

LANGUAGE ACCESS PLAN FOR LIMITED ENGLISH PROFICIENT INDIVIDUALS

State Agency: Office of Mental Health

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This document is our agency’s **Language Access Plan**.

A **Language Access Plan** explains how we provide services to people who have limited English proficiency.

This **Language Access Plan** includes information about:

	The Limited English Proficient (“LEP”) population in our service area.
	How we notify the public about language access services.
	Our resources and methods for providing language access services.
	How we train our staff to provide language access services to the public.
	How we monitor language access services and respond to complaints.

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PART 1 – Our Agency’s Services



We prepared this Language Access Plan (“Plan”) to comply with New York State Executive Law Section 202-a, which establishes New York’s Statewide Language Access Policy. This Plan explains how we make sure that Limited English Proficient (“LEP”) individuals have meaningful access to agency services, programs, and activities.

In this Plan, LEP individuals are understood as people who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.

Our agency’s services to the public include:

New York State has a large, multi-faceted mental health system that serves more than 700,000 individuals each year. The Office of Mental Health’s (OMH) mission is to promote the mental health of all New Yorkers, with a particular focus on providing hope and recovery for adults with serious mental illness and children with serious emotional disturbances. OMH operates 22 psychiatric centers across the State. OMH also regulates, certifies, and oversees more than 4,500 programs, operated by local governments and nonprofit agencies.

PART 2 – The Limited English Proficient Population in Our Service Area



The Statewide Language Access Policy requires state agencies to translate vital agency documents into the top 12 most commonly spoken non-English language among limited English proficient New Yorkers. Our agency uses U.S. Census data (including data from the American Community Survey) to determine the top 12 languages most commonly spoken by LEP individuals in New York State.

The top 12 languages spoken by LEP individuals in New York State are:

#	Language	Estimated Number of LEP Speakers
1	Spanish	1,166,777
2	Chinese	375,924
3	Russian	119,160
4	Yiddish	71,740
5	Bengali	66,980
6	Haitian Creole	53,335
7	Korean	51,285
8	Italian	44,128

9	Arabic	41,632
10	Polish	33,125
11	French	30,770
12	Urdu	28,827

New York’s language access law also provides agencies, in consultation with the Office of Language Access, the option to add up to four more languages of translation beyond the top 12. The assessment about whether to include additional languages must be based on factors that are identified in the language access law. Our agency, in consultation with the Office of Language Access, has made the following determination with regard to the addition of languages beyond the top 12:

OMH's assessment as to the necessity of additional languages of translation beyond the top 12 remains ongoing at this time. OMH, in consultation with the Office of Language Access, will update this Plan when this assessment has been completed and a final determination reached. OMH will continue to reassess the need for additional languages of translation on an ongoing basis.

Our agency tracks encounters with LEP individuals in the following ways:

Upon admission to an OMH facility or program, client needs are assessed. The assessment process includes identifying whether the individual has language access needs (i.e., Limited English Proficient, Deaf/ASL). OMH provides language access services using outside interpreters, in person, over the phone, or on video, as well as by multilingual staff. Since 2011, OMH has designated Language Access Coordinators (LACs) at all 22 OMH psychiatric facilities as well as OMH’s two research centers to ensure patient’s language access needs were met. OMH’s Statewide Language Access Coordinator meets quarterly via conference call with the facility LACs to discuss training, language access concerns, quality, compliance monitoring, signage, postings, and all other matters related to ensuring the provision of high-quality language access services.



PART 3 – Public Outreach About the Availability of Language Access Services

Our agency informs LEP individuals about their right to free language assistance services in the following ways, using at least the top 12 languages shown in Part 2 of this Plan:

- LEP individuals are directly informed by our staff

In which ways? Individuals/families are made aware of their right to receive interpreter/translation services at no cost to them during admission/intake. OMH also posts signage advising individuals and families of their language access rights. Staff is

also trained to inform recipients and their families about their right to interpreter/translation services at no cost. “I Speak” language identification cards and posters are used to help individuals and family members/surrogates, and OMH staff identify the language that is spoken. Signage with each facility’s Language Access Coordinator’s contact information is posted prominently in high traffic areas.

- Signs posted about language assistance services
 - In areas operated by the agency and open to the public
 - Other (describe)
- Information is published on our agency’s website in at least the top 12 languages spoken by LEP individuals in New York State
- Outreach and presentations at schools, faith-based groups, and other community organizations

What are the LEP populations targeted? OMH strives to target all populations in New York State. When engaging in outreach activities, OMH ensures materials are available and distributed in top languages spoken by OMH consumers and staff and additionally provide on-sight interpretation services by parenthetic staff members or contract interpretation vendors. OMH has specific outreach materials and resources translated to the top common languages spoken by OMH consumers and staff.
- Local, non-English language media directed at LEP individuals in their languages

What are the LEP populations targeted? OMH strives to target all populations in New York State. Our most recent involvement with non-English media includes a recruitment campaign with Univision, which is currently the largest provider of Spanish-language content in the United States.
- Social media posts directed at LEP individuals in their languages

What are the LEP populations targeted? OMH creates content that provides information about our programs, activities, and relevant topics in various languages and accessible formats. The languages include but are not limited to Spanish and Chinese.
- Telephonic voice menu providing information in non-English languages

In which languages? Currently, our voice menu system provides menu options in Spanish and English. However, we are in the process of implementing a multilingual voice menu system that connects the caller to a live interpreter on demand. Interpreters will be readily available in the following languages by dialing/saying the corresponding menu number or indicating the language needed: Chinese (Mandarin and Cantonese), Russian, Haitian Creole, Korean, Bengali, Arabic, Italian, Polish and French statewide. Additional Languages will be available to callers by dialing 0 or saying, “additional languages”. This will prompt a voice menu list of over 80 additional languages.

Other (describe)



PART 4 – Provision of Language Access Services

A. Determining the Need for Services

During *in person* encounters, our agency uses the following tools to determine whether an individual is LEP, and what their primary language is:

- “I Speak” posters or visual aids that provide information about free interpreting services in multiple languages
- Reception staff make those determinations based on training and experience
- Bilingual staff members, where available, assist in identifying LEP individual’s language
- Other (describe) Referrals from other mental health providers, patient's self-reporting at intake and previous medical records.

On *telephone calls*, our agency uses the following tools to find out if an individual is LEP, and what their primary language is:

- Reception staff make those determinations based on training and experience
- Bilingual staff members, where available, assist in identifying an LEP individual’s language
- Telephonic interpreting service
- Other (describe)

Our agency’s protocols for assessing whether an individual needs *oral interpreting* services in different service situations is as follows:

- During office in-person encounters:** Staff utilizes the various resources available, including the 725 Admission Form, “I Speak” cards/posters, bilingual staff, and telephonic/video 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 of an Office of General Services (OGS) vendor at each facility and research center. Video Remote Interpreting (VRI) application is also available for download on all portable agency devices.

When speaking on the telephone: Staff utilizes the various resources available, including bilingual staff and telephonic interpreting services of an OGS approved 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 telephonic interpretation, and/or Video Remote Interpretation is provided by OMH staff to meet the language needs of the recipient and family members. This need is identified during intake. Qualified parenthetic bilingual staff are also used when available.

Other (describe):

Our agency records and maintains 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.

B. Oral Interpreting Services

Our agency has made the following resources available for oral interpreting requests:

Bilingual staff members who work directly with LEP individuals

Number of staff and languages spoken: Please find a chart of qualified bilingual parenthetic staff titles as of June 30, 2022, listed below.

Facilities	Parenthetic Staff Titles	Language	Number of Staff 2021-2022
Bronx PC	Intensive Case Mgr	Spanish	2
	Lic Mstr Soc Wrkr 2	Spanish	1
	Mental Hlth Th Aide	Spanish	11
	Office Assnt 2 Keyboarding	Spanish	1
	Office Assnt 2	Spanish	2
	Rehab Cnslr 2	Spanish	1
	Safety & Scrty Offr 1	Spanish	2
Capital District PC	Lic Mstr Soc Wrkr 2	Spanish	1
Central NY PC	Intensive Case Mgr	Spanish	1
	Social Work Supvr 1 LCSW	Spanish	1
Creedmoor PC	Comty Mntl Hlth Nr	Spanish	1
	Intensive Case Mgr	Spanish	1
	Intensive Case Mgr	Chinese	3
	Intensive Case Mgr	Korean	1
	Lic Mstr Soc Wrkr 2	Spanish	1

	Lic Mstr Soc Wrkr 2 Lic Mstr Soc Wrkr 2 Mental Hlth Th Aide Mental Hlth Th Aide Mental Hlth Th Aide Psychiatrist 2 Rehab Cnslr 2 Rehab Cnslr 2 Social Work Assnt 2 Social Worker 1 Safety & Scrty Offr 1 Safety & Scrty Offr Tr Social Work Supvr 1 LCSW Social Work Supvr 1 LCSW Social Work Supvr 1 LCSW Treatmnt Team LD M H	Chinese Korean Chinese Korean Spanish Chinese Chinese Spanish Chinese Chinese Spanish Spanish Chinese Korean Spanish Spanish	1 2 9 4 7 1 1 1 1 1 1 2 1 1 1 2
Kingsboro PC	Intensive Case Mgr Treatmnt Team LD M H	Spanish Spanish	1 1
Kirby PC	Lic Mstr Soc Wrkr 2 Safety & Scrty Offr 1 Securty Hsp Trt Assnt Senr Recreatn Ther Treatmnt Team LD M H	Chinese Spanish Spanish Spanish Spanish	1 1 8 1 1
Manhattan PC	Lic Mstr Soc Wrkr 2 Lic Mstr Soc Wrkr 2 Mental Hlth Th Aide Mental Hlth Th Aide	Spanish Spanish Spanish Spanish	1 1 4 2
Mid-Hudson PC	Securty Hsp Trt Assnt	Spanish	5
New York CCC	Intensive Case Mgr Lic Mstr Soc Wrkr 2 Social Worker 1 Mental Hlth Th Aide Tr Mental Hlth Th Aide Tr Trtmnt Tm LD C&Y Srvs	Spanish Spanish Spanish Korean Spanish Spanish	5 7 1 1 2 2
Pilgrim PC	Lic Mstr Soc Wrkr 2 Treatmnt Team LD M H	Spanish Spanish	3 1
Rockland CPC	Lic Mstr Soc Wrkr 2 Lic Mstr Soc Wrkr 2 Safety & Scrty Offr 1	Spanish Manual Communications Spanish	1 1 1
Rockland PC	Mental Hlth Th Aide	Spanish	1
Sagamore CPC	Mental Hlth Th Aide Lic Mstr Soc Wrkr 2	Spanish Spanish	1 2
South Beach PC	Lic Mstr Soc Wrkr 1	Chinese	1

	Lic Mstr Soc Wrkr 2	Chinese	2
	Lic Mstr Soc Wrkr 2	Spanish	4
	Mental Hlth Th Aide	Chinese	2
	Mental Hlth Th Aide	Spanish	2
	Intensive Case Mgr	Chinese	1
Washington Heights	Lic Mstr Soc Wrkr 1	Spanish	1
	Lic Mstr Soc Wrkr 2	Spanish	11
	Mental Hlth Th Aide	Spanish	10
	Office Assnt 2 Keyboarding	Spanish	1
	Office Assnt 2	Spanish	1
	Psychiatrist 2	Spanish	6
	Social Work Supvr 1 LCSW	Spanish	2

Bilingual staff members who provide oral interpreting services on a volunteer basis

Number of staff and languages spoken:

Telephonic interpreting service

Number of staff and languages spoken: OMH contracts with OGS approved telephonic interpretation vendors to provide this service.

Contracts or other arrangements with school and community organizations

Number of staff and languages spoken:

Other (Describe)

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

During office in-person encounters: Staff members are trained to inform consumers and their families about their right to interpreter/translation services at no cost. 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 the Inpatient and/or Outpatient Rights Handbook, which indicate their rights to free interpreter/translation 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/video interpreting services of an OGS vendor at each facility and research center. VRI applications are available for download on all portable agency devices.

When speaking on the telephone: Staff members are trained to inform recipients and their families about their right to interpreter/translation services at no cost. 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.

☒ **For pre-planned appointments with LEP individuals:** Staff members are trained to inform recipients and their families about their right to interpreter/translation services at no cost. 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):** OMH also utilizes Video Remote Interpreting (VRI) in its facilities. Due to COVID-19 and the use of in-person interpretation being reduced, VRI has been utilized more frequently in recent years.

Our agency’s protocols for obtaining interpreting 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, OMH:

- Uses approved OGS regional interpreter and translation services authorized by OMH in a timely fashion.
- Schedules interpreter services for pre-planned appointments; and
- Utilizes on demand Video Remote Interpretation Services for on demand interpretation needs.

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

LEP individuals that meet our agency will be informed of the availability of free interpreting services. Generally, an LEP individual may not use a family member, friend, or minor as an interpreter. However, **during emergencies** an LEP individual will be permitted to use a minor, a family member or friend as an interpreter. 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 the agency’s office, and an individual is permitted to use an interpreter of their choosing, they must fill out a written consent/waiver form.

However, where an LEP individual is engaged in official business with our agency, including filling out applications, interviews, and/or when any legal or official matters are involved, an LEP individual will not be permitted to use an interpreter of their own choosing, as discussed above. Instead, OMH will provide an independent interpreter.

Our agency provides information to all staff members who have contact with the public about how to obtain oral interpreting services. Our protocol in this regard is as follows:

- Training

- o New Employee Orientation
- o Annually/ongoing as part of certification requirement
- o Ongoing webinars and recorded videos
- o Staff Orientation
- OMH and Facility Language Access Plans
- Signage and postings
- Policy/Procedure Manual
- OMH’s internal and external websites and listserv

The agency’s Language Access Coordinator (“LAC”) maintains a list of oral interpreting resources that are available to staff. This resource list 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 an LEP individual’s primary language
- Languages in which each interpreter or service is qualified
- Procedures for accessing each interpreter or service

Our agency records and maintains documentation of oral interpreting services provided to LEP individuals at each encounter. Our protocol in this regard is 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 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 can monitor the language access needs of clients when utilizing this service to determine the specific languages utilized as well as frequency.

Cultural Competence and Confidentiality

Our agency makes sure interpreters are culturally competent¹ in the following ways:

When OMH utilizes independent interpreting and translation services, that vendor implements quality assurance standards to guarantee that interpreters are trained and are linguistically and culturally competent. Language parenthetic staff members are tested through Civil Service for spoken-language proficiency. OMH provides web-based training and resources on how to use interpreter and translation services, and training on culture's influence within languages.

¹ Cultural Competence is defined as *a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enables effective interactions in a cross-cultural framework*. U.S. Department of Health and Human Services, Office of Minority Health. 2000. Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda. Extracted from: https://minorityhealth.hhs.gov/Assets/pdf/checked/Assuring_Cultural_Competence_in_Health_Care-1999.pdf

Our agency makes sure interpreters follow state and federal confidentiality protocols in the following ways:

All OMH employees receive training on the Health Insurance Portability and Accountability Act (HIPAA) and confidentiality compliance. Furthermore, independent interpreters will enforce standards of confidentiality in accordance with NYS and Federal laws.

C. Translations of Documents

At least every two years after the effective date of this Plan, our agency determines and reassesses vital documents² that must be translated. This process is accomplished in the following ways:

OMH's internal committee, Vital Documents Translation Review Committee (VDTRC), will continue to review and identify vital documents for translation pursuant to Executive Law Section 202-a. Any documents in need of translation and approved by VDTRC will be promptly sent to our contracted language service vendors.

OMH's Office of Diversity and Inclusion works with Counsel to update and maintain legal documents in the top languages spoken by OMH consumers. The documents determined to be vital are those that require patient/family signatures and those that indicate pertinent information related to care. These forms, which are internal to the operation of facilities are posted on the agency's intranet page and available at OMH's 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 the top twelve languages. 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.

Our agency's process for making sure documents is written in plain language³ 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

² Vital Documents is defined as any paper or digital document that contains information that is critical for obtaining agency services or benefits or is otherwise required to be completed by law.

³ The [Plain Writing Act of 2010](https://www.govinfo.gov/app/details/PLAW-111publ274) defines plain language as writing that is clear, concise, well-organized, and follows other best practices appropriate to the subject or field and intended audience. Extracted from: <https://www.govinfo.gov/app/details/PLAW-111publ274>

document needed to provide quality patient care) but also for ensuring it is written properly (assessing all grammatical and content organization) and in plain English before being sent to the vendor for translation.

Our agency has the following resources available for translation of documents:

Contracts with vendors for translation services

Names of vendors: LinguaLinx, Inc. and potentially any other vendors under the NYS OGS Statewide Administrative Services Contract.

Contracts or other arrangements with schools and community organizations

Names of schools/organizations:

Translation of documents by bilingual staff members

Other (describe)

The agency’s Language Access Coordinator (“LAC”) maintains a list of translation resources that are available to staff. This resource list includes:

Names and contact information for all resources

Names and locations of staff members who are available to provide translations of documents

Languages in which each translation service is qualified

Procedures for accessing each translation service

Our agency translates documents that LEP individuals submit in their primary languages in a timely manner. Our protocol in this regard is as follows:

OMH has access to bilingual or multi-lingual 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.

The following non-exhaustive list of documents are currently translated or in the process of translation by our agency in the languages indicated. Documents with an asterisk (*) are determined by the agency to be vital documents.

- *AR: Arabic*
- *BE: Bengali*
- *CH: Chinese*
- *FR: French*
- *HA: Haitian-Creole*
- *IT: Italian*
- *KO: Korean*
- *PO: Polish*
- *RU: Russian*
- *SP: Spanish*
- *UR: Urdu*
- *YI: Yiddish*

Form #	Name of Agency Vital Document	Top 12 Languages												Additional Languages
		AR	BE	CH	FR	HA	IT	KO	PO	RU	S P	UR	YI	
11	*Consent to Release	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
445	*Consent for Pt Interview	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
446	*Authorization for Pt video, photo, other	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
447	*Revoke Authorization	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
463	*Notice to Patient	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
464	*Inpatient Rights	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
468	*Outpatient Rights	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
469	*Social Security Rep. Payee	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
471 srl	*Notification of status & rights involuntary adm.	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
472	*Voluntary Request for Hospitalization	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
472 srl	*Notice of status & rights voluntary adm.	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi

472 sr2	*Conversion to Voluntary Status	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
472 sr3	*Periodic Notice of Status and Rights Voluntary Admission	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
472 sr4	*Annual Notice of Status and Rights Voluntary Admission	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
473 sr1	*Notice of Status and Rights Voluntary Informal Admission	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
473 sr2	*Notice of Status and Rights Convert to Informal	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
473 sr3	*Periodic Notice of Status and Rights Informal Admission	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
473 sr4	*Annual Notice of Status and Rights Informal Admission	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi

474	*Notice of status & Rights emergency admission	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
475	*Notice of Status & Rights Involuntary Admission	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
476 sr	Notice of Status and Rights Comprehensive Psychiatric Emergency Program (CPEP)	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
	*Hospital-issued Notice of Non-coverage for Tricare Beneficiaries	x	x	x	x	x	x	x	x	x	x	x	x	
FP 609	*Health Care Proxy	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi, Somali
498	*Consent for Release for Video Taping or Filming	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
	*Children and Family TSS Brochure	x	x	x	x	x	x	x	x	x	x	x	x	
	*Hospital-issued Notice of Non-coverage for	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi

	Tricare Beneficiaries													
	*Professional Misconduct Poster	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi
	*Visitor Screening Form	x	x	x	x	x	x	x	x	x	x	x	x	Swahili, Vietnamese, Karen, Kirundi, Farsi, Somali
	*Detailed Notice of Discharge	x	x	x	x	x	x	x	x	x	x	x	x	
	*Important Message from Medicare	x	x	x	x	x	x	x	x	x	x	x	x	
	*Important Message from Tricare	x	x	x	x	x	x	x	x	x	x	x	x	
	*Outpatient Tele-Mental Health Consent Form	x	x	x	x	x	x	x	x	x	x	x	x	

New documents identified for translation after the signing of this Plan and before the 2-year reassessment will be translated in a timely manner.

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

OMH, through its vendor, 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.



PART 5 – Staff Training

The person in the agency who is responsible for training staff in language access services is: OMH’s Office of Diversity and Inclusion is responsible for the development and implementation of Cultural and Linguistic Training. The OMH Bureau of Education Workforce and Development (BEWD) is responsible for facilitating and monitoring the Office of Employee Relation's (OER) Language Access training for OMH. The Office of Diversity and Inclusion 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 agency’s legal obligations to provide language access services
- ☒ The agency’s resources for providing language access services
- ☒ How to access and work with interpreters
- ☒ Cultural competence and cultural sensitivity
- ☒ How to obtain translation services
- ☒ Maintaining records of language access services provided to LEP individuals

The methods and frequency of training are as follows:

Employee orientation includes:

- OER 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 – Monitoring the Plan and Responding to Complaints

A. Monitoring

Our agency’s Language Access Coordinator (“LAC”) will monitor implementation of the Plan to make sure we are in compliance. Our protocols in this regard are as follows:

OMH’s Office of Diversity and Inclusion (ODI) holds monthly conference call meetings with the designated facility LACs to ensure compliance to Executive Law Section 202-a and OMH's LAP. The facility LACs can contact the ODI at any time to discuss concerns. ODI informs the facility LACs of any new mandates/requirements regularly.

B. Complaints

We provide information to the public in at least the top 12 most commonly spoken non-English languages in the state, advising members of the public of their right to file a complaint if they feel that they have not been provided adequate language access services or have been denied access to services because of their limited English proficiency. We do not retaliate or take other adverse action because an individual has filed a language access complaint.

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

OMH utilizes a complaint process that provides individuals receiving mental health services the opportunity to document any challenges faced when receiving care. This complaint process allows for OMH to hold the mental health system accountable for providing quality mental health services to all individuals, regardless of their preferred language. The standardized complaint forms, along with the procedures for filing a complaint, are available in all twelve languages in our public offices upon request. The complaint forms are also available for download or online submission through our website. Additionally, information on the right to file a complaint is posted in the top twelve languages on our website and in our offices in areas where it can be easily seen by the public.


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

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 language access issues, the Language Access Complaint form should be completed and submitted to the facility Quality Assurance as well. All Language Access complaints are forwarded to the Office of Diversity and Inclusion for investigation. All complaints are responded to within three business days or less depending on the nature of the complaint. The Office of Diversity and Inclusion interviews all parties involved and performs site visits, when necessary. A written report is provided with recommendations for corrective actions to be taken (if needed). The Office of Diversity and Inclusion works with the facility leads and provides additional technical support and training, and ensures corrective action was taken.

All complaints must be timely forwarded to the Office of Language Access.

PART 7 – Signatures



	Commissioner	9/29/2022
Head of Agency	Title	Date

	Language Access Coordinator	9/6/2022
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Agency LAC	Title	Date
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		09/29/2022
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Executive Director, NYS Office of Language Access		Date
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