

LANGUAGE ACCESS PLAN FOR LEP INDIVIDUALS

State Agency: The New York State Office of Mental Health

Effective Date of Plan: October 5, 2012

Language Access Coordinator (LAC): Marisol Núñez-Rodríguez; Hextor Pabon

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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 eight 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	1162
Chinese	156
Haitian Creole	82
Russian	66
French	51
Korean	36
Arabic	32
Italian	17

Listed are the numbers of persons served in any State-run program (inpatient and non-inpatient) by primary language. This information is from the 2011 Patient Characteristics Survey (PCS), a one-week survey conducted in November 2011. 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) Referral agencies.

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

Upon admission to one of our facilities, language needs are determined and documented on the 725 Admission Form. Frequency of contact is based on the consumer's level of needs which can include, but are not limited to, inpatient/outpatient services, emergency contact, family involvement and other surrogate needs. These services could be long term and regular in nature. The Bureau of Cultural Competence (BCC) will work with the Language Steering Committee for further review.

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 interpretation/translation service during intake/assessments;
- Staff is trained to inform consumers about interpreters; and
- "I Speak" Cards.

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 in Spanish. OMH will work on incorporating the remaining top seven languages into its telephonic voice menu option.

Other (describe)

- Website, which informs consumers of their right to interpreters and translation. Currently in Spanish, Russian, Chinese, and Haitian Creole. OMH will work on including the remaining four languages listed in Part 2 of our Plan.
- In patient/out-patient rights form is translated into the eight languages, this details their right to free interpretation at no cost to them.

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 make those determinations based on experience, with the assistance of bilingual staff members where available

Other (describe)

- Referrals from other mental health providers; and
- 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 make 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 health 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.

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, interpreter services are scheduled based on the referring agency's knowledge of language needs. In most instances bilingual staff is 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/families are made aware of interpretation/translation service during intake/assessments. "I Speak" cards/posters are displayed in consumer common areas as well. Inpatient/outpatient rights indicate their rights to free interpreters/translation services.

By telephone: Staff is trained to inform consumers about interpreters. Individuals/families are verbally made aware of interpretation/translation services.

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

For pre-planned appointments with LEP individuals: Staff is trained to inform consumers about interpreters. Individuals/families are made aware of interpretation/translation service

during intake/assessments. Inpatient/outpatient rights indicate their rights to free interpreters/translation services.

Other (describe): The Steering Committee will evaluate that this process is sufficient and if there are other points of access where this process should be embedded.

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** 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 for available staff;
- Use Interpretalk and other telephone services approved by the Office of Mental Health (see NYS OGS's contract list) 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) and clinical records to maintain documentation of an LEP individual's language preference. Where telephone services approved by the Office of Mental Health 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.
- Contracts are with qualified interpreter services and they are assessed through their company criteria.
- Language parenthetic staff is tested through Civil Service for spoken-language proficiency.
- The BCC provides cultural competence training for OMH's staff and licensed providers annually, via webinar, and by request.

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.

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>
Mental Hlth Th Aide SL	55
Lic Mstr Soc Wrkr 2 SL	44
Securty Hsp Trt Assnt SL	20
Psychiatrist 2 Span L	8
Treatmnt Team Ld M H SL	7
Mental Hlth Th Aide Tr SL	6
Safety&Scrty 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	2
Licensed Psychlgst SL	2
Recreation Worker SL	2

Rehab Assnt 2 Span L	2
Nurse 2 Psy Spanish L	2
Soc Work Supvr 1 SL	2
Assoc Psychologist SL	1
Clerk 1 Spanish Lang	1
Keyboard Spec 1 SL	1
Psychologist 1 Span L	1
Trtmnt Tm Ld C&Y Srvs SL	1
Soc Work Assnt 2 SL	1
<i>Spanish Language Paranthetic Total</i>	<i>193</i>
Lic Mstr Soc Wrkr 2 CL	7
Intensive Case Mgr CL	3
Nurse 2 Psy Chin Lang	3
Psychiatrist 1 Chin L	2
Rehab Cnslr 2 Chin L	1
Mental Hlth Th Aide Tr CL	1
Soc Work Assnt 2 CL	1
Soc Work Supvr 1 CL	1
Mental Hlth Th Aide CL	12
<i>Chinese Language Paranthetic Total</i>	<i>31</i>
Mental Hlth Th Aide KL	5
Lic Mstr Soc Wrkr 1 KL	2
Intensive Case Mgr KL	1
Soc Work Supvr 1 KL	1
<i>Korean Language Paranthetic Total</i>	<i>9</i>
Grand Total	233

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.

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

45	Hungarian	4
46	Igbo	3
47	Ijesha	1
48	Ilocano	3
49	ILONGGO	1
50	Indian	4
51	Italian	29
52	Jamaican	1
53	Japanese	3
54	Kabba	1
55	Kannada	7
56	Kiswahili	1
57	Korean	49
58	Latvian	1
59	Lbibio	1
60	Lebanese	1
61	Lithuanian	3
62	Madori	1
63	Malayalam	100
64	Marathi	4
65	ModernHebrew	1
66	ModernTurkish	1
67	Nepali	1
68	Norwegian	2
69	Pampango	1
70	Persian	3
71	Philipino	2
72	Polish	13
73	Portugese	3
74	Punjabi	21
75	Romanian	6
76	Russian	32
77	Russian(Standard)	1
78	Serbian	2
79	Serbo-Croatian	1
80	SignLanguage	14
81	Sinalese	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
100	Yoruba(Igbomino/Ekiti)	1
Total Number of Employees		1234

Telephonic interpreting service

Names of vendors: Language Line Services, Inc.

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

- Staff Orientation
- Monthly Newsletter
- E-mail
- Bulletins
- Policy/Procedure Manual
- Bureau of Cultural Competence internal and external website 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 (Mandarin), Korean, Russian, Urdu, Italian and French and Haitian Creole on an ongoing, as needed basis. Arabic will also be included. The documents we determined to be vital were those that required consumer/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 information and resources are posted on the internet website and are currently translated into Spanish, Chinese Mandarin, Russian, and Haitian Creole. This will be expanded to the remaining four languages. The Internet 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.

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

Any documents in need of translation 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 reviewed by members of the Language Steering Committee and other established advisory committees within NYS OMH prior to translation. They will ensure that documents can be clearly and easily understood by the public.

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

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

Description		Available language						
Form #	Form Name	Spanish	Russian	Chinese (Mandarin)	Urdu	Haitian Creole	Korean	Arabic
11	Consent to Release	X	x	x	x	x	x	
40	PMHP Enrollment			x				
41	PMHP Disenrollment			x				
324	Record System Notification - Clinical			x				
325	Personal Privacy Protection Law, Record System Notification - Pt Res			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						
469	Social Security Representative payee	X						
472	Voluntary req for hospitalization	X	x	x				
464 (pt/rt)	inpatient rights	X						
468 (otpt/rt)	outpatient rights	X						
471sr1	Notice of Status & Rts Involuntary Adm	X		x				
472	Voluntary Request for Hospitalization		x	x	x	x	x	

472sr1	Notice of Status & Rts voluntary Adm	X	x	x	x	x	x	
472sr2	Notice of Status & Rts Conv to Voluntary	X	x	x	x	x	x	
472sr3	Notice of Status & Rts VoluntaryAdm Periodic Notice	X	x	x	x	x	x	
472sr4	Notice of Status& Rts Voluntary Adm Annual Notice	X	x	x				
473sr1	Notice of Status& Rts Voluntary informal Adm	X						
473sr2	Notice of Status& Rts Convert to informal	X	x					
473sr3	Notice of Status& Rts Informal Admission Periodic Notice	X	x	x	x	x	x	
473sr4	Notice of Status& Rts Informal Admission Annual Notice	X		x	x	x	x	
474sr	Notice of Status& Rts Emergency Admission	X						

Description	Available language							
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Form #	Form Name	Spanish	Russian	Chinese (Mandarin)	Urdu	Haitian Creole	Korean	Arabic
475sr	Notice of Status & Rts Involuntary Admission	X		x				
476sr	Notice of Status& Rts CPEP			x				
498	Consent for Release for videotaping or		x	x	x	x	x	

	filming							
	Depression	x	x	x		x		
	Anxiety	x	x	x		x		
	Bipolar	x	x	x		x		
	Schizophrenia	x	x	x		x		
	Post Traumatic Stress Disorder	x	x	x		x		
	Inpatient/Outpatient	x	x	x		x		
	Heat illness	x	x	x				x

The process for ensuring that translations are accurate and incorporate commonly used words is as follows: (Note: The Office of the Deputy Secretary for Civil Rights will maintain a list of commonly used words.)

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 Services (Interpretalk); Geneva Worldwide; Trustforte; and Valley Signs.
- 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, Assistant to the Language Access Coordinator.

The Bureau of Cultural Competence is responsible for developing and implementing Cultural and Linguistic Training. The BCC collaborates with Bureau of Education and Workforce Development, Diversity Planning and Compliance and other OMH's bureaus and divisions to disseminate training material.

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:

- Orientation
- Annual training
- Staff development training
- Monthly webinars

- As requested
- For training needs please contact Hextor Pabon of the Bureau of Cultural Competence at (518) 474-1704.

PART 6 – ADMINISTRATION

Monitoring

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

The LAC or designee will hold meetings with the Steering Committee (which is comprised of critical organizational stakeholders) as needed to assess what we have in place, identify where we should be and then develop work plans to identify and resolve gaps. Frequency will be determined by the priorities set. The BCC will work with OMH’s Quality Management to add quality measures for compliance reviews as appropriate. The Plan will be monitored and updated annually.

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 Forms will be available to the public upon request in all eight languages and through our website. Additionally, information on the right to file a complaint will be posted in areas where it is easily seen by the public in the top eight languages.

Furthermore, the “Patient Bill of Rights” will also be available to the public in Spanish, Russian, Chinese (Mandarin), Korean, Urdu, Haitian Creole, Italian and French. The following are inserts from the Patient’s Bill of Rights:

As a patient in a hospital in New York State, you have the right, consistent with law, to:

Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.

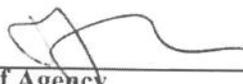
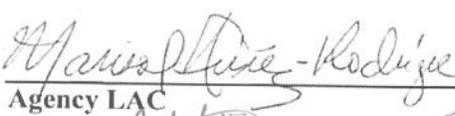
Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.

Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.

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

All language access complaints will be sent to the facility director and/or a designee responsible for receiving questions or complaints (Patient Advocacy), with a copy sent to the LAC, for action. The steps taken to resolve the complaint will follow OMH's Policy on "Patient Complaint Resolution Process" and will take into account the Patient's Bill of Rights.

PART 7 - SIGNATURES

	Commissioner	9/10/12
Head of Agency	Title	Date
	Acting Chief Diversity Officer	9/10/12
Agency LAC	Title	Date
		9/17/12
Deputy Secretary for Civil Rights		Date