

LANGUAGE ACCESS PLAN FOR LIMITED ENGLISH PROFICIENT INDIVIDUALS

State Agency: The New York State Office of Mental Health

Effective Date of Plan: 5/30/2017

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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 is how services, supports, engagement practices, and access to services are enhanced; 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 22 psychiatric centers, two research institutes, and 79 residential units across the State. It also regulates, certifies and oversees more than 6,500 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 defined Limited English Proficiency (LEP) individuals as 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, and 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 behavioral health services in New York State.

In 2015, New York State’s mental health system served 772,221 individuals through inpatient, outpatient, residential and licensed community providers statewide. The Office of Mental Health directly served approximately 72,000 individuals in state operated inpatient, outpatient and residential programs.

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

Language	Estimated Number of LEP Individuals Who Speak this Language
Spanish	3,416
Chinese	239
Russian	199
Haitian Creole	110
Korean	69
Italian	50

The chart above lists the numbers of persons served within OMH’s inpatient, outpatient, and residential services that self-identified his/her primary language during the admission process from January 1, 2015 to September 30, 2016.

The estimated number of individuals served within OMH’s behavioral health services and licensed OMH programs statewide was captured from OMH’s 725 Admission Form from January 1, 2015 to September 30, 2016 and OMH’s Patient Characteristics Survey Report (2015).

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: The local county mental hygiene directors throughout NYS.

Information from other government agencies

Names of agencies:

Other (describe) The referral process (an admission request from 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:

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.

OMH has identified nine predominant languages that are served within OMH's behavioral health system. The nine languages include Executive Order No. 26 (EO26) six languages: Spanish, Chinese, Russian, Italian, Haitian Creole, Korean, and three additional predominant languages that OMH identified from its admission's data: Urdu, Arabic, and French. OMH has translated vital and legal documents in the nine predominant languages (See List of OMH Translated Document Charts on pages 15-18).

Upon admission to one of our OMH psychiatric centers, outpatient programs, and/or residential programs, language needs are determined and documented on the 725 Admission Form and other field areas within the patient's chart. OMH's admissions/intake unit and the patient's treatment team staff are responsible for charting the patients and family members' language access needs during the patient's stay within our OMH psychiatric center, outpatient program, and/or residential program. OMH staff may utilize the "I SPEAK" materials to help a LEP patient to self-identify his/her language to assist OMH staff in meeting the patient's and family member's language needs.

The Bureau of Cultural Competence (BCC) is responsible for the implementation, facilitation, and compliance monitoring of EO26, OMH Cultural and Linguistic Policy 502 (May, 2012) and NYCRR 527.4 "Communication Needs" mandates and/or requirements. In 2011, the BCC established designated Language Access Coordinators (LACs) at 22 OMH psychiatric centers and two research centers 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 at the psychiatric centers, 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 psychiatric and research center developed and implemented a Bi-Annual Language Access Plan (LAP) that describes LEP population served, staff training, signage and posting of free interpreting services, identification of the facility LAC, use of interpreting and translation vendors by OMH facility, list of available bilingual and parenthetic staff, and services for deaf and hard-of-hearing, etc. The BCC monitors the psychiatric and research centers compliance with the facility LACs regarding 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 free interpreting/translation service during admission/intake/assessments/stay at our psychiatric center, outpatient and/or residential program;
- Staff is trained to inform recipients of services and family members/surrogates about their rights to free interpreting and translation services upon admission to any of our psychiatric centers, outpatient and/or residential programs;
- “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 and inform them of free language assistance services. These are posted in OMH’s psychiatric center, outpatient and/or residential program’s “common areas” for public view.
- “OMH Language Access Coordinator (LAC) Contact” signage is used to help recipient of services, family members/surrogates, and OMH staff in addressing language access needs and/or complaints. The LAC signage is posted in OMH’s psychiatric center, outpatient and/or residential 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? Language assistance services including multilingual materials are provided based on the community language needs.

- 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. In addition, the Kirby Forensic Psychiatric Center and Manhattan Psychiatric Center have Spanish, Mandarin, Russian, Haitian Creole, Korean, Italian, Arabic, and Urdu telephonic voice menu system since June, 2015.

- Other (describe) OMH's public website informs recipient of services and family members/surrogates of their right to free interpreting and translation services. The EO26 Language Access Complaint Form, translated in the top six languages and French, Arabic, and Urdu, is also posted on our agency's website.

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 the assessment and stay at our center and outpatient program.

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)
 - Referrals from other mental health providers,
 - Patient’s self-reporting; 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 pre-planned appointments with LEP individuals (i.e., treatment planning, discharge, questions about services provided, and/or medication reviews), face-to-face or telephone interpreting service is provided by OMH staff to meet the language needs of the recipient and family members. Qualified parenthetic bilingual staff is used when available.

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 recipient of interpreting and translation services provided by OMH for free. Individuals/family members/surrogates are made aware of these services 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 interpreting/translation services.

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

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

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

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 are informed of the availability of free interpreting and translation services. In general, it is not a best practice to use an LEP individual’s family member, friend, or a minor as an interpreter. However, **during medical emergencies or when clinically appropriate**, an LEP individual may use a minor, a family member or friend as an interpreter. This is a rare occurrence and only when clinically appropriate.

It is a culturally competent practice to allow family and friends to be involved in the recovery process for behavioral health. An LEP individual may choose to use a minor, a family member or friend as an interpreter for non-clinical matters, such as asking the location of the office, hours of operation or rescheduling an appointment. When the LEP individual requests to use a minor, friend or family member to provide interpreter service on behalf of LEP individual, the LEP individual must complete and sign a Language Access Waiver form. OMH will also utilize a qualified interpreter to ensure accuracy of information and what is being said by all a parties involved.

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

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

- Use approved OGS regional interpreting and translation services authorized by OMH in a prompt fashion;

- Schedule interpreting services for pre-planned appointments;
- Check parentetic staff and OMH's Language Bank Directory for availability; 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, clinical records, and progress notes in the patient's chart to maintain documentation of an LEP individual's language preference. When telephone interpreting services approved by OMH are used, the vendor provides data on usage per OMH request.

Competency and Confidentiality

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

- When OMH utilizes independent interpreting and translation services, that vendor implements quality assurance standards to guarantee that its interpreters are trained and are linguistically and culturally competent.
- OMH's Language Bank Volunteers (who are OMH staff with special language skills) self-identify their ability to read, write, and speak a language other than English. The language bank staff can only provide interpreting assistance for crisis, directional and social interaction. They are not qualified medical interpreters. The language bank list was updated on May 24, 2016 and is updated every two years.
- Language parentetic staff is tested through Civil Service for spoken-language proficiency.
- 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.
- OMH provides web-based training and resources on how to use interpreter and translation services, and training on culture's influence within languages.

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

All OMH employees are trained in Privacy and Security of Health in New York State (formally known as the Health Information Patient Privacy Act) and confidentiality compliance. Furthermore, independent interpreters will enforce standards of confidentiality in accordance with NYS 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 as of 2016.

<i>Language of Parenthetic Titles</i>	<i># Of Employees</i>
Treatment Team Leader Mental Health (Spanish)	7
Mental Health Therapy Aide (Spanish)	26
Safety & Security Office 1 (Spanish)	6
Intensive Case Manager (Spanish)	11
Licensed Social Worker 1 (Spanish)	34
Social Worker Assistant 3 (Spanish)	12
Clerk 2 (Spanish)	3
Psychologist 2 (Spanish)	7
Rehabilitation Counselor 2 (Spanish)	8
Security Hospital and Treatment Assistant (Spanish)	3
Licensed Social Worker 2 (Spanish)	26
Community Mental Health Nurse (Spanish)	2
Keyboard Specialist 2 (Spanish)	1
Licensed Psychologist (Spanish)	7
Recreation Worker (Spanish)	9
Rehabilitation Assistant 2 (Spanish)	9
Nurse 2 Psychiatric (Spanish)	17
Licensed Social Work Supervisor 1 (Spanish)	9
Associate Psychologist (Spanish)	2
Clerk 1 (Spanish)	1
Keyboard Specialist (Spanish)	1
Psychologist 1 (Spanish)	2
Treatment Team Leader Children & Youth (Spanish)	4
Social Work Assistant (Spanish)	4
<i>Spanish Language Parenthetic Total</i>	<i>211</i>
Licensed Social Worker 2 (Chinese)	13
Intensive Care Manager (Chinese)	4
Nurse 2 Psychiatric (Chinese)	3
Psychiatrist 1 (Chinese)	2
Rehabilitation Counselor 2 (Chinese)	3
Mental Health Therapy Aide 2 (Chinese)	5
Social Worker Assistant 2 (Chinese)	1
Licensed Social Work Supervisor 1 (Chinese)	1
Mental Health Therapy Aide 1 (Chinese)	12
<i>Chinese Language Parenthetic Total</i>	<i>44</i>

Mental Health Therapy Aide (Korean)	7
Social Worker 1 (Korean)	6
Intensive Case Manager (Korean)	1
Licensed Social Worker Supervisor (Korean)	1
<i>Korean Language Parenthetic Total</i>	<i>15</i>
<i>Grand Total</i>	<i>270</i>

- Bilingual staff members who provide oral interpreting when necessary

Number of staff and languages spoken: OMH’s Language Bank Directory 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). The volunteer language bank list was updated in May 24, 2016 (See Volunteer List below).

<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
17	Chinese	27
18	Chinese (Cantonese)	23
19	Chinese (Mandarin)	36
20	Chinana	1
21	Creole	67
23	Croatian	3
24	Czech	2

25	Czechoslovak (Slovak)	1
26	Dutch	4
27	Edo	1
28	Egyptian	1
29	Farsi	2
31	Filipino (Cebuano)	2
32	Filipino (Tagalog)	36
33	Finnish	1
34	French	92
35	French (Créole)	92
36	German	25
37	Greek	13
38	Gujarati	1
39	Haitian Creole	1
40	Hakka	1
41	Haitian	1
42	Hausa	2
43	Hebrew	23
44	Hindi	130
45	Hungarian	4
46	Igbo	3
47	Ijsha	1
48	Ilocano	3
49	Ilonggo	1
50	Indian	4
51	Italian	29
52	Jamaican	1
53	Japanese	3
54	Kaaba	1
55	Kannada	7
56	Kiswahili	1
57	Korean	49
58	Latvian	1
59	Ibibio	1
60	Lebanese	1
61	Lithuanian	3
62	Maori	1
63	Malayalam	31
64	Marathi	4
65	Modern Hebrew	1
66	Modern Turkish	1

<i>Count</i>	<i>Language(Dialect)</i>	<i>Number of Employees</i>
67	Nepali	1
68	Norwegian	2
69	Pampanga	1
70	Persian	3
72	Polish	13
73	Portuguese	3
74	Punjabi	21
75	Romanian	6
76	Russian	32
78	Serbian	2
79	Serbo-Croatian	1
81	Sinhalese	1
82	Slovak	1
83	Somali	1
84	Spanish	205
85	Spanish (Castellano)	1
86	Swedish	3
87	Tagalog	38
88	Taiwanese	13
89	Tamil	16
90	Telugu	14
91	Thai	2
92	Toisanese	1
93	Turkish	2
94	Ukrainian	7
95	Ukrainian (Southern)	1
96	Urdu	26
97	Vietnamese	6
98	Yiddish	13
99	Yoruba	13
	<i>Total Number of Employees</i>	1252

Telephonic interpreting service

Names of vendors: Any 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 interpreting services through:

- Training
 - New Employee Orientation
 - 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 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:

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 Bureau of Cultural Competence works with Counsel to update and maintain legal documents in the following languages: Spanish, Chinese, Korean, Russian, Urdu, Italian, French, Haitian Creole,

and Arabic. The documents OMH 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.

General public mental health informational brochures are posted on the OMH intranet and public website. These documents are translated into nine predominant languages spoken in OMH’s psychiatric centers (See Translated Documents Chart). 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 VDTRC 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 has access to parentetic staff who are qualified to interpret non-English documents. If staff is not available, or when OMH cannot accommodate the language, then the vendor can provide a translation-over-the-phone within 48 hours.

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 and Urdu, Arabic, and French. OMH has identified and translated eight new vital forms in 2016.

*: Amd- admission, Inpt- Inpatient treatment, OPt- Outpatient Treatment, Pt- Patient, Res- Residential treatment, and Rts- rights,

Description		Available language(s)								
Form #	Form Name	Spanish	Russian	Chinese	Urdu	Haitian Creole	Korean	Arabic	French	Italian
11	Consent to Release	x	x	x	x	x	x	x	x	x
40	PMHP Enrollment	x	x	x	x	x	x	x	x	x
41	PMHP Disenrollment	x	x	x	x	x	x	x	x	x
324	Record System Notification - Clinical	x	x	x	x	x	x	x	x	x
325	Personal Privacy Protection	x	x	x	x	x	x	x	x	x

Description		Available language(s)								
Form #	Form Name	Spanish	Russian	Chinese	Urdu	Haitian Creole	Korean	Arabic	French	Italian
	Law, Record System Notification - Pt Res									
445	Consent for Pt interview	x	x	x	x	x	x	x	x	x
446	Authorization for Pt video, photo, other	x	x	x	x	x	x	x	x	x
447	Revoke Authorization to release info	x	x	x	x	x	x	x	x	x
463	Notice to patient	x	x	x	x	x	x	x	x	x
469	Social Security Representative payee	x	x	x	x	x	x	x	x	x
472	Voluntary Request for hospitalization	x	x	x	x	x	x	x	x	x
464 (InPt/Rt)	Inpatient Rights	x	x	x	x	x	x	x	x	x
468 (OPt/Rt)	Outpatient Rights	x	x	x	x	x	x	x	x	x
471sr1	Notice of Status & Rts Involuntary Adm	x	x	x	x	x	x	x	x	x
472	Voluntary Request for Hospitalization	x	x	x	x	x	x	x	x	x
472sr1		x	x	x	x	x	x	x	x	x

Description		Available language(s)								
Form #	Form Name	Spanish	Russian	Chinese	Urdu	Haitian Creole	Korean	Arabic	French	Italian
	Notice of Status & Rts voluntary Adm									
472sr2	Notice of Status & Rts to Voluntary Adm	x	x	x	x	x	x	x	x	x
472sr3	Notice of Status & Rts Voluntary Adm Periodic Notice	x	x	x	x	x	x	x	x	x
472sr4	Notice of Status& Rts Voluntary Adm Annual Notice	x	x	x	x	x	x	x	x	x
473sr1	Notice of Status& Rts Voluntary informal Adm	x	x	x	x	x	x	x	x	x
473sr2	Notice of Status & Rts Convert to informal	x	x	x	x	x	x	x	x	x
473sr3	Notice of Status& Rts Informal Admission Periodic Notice	x	x	x	x	x	x	x	x	x
473sr4	Notice of Status& Rts Informal Admission Annual Notice	x	x	x	x	x	x	x	x	x
474sr	Notice of Status & Rts	x	x	x	x	x	x	x	x	x

Description		Available language(s)								
Form #	Form Name	Spanish	Russian	Chinese	Urdu	Haitian Creole	Korean	Arabic	French	Italian
	Emergency Admission									
475sr	Notice of Status & Rts Involuntary Admission	x	x	x	x	x	x	x	x	x
476sr	Notice of Status& Rts CPEP	x	x	x	x	x	x	x	x	x
498	Consent for Release for videotaping or filming	x	x	x	x	x	x	x	x	x
N/A	Depression brochures	x	x	x	x	x	x	x	x	x
N/A	Anxiety brochures	x	x	x	x	x	x	x	x	x
N/A	Bipolar brochure	x	x	x	x	x	x	x	x	x
N/A	Schizophrenia brochure	x	x	x	x	x	x	x	x	x
N/A	Post-Traumatic Stress brochure	x	x	x	x	x	x	x	x	x
N/A	Inpatient/ Outpatient	x	x	x	x	x	x	x	x	x
N/A	Heat Illness brochure	x	x	x	x	x	x	x	x	x
NYSCR I v3.0.0	Patient Safety Plan	x	x	x	x	x	x	x	x	x
NYSCR I v3.0.1	OMH Health Screen	x	x	x	x	x	x	x	x	x
N/A	Community Behavioral	x	x	x	x	x	x	x	x	x

Description		Available language(s)								
Form #	Form Name	Spanish	Russian	Chinese	Urdu	Haitian Creole	Korean	Arabic	French	Italian
	Health Needs Assessment Survey									
BPR 1543	Medicare Payment Request Outpatient (Form	x	x	x	x	x	x	x	x	x
BPR 1454	OMH Medicare Secondary Payee	x	x	x	x	x	x	x	x	x
BPR 555	Outpatient Financial Questionnaire	x	x	x	x	x	x	x	x	x
BPR 262	Patient Information Form	x	x	x	x	x	x	x	x	x
BPR 1453	Medicare Payment Request Inpatient	x	x	x	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: Any 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, Director Bureau of Cultural Competence and Language Access Coordinator.

The OMH Bureau of Cultural Competence (BCC) is responsible for the development and implementation of Cultural and Linguistic Training. Effective October 2014, the OMH Bureau of Education Workforce and Development (BEWD) is responsible for facilitating and monitoring the Governor's Office of Employee Relation's EO26 annual training 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 dissemination of training materials and resources are updated 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;
- GOER language access training (mandated training);
- Staff development training;
- Refresher courses when needed; and
- Continuous access to videos and webinars on OMH internal and external websites.

PART 6 – ADMINISTRATION

Monitoring

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

The BCC holds quarterly conference call meetings with the designated facility LACs to ensure compliance to EO26 and OMH’s LAP. The facility LACs can contact the BCC at any time to discuss any concerns. The BCC informs the facility LACs of any new mandates/requirements prior to our scheduled quarterly meetings.

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 and Urdu, French, and Arabic through OMH’s internal and external website. Additionally, information on the right to file a complaint is posted in areas where it is easily seen by the public.

PART 7 – SIGNATURES

Luiz Stivech OMH Commissioner April 19, 2017
Head of Agency Title Date

Hector Salas Director Bureau of Cultural Competence April 19, 2017
Agency LAC Title Date

Norma Ramos 5/25/17
Deputy Secretary for Civil Rights Date