has developed and implemented its own *Bi-Annual Language Access Plan* that briefly describes LEP population served, staff training, signage and posting of free interpreter services, identification of the Facility LAC, use of interpreter and translation vendors by OMH facility, list of available bilingual and parenthetic staff, and services for deaf and hard-of-hearing, etc. The BCC provides compliance monitoring quarterly with the facilities LACs in respect to their LAPs in order to provide training and/or technical support when needed.

PART 3 – PUBLIC OUTREACH AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES

We inform LEP individuals, in the languages indicated in the chart in Part 2 of this plan, about their right to free language assistance services by using the following measures:

- LEP individuals are informed directly by our staff

In what ways?

- Individuals/families are made aware of interpreter/translation service during admission/intake/assessments/stay at our facility or outpatient program;

- Staff is trained to inform recipients of services and family members/surrogates about their rights to free interpreter and translation services upon admission to any of our facility and/or outpatient program; and
- “I Speak” cards and posters are used to help recipient of services, family members/surrogates, and OMH staff identify the language that is spoken by the LEP recipient of services and family members/surrogate. These are posted in OMH facilities and outpatient program’s “common areas” for public view.

Brochures or flyers about language assistance services

In public areas of the agency

Elsewhere in the agency's service areas

Signs posted about language assistance services

In public areas of the agency

Elsewhere in the agency's service areas

Outreach and presentations at schools, faith-based groups, and other community organizations

What are the LEP populations targeted?

Local, non-English language media directed at LEP individuals in their languages

Telephonic voice menu providing information in non-English languages

In which languages: Currently, the OMH voice menu system is provided in Spanish and English.

Other (describe)

- OMH’s public website informs recipient of services and family members/surrogates of their right to free interpreter and translation services.
- The EO26 Language Access Complaint Form, translated in the top six languages under EO26, is posted on our agency’s website and provided upon request.
- OMH has identified and translated “legal forms” and several brochures (i.e., Inpatient and Outpatient Right’s forms) in Spanish, Chinese, French (Haitian) Creole, Russian, Korean, Italian, Arabic, Urdu and French. This is done at no cost to our patients and family members/ surrogates served. These forms were placed on OMH’s restrictive share drive for OMH’s facility and outpatient use only.
- OMH has established a Vital Documents Translation Review Committee to serve OMH Central Office for identifying any future legal and/or vital forms that needs to be translated.

PART 4 – PROVISION OF LANGUAGE ASSISTANCE SERVICES

We use the following resources to determine when an individual is LEP, and what the individual’s primary language is, when the encounter is *in person*:

- "I Speak" posters or visual aids
- Reception staff makes those determinations based on experience, with the assistance of bilingual staff members where available
- Other (describe)
 - Referrals from other mental health providers; and
 - Patient’s self-report during assessment.

We use the following resources to determine when an individual is LEP, and what the individual’s primary language is, when the encounter is *by telephone*:

- Reception staff makes those determinations based on experience, with the assistance of bilingual staff members where available
- Telephonic interpreting service
- Other (describe)
 - Referring mental health provider; and
 - Previous medical records.

We record and maintain documentation of each LEP individual’s language assistance needs as follows:

OMH utilizes the 725 MHARS (Mental Health Automated Recording System) admission form and clinical records to record and maintain documentation of an LEP individual’s language needs.

A. Oral Interpreting Services

Our protocol(s) for assessing whether an LEP individual needs oral interpreting services is as follows:

For in-person encounters: Staff utilizes the various resources available, including the 725 admission form, “I Speak” cards/posters, bilingual staff, and telephonic interpreting services.

By telephone: Staff utilizes the various resources available, including the 725 admission form, “I Speak” cards/posters, bilingual staff, and telephonic interpreting services.

At initial contact in the field: Staff utilizes the various resources available, including the 725 admission form, “I Speak” cards/posters, bilingual staff, and telephonic interpreting services.

For pre-planned appointments with LEP individuals: For appointments with LEP individuals (i.e., treatment planning, discharge, and/or medication reviews) interpreter services are scheduled based on the referring agency’s knowledge of language needs. Qualified bilingual staff is used when available.

Other (describe):

Our protocol(s) for informing LEP individuals that they do not need to provide their own interpreters and that free interpreting services will be provided is as follows:

For in-person encounters: Staff is trained to inform consumers about interpreters. Individuals/family members/surrogates are made aware of interpretation/translation service during the intake/assessment process. “I Speak” cards/posters are displayed in consumer “common areas” as well. All patients are provided with Inpatient and/or Outpatient Rights, which indicate their rights to free interpreter/translation services.

By telephone: Staff is trained to engage and inform patients about interpreter and translation services. Family members/surrogates are verbally made aware of interpretation/translation services utilizing qualified bilingual staff or the interpreting service vendor.

At initial contact in the field: Staff is trained to inform consumers about interpreters. Individuals/family members/surrogates are verbally made aware of interpreter/translation services.

For pre-planned appointments with LEP individuals: Staff is trained to inform recipients’ of service about interpreter rights. Individuals/family members/surrogates are made aware of interpreter/translation service during the intake/assessment process. All patients are provided with Inpatient and/or Outpatient Rights Handbook, which indicate their rights to free interpreter/translation services.

Other (describe):

If an LEP individual insists on using a family member, friend, or other person as an interpreter, our protocol(s) for determining whether to accept or decline such an arrangement is as follows:

LEP individuals that come into contact with our agency will be informed of the availability of free interpreting services. Generally, an LEP individual may not use a family member, friend, or a minor as an interpreter. However, during non-medical emergencies or when clinically appropriate an LEP individual will be permitted to use a minor, a family member or friend as an interpreter. It is a culturally competent practice to allow family and friends to be involved in the recovery process for

behavioral health. Upon request, an LEP individual may also be permitted to use a minor, a family member or friend as an interpreter for routine matters, such as asking the location of the office, hours of operation or rescheduling an appointment. Where the interaction with the LEP individual occurs at OMH's office, and an individual is permitted to use an interpreter of his or her choosing, he or she must fill out a written consent/waiver form.

Where an LEP individual is engaged in official business with OMH, the agency will provide an independent interpreter at all times. An LEP individual will not be permitted to use an independent interpreter of his or her choosing when filling out applications or when involved in other legal matters.

Our protocol(s) for obtaining interpreter services in a timely manner is as follows:

The Admission Screening note will identify a potential need for interpreter services. When it is determined that an interpreter is needed we:

- Schedule interpreter services for scheduled appointments;
- Check OMH's Language Bank Directory and parentetic staff for availability;
- Use approved OGS regional interpreting and translation services authorized by OMH (see NYS OGS Statewide Administrative Services Contract) in a prompt fashion; and
- Utilize community agencies for assistance as needed.

We record and maintain documentation of oral interpreting services provided to LEP individuals at each encounter as follows:

OMH utilizes the 725 MHARS Admission form (Mental Health Automated Recording System), clinical records, and progress notes in the patient's chart to maintain documentation of an LEP individual's language preference. Where telephone services approved by OMH were used, the vendor will provide data on usage.

Competency and Confidentiality

The linguistic and cultural competence of interpreters is addressed as follows:

- OMH's Language Bank volunteers self-identify their ability to read, write and speak a language other than English.
- Where the agency utilizes independent interpreting services, that vendor will implement quality assurance standards to guarantee that its interpreters are trained and are linguistically and culturally competent.
- Language parentetic staff is tested through Civil Service for spoken-language proficiency.
- The BCC provides cultural competence training and web-based training curriculum for OMH's staff and licensed providers annually and by request via webinar/video and face-to-face training.

The issue of confidentiality pertaining to the use of interpreters is addressed as follows:

All OMH employees are trained in HIPAA and confidentiality compliance. Furthermore, independent interpreters will enforce standards of confidentiality in accordance with NYS Law and federal laws.

Maintaining a List of Oral Interpreting Resources

We use, or have available for oral interpreting, the following resources:

- Bilingual staff members who work directly with LEP individuals

Number of staff and languages spoken: Language parenthetic staff is tested through Civil Service for spoken-language proficiency.

<i>Lang Parenthetic Titles</i>	<i># Of Employees</i>
Treatment Team Ld M H SL	7
Mental Hlth Th Aide Tr SL	6
Safety & Scrtty Offr 1 SL	6
Intensive Case Mgr SL	4
Lic Mstr Soc Wrkr 1 SL	4
Soc Work Assnt 3 SL	4
Clerk 2 Spanish Lang	3
Psychologist 2 Span L	3
Rehab Cnslr 2 Span L	3
Security Hsp Snr Trtmt Asnt SL	3
Soc Worker 1 Span L	3
Comty Mntl Hlth Nr SL	2
Keyboard Spec 2 SL	1
Licensed Psychlgst SL	2
Recreation Worker SL	2
Rehab Assnt 2 Span L	5
Nurse 2 Psy Spanish L	6
Soc Work Supvr 1 SL	3
Assoc Psychologist SL	2
Clerk 1 Spanish Lang	1
Keyboard Spec 1 SL	1
Psychologist 1 Span L	2
Trtmnt Tm Ld C&Y Srvs SL	1
Soc Work Assnt 2 SL	1
<i>Spanish Language Parenthetic Total</i>	<i>211</i>
Lic Mstr Soc Wrker 2 CL	13
Intensive Care Mgr CL	4
Nurse 2 Psy Cin Lang	3
Psychiatrist 1 Chin L	2
Rehab Cnslr 2 Chin L	3

Mental Hlth Th Aide Tr CL	5
Soc Work Assnt 2 CL	1
Soc Work Supvr 1 CL	1
Mental Hlth Th Aide CL	12
<i>Chinese Language Parenthetic Total</i>	<i>44</i>
Metntal Hlth Th Aide KL	7
Lic Mstr Soc Wrkr 1 KL	6
Intensive Case Mgr KL	1
Soc Work Supvr 1 KL	1
<i>Korean Language Parenthetic Total</i>	<i>12</i>
<i>Grand Total</i>	<i>244</i>

- Bilingual staff members who provide oral interpreting when necessary

Number of staff and languages spoken: OMH's Language Bank volunteers self-identify their ability to read, write, and speak a language other than English. This group can only perform interpreting services related to social interaction, crisis situations, general and directional information (when available).

<i>Count</i>	<i>Language(Dialect)</i>	<i>Number of Employees</i>
1	Akan	1
2	Albanian	2
3	American Sign Language	14
4	Amharic	1
5	Arabic	16
6	Arabic (Egyptian Colloquial and Classical)	1
7	Aramaic	1
8	Armenian	1
9	Bengali	16
10	Basque	1
11	Belizean-Garifuna	1
12	Belorussian	1
13	Bosnian	2
14	Bulgarian	1
15	Burmese	5
16	Chinese	27
17	Chinese (Cantonese)	23
18	Chinese (Mandarin)	36
19	Cihana	1
20	Creole	67
21	Croatian	3
22	Czech	2
23	Czechslovak (Slovak)	1
24	Dutch	4
25	Edo	1
26	Egyptian	1
27	Farsi	2
28	Filipino (Cebuano)	2
29	Filipino (Tagalog)	36
30	Finnish	1
31	French	92
32	French (Créole)	92
33	German	25
34	Greek	13
35	Gujarati	1
36	Haitian Creole	2
37	Hakka	1
38	Hausa	2
39	Hebrew	23
40	Hindi	130
41	Hungarian	4

42	Igbo	3
43	Ijesha	1
44	Ilocano	3
45	Ilonggo	1
46	Indian	4
47	Italian	29
48	Jamaican	1
49	Japanese	3
50	Kabba	1
51	Kannada	7
52	Kiswahili	1
53	Korean	49
54	Latvian	1
55	Ibibio	1
56	Lebanese	1
57	Lithuanian	3
58	Maori	1
59	Malayalam	100
60	Marathi	4
61	Modern Hebrew	1
62	Modern Turkish	1
63	Nepali	1
64	Norwegian	2
65	Pampango	1
66	Persian	3
67	Polish	13
68	Portugese	3
69	Punjabi	21
70	Romanian	6
71	Russian	32
72	Serbian	2
73	Serbo-Croatian	1
74	Sinhalese	1
75	Slovak	1
76	Somali	1
77	Spanish	205
78	Spanish (Castellano)	1
79	Swedish	3
80	Tagalog	38
81	Taiwanese	13
82	Tamil	16

83	Telugu	14
84	Thai	2
85	Toisanese	1
86	Turkish	2
87	Ukrainian	7
88	Ukrainian (Southern)	1
89	Urdu	26
90	Vietnamese	6
91	Yiddish	13
92	Yoruba	13
Total Number of Employees		1322

- Telephonic interpreting service

Names of vendors: Language Line Solutions, Inc. and potentially any other vendor under the OGS Statewide Administrative Services Contract.

- Contracts or other arrangements with community organizations or individuals for oral interpreting services

Names of individuals/organizations and languages:

- Other (describe)

The agency's Language Access Coordinator maintains the list of oral interpreting resources that are available to staff, which includes:

- Names and contact information for all resources
- Names and locations of staff members who are available to act as interpreters or provide services directly in the LEP individual's primary language
- Languages in which each interpreter or service is qualified
- Procedure for accessing each interpreter or service

We inform all staff members who have contact with the public how to obtain oral interpreting services as follows:

OMH's staff is made aware of interpreter services through:

- Training
 - Annually/ongoing as part of certification requirement
 - Monthly webinars and recorded videos
 - Staff Orientation

- OMH's LAP
- Facilities' LAPs
- Monthly Newsletter
- E-mail
- Bulletins
- Signage and postings
- Policy/Procedure Manual
- BCC's internal and external websites and listserv

B. Translations of Written Documents

The process to determine and reassess, at least every two years starting from the effective date of this plan, those vital documents (including website content) which must be translated is as follows:

The Bureau of Cultural Competence works with Counsel to update and maintain legal documents in the following languages: Spanish, Chinese, Korean, Russian, Urdu, Italian, French, French (Haitian) Creole, and Arabic. The documents we determined to be vital were those that required patient/family signature and those that indicate pertinent information related to care. These forms, which are internal to the operation of facilities, are posted on the intranet page and available at our print shop for facility programs and licensed agencies.

Mental health information and brochures intended for the general public are posted on the agency's public website and are currently translated into the top six languages encountered at OMH. (See Translated Documents Chart Below). The public website is updated on an as needed basis.

All translated documents will be reviewed and monitored annually as part of our Statewide Cultural Competence Plan. OMH Vital Documents Translation Review Committee will ensure any future legal and/or vital forms in need of translation will be done in a timely manner.

The process to timely translate documents that LEP individuals submit in their primary languages is as follows:

OMH's internal committee, Vital Documents Translation Review Committee (VDTRC), will continue to review and identify vital documents for translation pursuant to EO26. Any documents in need of translation and approved by VDTRC will be promptly sent to our internal resources for translation, such as our certified bilingual staff or contracted language service vendors.

The process for ensuring that documents are written in plain language before they are translated into other languages is as follows:

The forms will be sent to Language Line Solutions to review and ensure plain language is utilized VDTRC prior to and after translation. Language Line Solutions will ensure that documents can be clearly and easily understood by the public. OMH Language Bank Directory and parenthetic staff can be used for feedback as well.

The following documents are currently translated by the agency in the languages indicated:

The documents below are deemed vital by OMH and are translated into the top six languages listed in Part 2 of our Plan.

DESCRIPTION		LANGUAGES					
Form #	Form Name	Spanish	Russian	Chinese	French (Haitian) Creole	Korean	Italian
11	Consent to Release	x	x	x	x	x	x
40	PMHP Enrollment	x	x	x	x	x	x
41	PMHP Disenrollment	x	x	x	x	x	x
324	Record System Notification - Clinical	x	x	x	x	x	x
325	Personal Privacy Protection Law, Record System Notification - Pt Res	x	x	x	x	x	x
445	Consent for pt interview	x	x	x	x	x	x
446	Authorization for pt video, photo, other	x	x	x	x	x	x
447	Revoke Authorization to release info	x	x	x	x	x	x
463	Notice to patient	x	x	x	x	x	x
469	Social Security Representative payee	x	x	x	x	x	x
472	Voluntary req for hospitalization	x	x	x	x	x	x
464 (pt/rt)	inpatient rights	x	x	x	x	x	x
468 (otpt/rt)	outpatient rights	x	x	x	x	x	x
471sr 1	Notice of Status & Rts Involuntary Adm	x	x	x	x	x	x

DESCRIPTION		LANGUAGES					
Form #	Form Name	Spanish	Russian	Chinese	French (Haitian) Creole	Korean	Italian
472	Voluntary Request for Hospitalization	x	x	x	x	x	x
472sr 1	Notice of Status & Rts voluntary Adm	x	x	x	x	x	x
472sr 2	Notice of Status & Rts Conv to Voluntary	x	x	x	x	x	x
472sr 3	Notice of Status & Rts VoluntaryAdm Periodic Notice	x	x	x	x	x	x
472sr 4	Notice of Status& Rts Voluntary Adm Annual Notice	x	x	x	x	x	x
473sr 1	Notice of Status& Rts Voluntary informal Adm	x	x	x	x	x	x
473sr 2	Notice of Status& Rts Convert to informal	x	x	x	x	x	x
473sr 3	Notice of Status& Rts Informal Admission Periodic Notice	x	x	x	x	x	x
473sr 4	Notice of Status& Rts Informal Admission Annual Notice	x	x	x	x	x	x
474sr	Notice of Status& Rts Emergency Admission	x	x	x	x	x	x
475sr	Notice of Status & Rts	x	x	x	x	x	x

DESCRIPTION		LANGUAGES					
Form #	Form Name	Spanish	Russian	Chinese	French (Haitian) Creole	Korean	Italian
	Involuntary Admission						
476sr	Notice of Status& Rts CPEP	x	x	x	x	x	x
498	Consent for Release for videotaping or filming	x	x	x	x	x	x
	Depression brochures	x	x	x	x	x	x
	Anxiety brochures	x	x	x	x	x	x
	Bipolar brochure	x	x	x	x	x	x
	Schizophrenia brochure	x	x	x	x	x	x
	Post Traumatic Stress Disorder brochure	x	x	x	x	x	x
	Inpatient/Outpatient brochure	x	x	x	x	x	x
	Heat illness brochure	x	x	x	x	x	x

The process for ensuring that translations are accurate and incorporate commonly used words is as follows:

OMH, through its vendor (where applicable), will ensure that proofing/editing for correctness and cultural sensitivity are a component of the translation services provided by any vendor under contract as part of the publication process. OMH will also ensure that plain language is used in materials produced before translation to ensure information is accessible to a range of literacy levels.

We use, or have available for translating, the following resources:

- Contracts with language service vendors

Names of vendors: Language Line Solutions, Inc. and potentially any other vendor under the OGS Statewide Administrative Services Contract.

- Contracts or other arrangements with community organizations or individuals for oral interpreting services

Names of individuals/organizations and languages:

- Oral translations of written documents by bilingual staff members
- Oral translations of written documents by other individuals or community organizations
- Other (describe)

The agency's Language Access Coordinator maintains the list of written translation resources that are available to staff, which includes:

- Names and contact information for all resources
- Names and locations of staff members who are available to provide oral translations of written documents
- Languages in which each translation service is qualified
- Procedure for accessing each translation service

PART 5 – STAFF TRAINING

The person(s) in the agency who is responsible for the provision of training to staff in language access issues is: Hextor Pabon, Language Access Coordinator.

The Bureau of Cultural Competence is responsible for development and implementation of EO26 and Cultural and Linguistic Training. Effective October 2014, The Bureau of Workforce and Development (BEWD) will oversee EO26 training and compliance for OMH. The BCC will continue to provide technical support and additional training resources for BEWD and continue to work with designated Facility LACs to ensure annual training and disseminate training materials and resources is updates and/or completed annually.

The staff training includes the following components:

- The legal obligations to provide meaningful access to benefits and services to LEP individuals
- How to access language assistance services
- How to work with interpreters

- Cultural competence and cultural sensitivity
- Documenting the language needs of LEP individuals and the language services provided to them by the agency
- How to obtain written translation services

The methods and frequency of training are as follows:

The following methods are conducted for training:

- Employee orientation soon after hire;
- Annual language access training;
- Staff development training;
- Refresher courses when needed; and
- Continuous access to videos and webinars on OMH’s internal and external websites.

PART 6 – ADMINISTRATION

Monitoring

To ensure compliance with the Plan, the LAC will monitor its implementation as follows:

The BCC holds quarterly conference call meetings (as needed) with the designated Facility LACs to ensure compliance to EO26 and the agency’s LAP.

Complaints

We provide information to the public, including to LEP individuals in languages regularly encountered in this service area, advising them of the right to file a complaint if they feel that they have been the subject of discrimination. The information we provide describes how and/or where to file a complaint. We do not retaliate or take other adverse action because an individual has filed a complaint alleging discrimination based on LEP status or needs.

We display information on the right to file a complaint, and the procedures to file a complaint, in the following manner:

The standardized Language Access Complaint Form (EO26 Form) is available to the public in the top six languages encountered at OMH through our websites. Additionally, information on the right to file a complaint is posted in areas where it is easily seen by the public in the top six languages.

In compliance to NYCRR 527.4 “Communication Needs”, OMH Cultural Competence & Linguistic Policy 502, and EO26 mandates, OMH ensures that all inpatient and outpatient recipients’ of service and family members/ surrogates are informed of their rights to free language access services and rights to file a language access complaint.

OMH has an established process for addressing “Patient & Family Members Complaints” that is utilized in inpatient and outpatient settings. The complainant must complete the OMH 605 Complaint

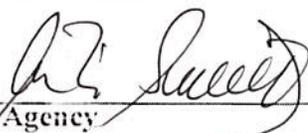
Form. If the complaint is a language access issue then an "EO26 Complaint Form" must be completed and submitted to Quality Assurance as well. All complaints are responded to within *three business days or less* depending on the nature of the complaint.

All EO26 Complaints are forwarded to the BCC to investigate. The BCC interviews all parties involved and perform site visits, when necessary. The BCC provides a written report with recommendations for corrective actions to be taken (if needed) that is sent to the Facility Executive Director. BCC works with Facility LAC and Facility Executive Director by providing technical supports, training, and ensures corrective action was taken.

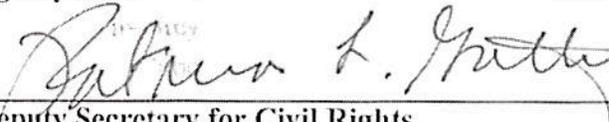
We handle complaints made to the agency regarding the provision of language assistance services in the following manner:

All language access complaints received by BCC are forwarded to the facility director and/or a designee responsible for receiving questions or complaints (Patient Advocacy), with a copy sent to the LAC, for assistance in providing and verifying corrective action taken (if needed).

PART 7 – SIGNATURES

 Commissioner of Health for
Head of Agency Title Date 3/17/15

 Director BCC
Agency LAC Title Date 3/17/15

 Deputy Secretary for Civil Rights
Date 3/4/15