

# **LANGUAGE ACCESS PLAN FOR LIMITED ENGLISH PROFICIENT INDIVIDUALS**

**State Agency:** Office of Mental Health

**Effective Date of Plan:** 5/30/2019

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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 limited English proficient (“LEP”) individuals 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 considering 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 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:** Approximately 19,798,228, the New York State population in 2017.

OMH Serves any individual and/or families seeking behavioral health services in New York State. In 2017, New York State’s mental Health system served 834,013 Individuals through inpatient, outpatient, residential and licensed community providers.

The Office of Mental Health directly served approximately 77, 050 individuals in state operated inpatient, outpatient, and residential programs.

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

<b>Language</b>	<b>Estimated Number of LEP Individuals Who Speak this Language</b>
Spanish	1,249,541
Chinese	386,290
Russian	122,150
Haitian Creole	63,615
Bengali	62,219
Korean	60,405

Source: U.S. Census Bureau, 2013-2017 American Community Survey

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

- U.S. Census data (including American Community Survey)
- 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:** Click here to enter text.

- Other                    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 (E026) six languages: Spanish, Mandarin, Russian, Bengali, Haitian Creole, Korean, and three additional predominant languages that OMH identified from its admission's data: Urdu, Arabic, and French. OMH has translated or is in the process of translating vital and legal documents in the nine predominant languages (See List of OMH Translated Document Charts).

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 E026, 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 E026. 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 E026.

BCC informs OMH Central Office Administration on E026 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 interpreter services, identification of the facility LAC, use of interpreter and translation vendors by OMH facility, list of available bilingual and parentetic 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 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 interpreter/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 interpreter 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.
- Signage with each facility's OMH Language Access Coordinator contact information is posted 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

## **What are the LEP populations targeted?**

OMH strives to target all populations in New York State. In 2017 most of our outreach events were attended by individuals who spoke Spanish, Haitian Creole, Mandarin, and Russian.

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, Chinese (Mandarin), Russian, Haitian Creole, Korean, Bengali, Arabic, and Urdu telephonic voice menu system since June 2015.

Other (describe) OMH's public website informs recipients of services and family members/surrogates of their right to free interpreter and translation services. The EO26 Language Access Compliant Form, translated in the top six languages under EO26 and French, Arabic, and Urdu are 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

- 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

- 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. Additionally, with the implementation of Video Remote Interpretation (VRI), OMH has developed a dashboard to monitor the frequency of an individual's language access needs in his or her native language while being treated by OMH.

#### **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 of an Office of General Services (OGS) approved vendor at each facility and research center.

**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 of an OGS vendor at each facility and research center.

**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, interpreter 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.

**Other (describe):** Office of Mental Health.

**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 on how to utilize and inform recipient of services of interpreter and translation services provided by OMH for free. Individuals/family members/surrogates are made aware of interpretation/translation 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 interpreter/translation services.

**By telephone:** Staff is trained to engage and inform patients about interpretation and translation services. Family members/surrogates are verbally made aware of interpretation/translation services utilizing qualified bilingual staff or the interpreting service of an OGS vendor at each facility and research center.

**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 language access services and their rights. Individuals/family members/surrogates are made aware of interpretation/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):** Video Remote Interpretation (VRI) is a new system that has been implemented in all the psychiatric facilities and research centers in 2018. Staff have been trained on how to utilize, engage, and inform individuals/family members/surrogates about interpretation and translation services and the use of VRI as an option.

**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 meet with our agency will be informed of the availability of free interpreter and translation services. It is a culturally competent practice to allow family and friends to be involved in the recovery process for behavioral health. However, 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.

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 Waiver form. OMH will also utilize a qualified interpreter to ensure accuracy of information and what is being said by all 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 interpretation services. When it is determined that an interpreter is needed we:

- Use approved OGS regional interpreter and translation services authorized by OMH in a prompt fashion;
- Schedule interpreter services for pre-planned appointments;
- Utilize on demand Video Remote Interpretation Services for on demand interpretation needs;
- Check parenthesis 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 (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. When telephone interpretation services approved by OMH are used, the vendor provides data on usage per OMH request. Additionally, with the implementation of VRI, OMH has created a dashboard to monitor the language access needs of clients when utilizing this service to determine the frequency of the need, type of contact (admission, psychiatrist appointment, medication question, directions etc.), and languages needed for individuals entering treatment at the specific facility.

**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 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 parenthesis 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 by OMH Employees:**

<b>Title</b>	<b>Language</b>	<b># of Staff</b>
Associate Psychologist	Spanish Language	1
Community Mental Health Nurse	Spanish Language	2
Intensive Case Manager	Chinese Language	3
Intensive Case Manager	Korean Language	1
Intensive Case Manager	Spanish Language	10
Licensed Masters Social Worker 1	Chinese Language	1
Licensed Masters Social Worker 1	Spanish Language	1
Licensed masters Social Worker 2	Chinese Language	6
Licensed Masters Social Worker 2	Korean Language	1
Licensed masters Social Worker 2	Manual Communications	1
Licensed Masters Social Worker 2	Spanish Language	42
Licensed Psychologist	Spanish Language	1
Mental Health Therapy Aide	Chinese Language	11
Mental Health Therapy Aide	Korean Language	3
Mental Health Therapy Aide	Spanish Language	41
Mental Health Therapy Aide Trainee	Chinese Language	3
Mental Health Therapy Aide Trainee	Spanish Language	6
Mental Hygiene Therapy Assistant 2	Spanish Language	1
Nurse 2 Psychiatric	Chinese Language	3
Nurse 2 Psychiatric	Spanish Language	2

Nurse 3 Psychiatric	ASL	1
Office Assistant 1 Keyboarding	Spanish Language	1
Office Assistant 2 Keyboarding	Spanish Language	2
Office Assistant 2	Spanish Language	1
Psychiatrist 1	Chinese Language	1
Psychiatrist 2	Chinese Language	1
Psychiatrist 2	Spanish Language	6
Recreation Worker	Spanish Language	2
Rehab Counselor 2	Chinese Language	1
Rehab Counselor 2	Spanish Language	1
Safety & Security Officer 1	Spanish Language	9
Safety & Security Officer Trainee	Spanish Language	2
Security Hospital Treatment Assistant	Spanish Language	19
Senior Recreation Therapist	Spanish Language	1
Social Work Assistant 2	Chinese Language	1
Social Work Assistant 3	Spanish Language	2
Social Worker 1	Spanish Language	1
Social Work Assistant 3	Chinese Language	1
Social Work Supervisor 1 LCSW	Chinese Language	1
Social Work Supervisor 1 LCSW	Korean Language	1
Social Work Supervisor 1 LCSW	Spanish Language	3
Treatment Team LD M H	Spanish Language	7
Trtmnt Tm LD C&Y Srvs	Spanish Language	1
Total # of Spanish Language: 165		
Total # of Chinese Language: 33		
Total # of Korean Language: 6		

Total # of Manual Communications: 2
Total # of Staff: 206

- 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 interpreter services related to social interaction, crisis situations, general and directional information (when available). The volunteer language bank list was updated in May of 2018.

- Telephonic interpreting service

**Names of vendors:** Potentially 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:** Click here to enter text.

- Other Office of Mental Health.

**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:**

- Training
  - o New Employee Orientation
  - o Annually/ongoing as part of certification requirement
  - o Monthly webinars and recorded videos
  - o 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 E026. 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, Bengali, 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.

Public mental health informational brochures are posted on the OMH intranet and public website. These documents are translated into nine common 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 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 has access to parenthetic staff who are qualified to interpret non-English documents. If staff is not available, or when OMH cannot accommodate the language, then the contracted vendor can provide a translation-over-the-phone within 48 hours.

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

All documents requiring translation are sent to the review committee in English in the format needed with the appropriate OMH templates required. The review committee reviews the documents not only for the essential need for translation (determinizing whether it is a vital document needed to provide quality patient care) but also for ensuring it is written proper (assessing all grammatical and content organization) and in plain English before being sent to the vendor for translation.

**The following table contains a non-exhaustive list of translated documents by the agency in the languages indicated:**

Form #	Name	Top Six Languages						Additional Languages: French, Urdu, Arabic, Italian
		Spanish	Chinese	Russian	Haitian Creole	Korean	Bengali	
11	Consent to release	✓	✓	✓	✓	✓	✓	✓
40	PMHP Enrollment	✓	✓	✓	✓	✓	✓	✓
41	PMHP Disenrollment	✓	✓	✓	✓	✓	✓	✓
324	Record Notification System	✓	✓	✓	✓	✓	✓	✓
325	Personal Privacy Protection Law, Record System	✓	✓	✓	✓	✓	✓	✓
	Notification Pt Res	✓	✓	✓	✓	✓	✓	✓
445	Consent for Pt interview	✓	✓	✓	✓	✓	✓	✓
446	Authorization for Pt video, photo, other	✓	✓	✓	✓	✓	✓	✓
447	Revoke Authorization	✓	✓	✓	✓	✓	✓	✓
463	Notice to patient	✓	✓	✓	✓	✓	✓	✓

469	Social Security representative payee	✓	✓	✓	✓	✓	✓	✓
472	Voluntary request for hospitalization	✓	✓	✓	✓	✓	✓	✓
464 (inpt/rt)	Inpatient rights	✓	✓	✓	✓	✓	✓	✓
468 (opt/rt)	Outpatient rights	✓	✓	✓	✓	✓	✓	✓
471 srl	Notice of status & rts involuntary adm	✓	✓	✓	✓	✓	✓	✓
472 srl	Notice of status & Rts voluntary adm	✓	✓	✓	✓	✓	✓	✓
472 sr2	Notice of status &Rts to voluntary adm	✓	✓	✓	✓	✓	✓	✓
472sr3	Notice of status & Rts voluntary adm periodic notice	✓	✓	✓	✓	✓	✓	✓
472sr4	Notice of status & Rts voluntary l adm annual notice	✓	✓	✓	✓	✓	✓	✓
473sr1	Notice of status & Rts voluntary informal adm	✓	✓	✓	✓	✓	✓	✓
473sr2	Notice of status & rts convert to informal	✓	✓	✓	✓	✓	✓	✓
473sr3	Notice of status & Rts informal admission periodic notice	✓	✓	✓	✓	✓	✓	✓
473sr4	Notice of status & Rts informal admission annual notice	✓	✓	✓	✓	✓	✓	✓

474sr	Notice of status &Rts emergency admission	✓	✓	✓	✓	✓	✓	✓
475sr	Notice of status & Rts involuntary Admission	✓	✓	✓	✓	✓	✓	✓
476sr	Notice of status & Rts CPEP	✓	✓	✓	✓	✓	✓	✓
498	Consent for release for video taping or filming	✓	✓	✓	✓	✓	✓	✓
	Depression Brochures	✓	✓	✓	✓	✓	✓	✓
	Anxiety Brochures	✓	✓	✓	✓	✓	✓	✓
	Bipolar Brochures	✓	✓	✓	✓	✓	✓	✓
	Schizophrenia Brochures	✓	✓	✓	✓	✓	✓	✓
	Post-Traumatic Stress Brochures	✓	✓	✓	✓	✓	✓	✓
	Inpatient/outpatient	✓	✓	✓	✓	✓	✓	✓
	Heat Illness Brochures	✓	✓	✓	✓	✓	✓	✓
	<b>Nine new forms translated in 2018 (Listed Below)</b>							
	OMH Notice of Privacy Practices	✓					✓	
	Consumer Assessment Survey 2018	✓	✓	✓	✓	✓	✓	✓
	Important Message from Tricare		✓	✓	✓	✓	✓	✓

	Hospital issued notice of non-coverage for Tricare beneficiaries		✓	✓	✓	✓	✓	✓
	Family Assessment of care Survey	✓						
	Youth Assessment of Care Survey	✓						
401rev	Important message from Medicare	✓	✓	✓	✓	✓	✓	✓
423rev	Hospital Issued notice of non-coverage	✓	✓	✓	✓	✓	✓	✓
	Detailed Notice of D/C	✓	✓	✓	✓	✓	✓	✓

Any documents determined to be vital during the course of this plan will be timely translated.

**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:** Potentially 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:** Click here to enter text.

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

Click here to enter text.

**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:** Matthew Bitten, Advocacy Specialist 2 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 E026 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:**

- 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 LAC will monitor its implementation as follows:**

The Bureau of Cultural Competence (BCC) holds quarterly conference call meetings with the designated facility LACs to ensure compliance to E026 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 in at least the top six languages, 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 (E026 Form) is available to the public in the nine common languages spoken at OMH 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.

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

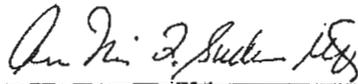
In compliance with NYCRR 527.4 "Communication Needs", OMH Cultural Competence & Linguistic Policy 502, and E026 mandates, OMH ensures that all inpatient and outpatient recipients of service and family members/surrogates are informed of their right to free language access services and right to file a language access complaint.

OMH has an established process for addressing "Patient & Family Members Complaints" that is utilized in inpatient, outpatient, and residential settings. The complainant should complete the OMH 605 Complaint Form. If the complaint is about a language access issues, then an "E026 Complaint form" should be completed and submitted to the facility Quality Assurance as well. All complaints are responded to within three business days or less depending on the nature of the complaint.

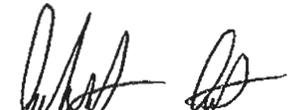
All Language Access Complaints are forwarded to the Bureau of Cultural Competence (BCC) for investigation. The BCC interviews all parties involved and performs site visits, when necessary. The BCC provides a written report with recommendations for corrective actions to be taken (if needed) that is sent to the facility Executive Director. BCC works with the facility LAC and Executive Director by providing technical support and training, and ensures corrective action was taken.

All complaints must be timely forwarded to the Statewide Language Access Coordinator.

**PART 7 – SIGNATURES**

 Commissioner 5/15/19  
Head of Agency Title Date

 Advocacy specialist 2 5/15/19  
Agency LAC Title Date

 5/30/19  
Deputy Secretary for Civil Rights Date