

BayCare Behavioral Health

TITLE VI PLAN

ADOPTED: 10.14.2024

Title VI/Nondiscrimination Policy Statement and Management Commitment to Title VI Plan


49 CFR Part 21.7(a): Every application for Federal financial assistance to which this part applies shall contain, or be accompanied by, an assurance that the program will be conducted or the facility operated in compliance with all requirements imposed or pursuant to [49 CFR Part 21].

BayCare Behavioral Health assures the Florida Department of Transportation that no person shall on the basis of race, color, national origin, age, disability, family or religious status, as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987 and the Florida Civil Rights Act of 1992 be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any program or activity undertaken by the agency.

BayCare Behavioral Health further agrees to the following responsibilities with respect to its programs and activities:

1. Designate a Title VI Liaison that has a responsible position within the organization and access to the recipient's Chief Executive Officer or authorized representative.
2. Issue a policy statement signed by the Executive Director or authorized representative, which expresses its commitment to the nondiscrimination provisions of Title VI. The policy statement shall be circulated throughout the Recipient's organization and to the public. Such information shall be published where appropriate in language other than English.
3. Insert the clauses of Section 4.5 of this plan into every contract subject to the Acts and the Regulations.
4. Develop a complaint process and attempt to resolve complaints of discrimination against BayCare Behavioral Health.
5. Participate in training offered on the Title VI and other nondiscrimination requirements.
6. If reviewed by FDOT or any other state or federal regulatory agency, take affirmative actions to correct any deficiencies found within a reasonable time period, not to exceed ninety (90) days.
7. Have a process to collect racial and ethnic data on persons impacted by the agency's programs.
8. Submit the information required by FTA Circular 4702.1B to the primary recipients (refer to Appendix A of this plan)

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal funds, grants, loans, contracts, properties, discounts or other federal financial assistance under all programs and activities and is binding. The person whose signature appears below is authorized to sign this assurance on behalf of the agency.

Signature


Gail Ryder

VP BEHAVIORAL HEALTH/Signatory Authority, BayCare Behavioral Health, Date: 7/18/2024

Title VI Plan Concurrence and Adoption

Your Agency will submit the Title VI Plan to FDOT for concurrence every three (3) years or any time a major change in the Plan occurs.

This Plan was approved and adopted by BayCare Behavioral Health's Board of Directors during a meeting held on 9/25/2024. A copy of the meeting minutes is included in **Appendix A** of this Plan.

1.0 Title VI Notice to the Public

1.1 Notice to Public

Recipients must notify the public of its rights under Title VI and include the notice and where it is posted in the Title VI Plan. The notice must include:

- A statement that the agency operates programs without regard to race, color and national origin
- A description of the procedures members of the public should follow to request additional information on the grantee's nondiscrimination obligations
- A description of the procedure members of the public should follow to file a discrimination complaint against the grantee

A sample of the notice is included in the **Appendix B** of this Plan. The sample notice should be translated into other languages, as necessary.

1.2 Notice Posting Locations

The Notice to Public will be posted at many locations to apprise the public of BayCare Behavioral Health's obligations under Title VI and to inform them of the protections afforded them under Title VI. At a minimum, the notice will be posted in public areas of BayCare Behavioral Health's office(s) including the reception desk and meeting rooms, and on the BayCare Behavioral Health's website at www.Baycare.org. Additionally, BayCare Behavioral Health may also post the notice on transit vehicles.

A sample version of this notice is included in **Appendix B** of this Plan along with any translated versions of

If your agency does not have a website, contact Mr. Dave Newell, District 7 – Tampa Florida
Dave.Newell@dot.state.fl.us
813/975-6195

the notice, as necessary. The public notice must be provided in any other language which meets the Safe Harbor threshold (See Appendix E).

2.0 Title VI Procedures and Compliance

2.1 Complaint Procedure

Any person who believes he or she has been discriminated against on the basis of race, color or national origin by BayCare Behavioral Health may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form (see **Appendix C**). BayCare Behavioral Health investigates complaints received no more than 180 days after the alleged incident. BayCare Behavioral Health will process complaints that are complete.

Once the complaint is received, BayCare Behavioral Health will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

BayCare Behavioral Health has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, BayCare Behavioral Health may contact the complainant. The complainant has ten (10) business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within ten (10) business days, BayCare Behavioral Health can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. A LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, she/he has seven (7) days to do so from the time he/she receives the closure letter or the LOF.

The complaint procedure will be made available to the public on BayCare Behavioral Health's website (www.Baycare.org).

2.2 Complaint Form

A copy of the complaint form in English and Spanish is provided in the **Appendix C** and on BayCare Behavioral Health's website (www.Baycare.org). The complaint form must be provided in any languages spoken by the LEP population which meet the Safe Harbor threshold (See **Appendix C**).

3.0 Title VI Investigations, Complaints, and Lawsuits

In accordance with 49 CFR 21.9(b), BayCare Behavioral Health must record and report any investigations, complaints, or lawsuits involving allegations of discrimination. The records of these events shall include

the date the investigation, lawsuit, or complaint was filed; a summary of the allegations; the status of the investigation, lawsuit, or complaint; and actions taken by BayCare Behavioral Health in response; and final findings related to the investigation, lawsuit, or complaint. The records for the previous three (3) years shall be included in the Title VI Plan when it is submitted to FDOT.

BayCare Behavioral Health has had no investigations, complaints, or lawsuits involving allegations of discrimination on the basis of race, color, or national origin over the past three (3) years. A summary of these incidents is recorded in Table 1.

Table 1: Summary of Investigations, Lawsuits, and Complaints

	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, or national origin)	Status	Action(s) Taken
Investigations				
1.				
2.				
Lawsuits				
1.				
2.				
Complaints				
1.				
2.				

4.0 Public Participation Plan

The Public Participation Plan (PPP) for BayCare Behavioral Health was developed to ensure that all members of the public, including minorities and Limited English Proficient (LEP) populations, are encouraged to participate in the decision making process for BayCare Behavioral Health. The PPP is included in **Appendix D** to this Title VI Plan.

Current Outreach Efforts

BayCare Behavioral Health is required to submit a summary of public outreach efforts made over the last three (3) years. The following is a list and short description of BayCare Behavioral Health's recent, current, and planned outreached activities.

Community Health

- Community Health Activation Team (CHAT)

CHAT prioritizes community prevention efforts in Pasco and Hernando Counties to improve health and save lives by focusing on four strategic areas: building healthy/safe communities, expanding quality prevention services, empowering people to make healthy choices and eliminating health disparities.

- Drug Free Communities (DFC)

The Alliance for Substance Abuse Prevention Coalition in Pasco County focuses on environmental factors within the community that impact substance use.

- Helping Families Succeed

Helping Families Succeed (HFS) provides various services including assessment of mental health needs and supportive counseling towards the goal of family stability and reducing risk factors. HFS also assists with employment, housing, financial issues and parenting interventions to eligible families in Polk, Highlands and Hardee counties. Assigned family court judges and social service agencies may make referrals. Self-referrals are also welcomed.

- Prevention

Prevention programming compliments the continuum of behavioral health services by specifically articulating strategies and actions that can prevent youth and families from needing services or increase the ability to rapidly access services while supporting community population health strategies.

5.0 Language Assistance Plan

BayCare Behavioral Health operates a transit system within Pasco County. The Language Assistance Plan (LAP) has been prepared to address BayCare Behavioral Health's responsibilities as they relate to the needs of individuals with Limited English Proficiency (LEP). Individuals, who have a limited ability to read, write, speak or understand English are LEP. In BayCare Behavioral Health District 7 there are 4.4% who describe themselves as not able to communicate in English very well (Source: US Census). BayCare Behavioral Health is federally mandated (Executive Order 13166) to take responsible steps to ensure meaningful access to the benefits, services, information and other important portions of its programs and activities for individuals who are LEP. BayCare Behavioral Health has utilized the U.S. Department of Transportation (DOT) LEP Guidance Handbook and performed a four factor analysis to develop its LAP. The LAP is included in this Title VI Plan as **Appendix E**.

Transit Planning and Advisory Bodies

BayCare Behavioral Health does not have a transit-related committee or board; therefore, this requirement does not apply.

6.0 Title VI Equity Analysis

BayCare Behavioral Health has not recently constructed any facilities nor does it currently have any facilities in the planning stage. Therefore, BayCare Behavioral Health does not have any Title VI Equity Analysis reports to submit with this Plan. BayCare Behavioral Health will utilize the demographic maps included in Appendix I for future Title VI analysis.

7.0 Appendices

APPENDIX A	TITLE VI PLAN ADOPTION MEETING MINUTES
APPENDIX D	TITLE VI SAMPLE NOTICE TO PUBLIC
APPENDIX C	TITLE VI COMPLAINT FORM
APPENDIX D	PUBLIC PARTICIPATION PLAN
APPENDIX E	LANGUAGE ASSISTANCE PLAN
APPENDIX F	OPERATING AREA LANGUAGE DATA: BAYCARE BEHAVIORAL HEALTH DISTRICT 7
APPENDIX G	DEMOGRAPHIC MAPS (COULD BE OPTIONAL)

Appendix A

Title VI Plan Adoption Meeting Minutes



rhale@pascocountyfl.net
www.pascocountyfl.net

“Serving our community to create a better future.”

From: Miller, Kimberly D <Kimberly.Miller@baycare.org>
Sent: Tuesday, September 24, 2024 10:13 AM
To: Alfred Torrence <altorrencepa@gmail.com>; Beverly Barnett <BevBarnettLaw@gmail.com>; Bill Butler <bbutler6@gmail.com>; Charlie Imbergamo <cdimbergamo@gmail.com>; john@pathfindergroupus.com; Philip Chesnut <p.chesnut@att.net>; Robert C. Hale <rhale@pascocountyfl.net>; Ryder, Gail <Gail.Ryder@baycare.org>
Cc: Beverly Barnett <beverlybarnettlaw@gmail.com>; Kaly, Tracey C <Tracey.Kaly@baycare.org>; Tatem, Rachel L <Rachel.Tatem@baycare.org>
Subject: RE: Meeting reminder: BCBH Board of Directors - Cancellation
Importance: High

Good morning, everyone!

Due to the storm that is expected in the Tampa Bay area this week, the Board meeting tomorrow evening will be cancelled. I will be in touch with some date options for rescheduling within the next few weeks.

There is an agenda item that requires board approval. In lieu of meeting, please review the attached FDOT Title VI Plan and LEP document and reply to this email indicating approval or if you have questions, please contact Rachel Tatem (copied on this email) for additional information.

Kimberly Miller

Administrative Assistant and Credentialing Specialist

BayCare Behavioral Health

From: [Robert C. Hale](#)
To: [Miller, Kimberly D](#); [Alfred Torrence](#); [Beverly Barnett](#); [Bill Butler](#); [Charlie Imbergamo](#); [john@pathfindergroupus.com](#); [Philip Chesnut](#); [Ryder, Gail](#)
Cc: [Beverly Barnett](#); [Kaly, Tracey C](#); [Tatem, Rachel L](#)
Subject: RE: Meeting reminder: BCBH Board of Directors - Cancellation
Date: Tuesday, September 24, 2024 10:51:50 AM
Attachments: [image003.gif](#)
[image004.png](#)
[image001.jpg](#)
[0.gif](#)

WARNING: This email originated outside of BayCare. BE CAUTIOUS clicking links and opening attachments. Use the Report Phishing and Spam button to report malicious emails and contact the IS Service Desk with all other suspicious activity.

Good morning.

I approve.

Stay safe everyone.

Thanks.



Robert C. Hale
Assistant County Attorney
Pasco County Attorney's Office
P 727-847-8120
F 727-847-8021
8731 Citizens Drive, Suite 340
New Port Richey, FL 34654
rhale@pascocountyfl.net
www.pascocountyfl.net

“Serving our community to create a better future.”

From: Miller, Kimberly D <Kimberly.Miller@baycare.org>
Sent: Tuesday, September 24, 2024 10:13 AM
To: Alfred Torrence <altorrencepa@gmail.com>; Beverly Barnett <BevBarnettLaw@gmail.com>; Bill Butler <bbutler6@gmail.com>; Charlie Imbergamo <cdimbergamo@gmail.com>; john@pathfindergroupus.com; Philip Chesnut <p.chesnut@att.net>; Robert C. Hale <rhale@pascocountyfl.net>; Ryder, Gail <Gail.Ryder@baycare.org>
Cc: Beverly Barnett <beverlybarnettlaw@gmail.com>; Kaly, Tracey C <Tracey.Kaly@baycare.org>; Tatem, Rachel L <Rachel.Tatem@baycare.org>
Subject: RE: Meeting reminder: BCBH Board of Directors - Cancellation
Importance: High

From: [John Foster](#)
To: [Robert C. Hale](#)
Cc: [Miller, Kimberly D](#); [Alfred Torrence](#); [Beverly Barnett](#); [Bill Butler](#); [Charlie Imbergamo](#); [Philip Chesnut](#); [Ryder, Gail](#); [Beverly Barnett](#); [Kaly, Tracey C](#); [Tatem, Rachel L](#)
Subject: Re: Meeting reminder: BCBH Board of Directors - Cancellation
Date: Tuesday, September 24, 2024 1:36:24 PM
Attachments: [image003.gif](#)
[image004.png](#)
[image001.jpg](#)
[0.gif](#)
[image003.gif](#)

WARNING: This email originated outside of BayCare. BE CAUTIOUS clicking links and opening attachments. Use the Report Phishing and Spam button to report malicious emails and contact the IS Service Desk with all other suspicious activity.

I too approve.
John

On Tue, Sep 24, 2024, 10:51 AM Robert C. Hale <rhale@pascocountyfl.net> wrote:

Good morning.

I approve.

Stay safe everyone.

Thanks.



Robert C. Hale
Assistant County Attorney

Pasco County Attorney's Office

P 727-847-8120
F 727-847-8021

[8731 Citizens Drive, Suite 340](#)
[New Port Richey, FL 34654](#)

From: [Charles Imbergamo](#)
To: [Miller, Kimberly D](#)
Cc: [Alfred Torrence](#); [Beverly Barnett](#); [Bill Butler](#); [john@pathfindergroupus.com](#); [Philip Chesnut](#); [Robert C. Hale](#); [Ryder, Gail](#); [Beverly Barnett](#); [Kaly, Tracey C](#); [Tatem, Rachel L](#)
Subject: Re: Meeting reminder: BCBH Board of Directors - Cancellation
Date: Tuesday, September 24, 2024 7:26:54 PM
Attachments: [image001.png](#)

WARNING: This email originated outside of BayCare. BE CAUTIOUS clicking links and opening attachments. Use the Report Phishing and Spam button to report malicious emails and contact the IS Service Desk with all other suspicious activity.

Approve. Be safe everyone.

Thanks for prioritizing safety and readiness.

Charlie Imbergamo

On Tue, Sep 24, 2024 at 10:12 AM Miller, Kimberly D <Kimberly.Miller@baycare.org> wrote:

Good morning, everyone!

Due to the storm that is expected in the Tampa Bay area this week, the Board meeting tomorrow evening will be cancelled. I will be in touch with some date options for rescheduling within the next few weeks.

There is an agenda item that requires board approval. In lieu of meeting, please review the attached FDOT Title VI Plan and LEP document and reply to this email indicating approval or if you have questions, please contact Rachel Tatem (copied on this email) for additional information.

Kimberly Miller

Administrative Assistant and Credentialing Specialist

BayCare Behavioral Health

T: 727-315-8605 F: 727-816-1760

From: [Miller, Kimberly D](#)
To: [Tatem, Rachel L](#)
Subject: FW: Meeting reminder: BCBH Board of Directors - Cancellation
Date: Wednesday, October 16, 2024 1:41:10 PM
Attachments: [image001.png](#)

4th approval below.

Kimberly Miller

Administrative Assistant and Credentialing Specialist
BayCare Behavioral Health
T: 727-315-8605 F: 727-816-1760

From: philip chesnut <p.chesnut@att.net>
Sent: Tuesday, September 24, 2024 10:27 AM
To: Miller, Kimberly D <Kimberly.Miller@baycare.org>
Subject: Re: Meeting reminder: BCBH Board of Directors - Cancellation

WARNING: This email originated outside of BayCare. BE CAUTIOUS clicking links and opening attachments. Use the Report Phishing and Spam button to report malicious emails and contact the IS Service Desk with all other suspicious activity.

Kimberly

I approve of the FDOT, Title VI Plan and LEP Doc. as submitted.

Thank you
Phil Chesnut

Sent from my iPhone

On Sep 24, 2024, at 10:12 AM, Miller, Kimberly D <Kimberly.Miller@baycare.org> wrote:

Good morning, everyone!

Due to the storm that is expected in the Tampa Bay area this week, the Board meeting tomorrow evening will be cancelled. I will be in touch with some date options for rescheduling within the next few weeks.

Appendix B

Title VI Sample Notice to Public

Notifying the Public of Rights Under Title VI

BayCare Behavioral Health

- BayCare Behavioral Health operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with BayCare Behavioral Health.
- For more information on BayCare Behavioral Health civil rights program, and the procedures to file a complaint, contact 1-844-343-1685, (TTY 800-955-8771); email CivilRightsCoordinator@Baycare.org; or visit our administrative office at 2985 Drew Street MS 1003, Clearwater, Florida 33759. For more information, visit www.Baycare.org.
- If information is needed in another language, contact 1-844-343-1685.

Si necesita información en otro idioma, comuníquese al 1-844-343-1685.

Appendix C
Title VI Complaint Form

BayCare Behavioral Health

Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age				
<input type="checkbox"/> Disability <input type="checkbox"/> Family or Religious Status <input type="checkbox"/> Other _____				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. _____ _____				
Section IV				
Have you previously filed a Title VI complaint with this agency?			Yes	No

Section V
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature Date

Please submit this form in person at the address below, or mail this form to:

BayCare Behavioral Health Title VI Liaison
 2985 Drew Street, MS 1003
 Clearwater, Florida 33759

Appendix D

Public Participation Plan (PPP)

The Public Participation Plan (PPP) is an open ended plan which should be tailored to the needs and capabilities of your agency. The following is a rough template for a possible PPP for a typical sub-recipient transit agency. The plan should be modified to match the public participation needs of your agency with capabilities of your agency. FTA Circular 4702.1B provides little concrete guidance to the contents of the PPP. The following are instructions from FTA Circular 4702.1B with regards to the PPP:

“Recipients have wide latitude to determine how, when, and how often specific public participation activities should take place, and which specific measures are most appropriate. Recipients should make these determinations based on a demographic analysis of the population(s) affected, the type of plan, program and/or service under consideration, and the resources available.”

“Some of those effective practices include:

- a. Scheduling meeting at times and locations that are convenient and accessible for minority and LEP communities.
- b. Employing different meeting sizes and formats.
- c. Coordinating with community and faith-based organizations, educational institutions, and other organizations to implement public engagement strategies that reach out specifically to members of affected minority and/or LEP communities.
- d. Considering radio, television, or newspaper ads on stations and in publications that serve LEP populations. Outreach to LEP populations could also include audio programming available on podcasts.
- e. Providing opportunities for public participation through means other than written communication, such as personal interviews or use of audio or video recording devices to capture oral communication. “

With these instructions in mind, please add or remove items from the template as you see fit. The majority of the plan is shown to indicate the flexibility in the plan.

Introduction

The Public Participation Plan (PPP) for BayCare Behavioral Health was developed to ensure that all members of the public, including minorities and Limited English Proficient (LEP) populations, are encouraged to participate in the decision making process for BayCare Behavioral Health. Policy and service delivery decisions need to take into consideration community sentiment and public opinion based upon well-executed outreach efforts. The public outreach strategies described in the PPP are designed to provide the public with effective access to information about BayCare Behavioral Health services and to provide a variety of efficient and convenient methods for receiving and considering public comment prior to implementing changes to services. BayCare Behavioral Health also recognizes the importance of many types of stakeholders in the decision-making process, including other units of government, metropolitan area agencies, community based organizations, major employers, passengers and the general public, including low-income, minority, LEP, and other traditionally underserved communities.

Public Participation Goals

The main goal of the PPP is to offer meaningful opportunities for all interested segments of the public, including, but not limited to, low-income, minority and LEP groups, to comment, about BayCare Behavioral Health and its operations. The goals for this PPP include:

- **Inclusion and Diversity:** BayCare Behavioral Health will proactively reach out and engage low-income, minority, and LEP populations for the BayCare Behavioral Health District 7 so these groups will have an opportunity to participate.
- **Accessibility:** All legal requirements for accessibility will be met. Efforts will be made to enhance the accessibility of the public's participation – physically, geographically, temporally, linguistically and culturally.
- **Clarity and Relevance:** Issues will be framed in public meetings in such a way that the significance and potential effect of proposed decisions is understood by participants. Proposed adjustments to fares or services will be described in language that is clear and easy to understand.
- **Responsive:** BayCare Behavioral Health will strive to respond to and incorporate, when possible, appropriate public comments into transportation decisions.
- **Tailored:** Public participation methods will be tailored to match local and cultural preferences as much as possible.
- **Flexible:** The public participation process will accommodate participation in a variety of ways and will be adjusted over time as needed.

Public Participation Methods

The methods of public participation included in this PPP were developed based upon best practices in conjunction with the needs and capabilities of BayCare Behavioral Health. BayCare Behavioral Health intends to achieve meaningful public participation by a variety of methods with respect to service and any changes to service.

BayCare Behavioral Health will conduct meetings with clients engaged in services and listening sessions as appropriate with passengers, employers, community based organizations, and advisory committees to gather public input and distribute information about service quality, proposed changes or new service options.

The public will be invited to provide feedback on the BayCare Behavioral Health website (www.Baycare.org) and all feedback on the site will be recorded and passed on to BayCare Behavioral Health management. The public will also be able to call the BayCare Behavioral Health office at 1-844-343-1685 during its hours of operation. Feedback collected over the phone will be recorded and passed on to BayCare Behavioral Health management. Formal customer surveys to measure performance, and listening sessions to solicit input, will be conducted periodically. The comments recorded as a part of these participation methods will be responded to as appropriate.

Meeting formats will be tailored to help achieve specific public participation goals that vary by project or the nature of the proposed adjustment of service. Some meetings will be designed to share information

and answer questions. Some will be designed to engage the public in providing input, establishing priorities, and helping to achieve consensus on a specific recommendation. Others will be conducted to solicit and consider public comments before implementing proposed adjustments to services. In each case, an agenda for the meetings will be created that work to achieve the stated goals and is relevant to the subject and not overwhelming for the public.

For all public meetings, the venue will be a facility that is accessible for persons with disabilities and, preferably, is served by public transit. If a series of meetings are scheduled on a topic, different meeting locations may be used, since no one location is usually convenient to all participants.

For community meetings and other important information, BayCare Behavioral Health will use a variety of means to make riders and citizens aware, including some or all of the following methods:

- In-vehicle advertisement
- Posters or flyers in transit center
- Posting information on website
- Multilingual flyer distribution to community based organizations, particularly those that target LEP population
- Communications to relevant elected officials
- Other methods required by local or state laws or agreements

All information and materials communicating proposed and actual service adjustments will be provided in English and any other language that meets the “safe harbor” criteria.

Appendix E

Language Assistance Plan (LAP)

I. Introduction

BayCare Behavioral Health operates a transit system within District 7. The Language Assistance Plan (LAP) has been prepared to address BayCare Behavioral Health's responsibilities as they relate to the needs of individuals with Limited English Proficiency (LEP). Individuals, who have a limited ability to read, write, speak or understand English are LEP. In BayCare Behavioral Health District 7 there are 4.4% who describe themselves as not able to communicate in English "very well" (Source: US Census). BayCare Behavioral Health is federally mandated (Executive Order 13166) to take responsible steps to ensure meaningful access to the benefits, services, information and other important portions of its programs and activities for individuals who are LEP. BayCare Behavioral Health has utilized the U.S. Department of Transportation (USDOT) LEP Guidance Handbook and performed a four factor analysis to develop its LAP.

The U.S. Department of Transportation Handbook, titled "Implementing the Department of Transportation's Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient (LEP) Persons: A Handbook for Public Transportation Providers, (April 13, 2007) " (hereinafter "Handbook"), states that Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq., and its implementing regulations provide that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity that receives Federal financial assistance (Handbook, page 5). The Handbook further adds that Title VI prohibits conduct that has a disproportionate effect on LEP persons because such conduct constitutes national origin discrimination (Handbook, page 5).

Executive Order 13166 of August 16, 2000 states that recipients of Federal financial assistance must take reasonable steps to ensure meaningful access to their programs and activities by LEP persons (Handbook, page 6). Additionally recipients should use the DOT LEP Guidance to determine how best to comply with statutory and regulatory obligations to provide meaningful access to the benefits, services, information and other important portions of their programs and activities for individuals who are LEP (Handbook, page 6). These provisions are included in FTA Circular 4702.1B in Paragraph 9 of Chapter III (pages III-6 to III-9).

For many LEP individuals, public transit is the principal transportation mode available. It is important for BayCare Behavioral Health be able to communicate effectively with all of its riders. When BayCare Behavioral Health is able to communicate effectively with all of its riders, the service provided is safer, more reliable, convenient, and accessible for all within its District 7. BayCare Behavioral Health is committed to taking reasonable steps to ensure meaningful access for LEP individuals to this agency's services in accordance with Title VI.

This plan will demonstrate the efforts that BayCare Behavioral Health undertakes to make its service accessible to all persons without regard to their ability to communicate in English. The plan addresses how services will be provided through general guidelines and procedures including the following:

- Identification: Identifying LEP populations in District 7s
- Notification: Providing notice to LEP individuals about their right to language services
- Interpretation: Offering timely interpretation to LEP individuals upon request
- Translation: Providing timely translation of important documents

- Staffing: Identifying BayCare Behavioral Health staff to assist LEP customers
- Training: Providing training on LAP to responsible employees.

II. Four Factor Analysis

The analysis provided in this report has been developed to identify LEP population that may use BayCare Behavioral Health services and identify needs for language assistance. This analysis is based on the “Four Factor Analysis” presented in the Implementing the Department of Transportation’s Policy Guidance Concerning Recipients’ Responsibilities to Limited English Proficient (LEP) Persons, dated April 13, 2007, which considers the following factors:

1. The number and proportion of LEP persons in the District 7 who may be served or are likely to encounter a BayCare Behavioral Health program, activity or service.
2. The frequency with which LEP persons come in contact with BayCare Behavioral Health programs, activities or services.
3. The nature and importance of programs, activities or services provided by BayCare Behavioral Health to the LEP population.
4. The resources available to BayCare Behavioral Health and overall costs to provide LEP assistance

a. Factor 1: The Number and Proportion of LEP Persons Serviced or Encountered in the Eligible Service Population

Of the 454,546 residents in the BayCare Behavioral Health District 7 4.4% residents describe themselves as speaking English less than “very well”. People of Spanish descent are the primary LEP persons likely to utilize BayCare Behavioral Health services. For the BayCare Behavioral Health District 7, the American Community Survey of the U.S. Census Bureau shows that among the area’s population 9.5% speak English “very well”. For groups who speak English “less than very well”, 85.6% speak English and 9.1% speak Spanish.

Appendix F contains a table which lists the languages spoken at home by the ability to speak English for the population within the BayCare Behavioral Health District 7.

b. Factor 2: The Frequency with which LEP Individuals Come into Contact with Your Programs, Activities, and Services

The Federal guidance for this factor recommends that agencies should assess the frequency with which they have contact with LEP individuals from different language groups. The more frequent the contact with a particular LEP language group, the more likely enhanced services will be needed.

BayCare Behavioral Health has assessed the frequency with which LEP individuals come in contact with the transit system. The methods utilized for this assessment include analysis of Census data, examining phone inquiries, requests for translated documents, and staff survey. As discussed above, Census data indicates that there is possible no prominent LEP groups. Phone inquiries and staff survey feedback indicated that BayCare Behavioral Health

dispatchers and drivers interact infrequently with LEP persons. The majority of these interactions have occurred with LEP persons who mainly spoke Spanish Over the past 3 years, BayCare Behavioral Health has had no requests for translated documents.

c. **Factor 3: The Nature and Importance of the Program, Activity, or Service Provided by the Recipient to People's Lives**

Public transportation and regional transportation planning is vital to many people's lives. According to the Department of Transportation's *Policy Guidance Concerning Recipient's Responsibilities to LEP Persons*, providing public transportation access to LEP persons is crucial. A LEP person's inability to utilize public transportation effectively, may adversely affect his or her ability to access health care, education, or employment.

BayCare must ensure that persons with disabilities, including persons who have hearing, vision or speech disabilities, as well as persons of Limited English Proficiency (LEP), have equal opportunity to participate in our services, activities, programs and other benefits. When a person with a communications disability presents for treatment or services, consult with the individual to determine which aids or services are necessary to provide effective communication. Except in emergencies, do not use family members, friends or others as interpreters to relay clinical information. Resources for the deaf and hard-of-hearing vary by facility; for assistance with any of these resources, contact your Administrator on Duty (AOD). Available resources at no cost to clients include: Over-Phone Interpreting (OPI) (CyraCom or Stratus) is available 24/7 with more than 140 different languages. Video Remote Interpreter (VRI) and Florida Relay Service (deaf, hard of hearing, deaf/blind or speech disabled) - DIAL 711

Persons with Limited English Proficiency:

1. Language assistance may be provided through the use of telephonic interpretation services, competent bilingual staff, and contracts with local organizations providing interpretation or translation services, or technology. Staff will perform an initial assessment at the time the person presents for services to identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards," available online at www.lep.gov) or posters to determine the language.
2. Over the Phone Interpreting services, which provide translation services in more than 300 different languages, 24 hours a day, 7 days a week is available. The number for the interpreting service at each facility is posted on the BayCare Intranet and is also available through the Section 504 Coordinator or AOD.
3. When written translation of vital documents is needed and not already available, documents should be submitted for translation to the Section 504 Coordinator or AOD.

Factor 4: The Resources Available to the Recipient and Costs

Patients who have special communication needs will be informed of the availability of free auxiliary aids and services and will be provided such auxiliary aids and services as are necessary for effective communication as soon as practicable. Significant others, relatives, caregivers and Health Care Surrogates may also require such services when they are involved in healthcare discussion, decisions or carrying out the care plan. If the staff

and the patient, significant other, relative, caregiver or Health Care Surrogate have a difference of opinion on the auxiliary aid and/or service necessary for effective communication, staff should contact the Section 504 Coordinator or Administrator on Duty (AOD).

III. Language Assistance Plan

In developing a Language Assistance Plan, FTA guidance recommends the analysis of the following five elements:

1. Identifying LEP individuals who need language assistance
2. Providing language assistance measures
3. Training staff
4. Providing notice to LEP persons
5. Monitoring and updating the plan

The five elements are addressed below.

a. Element 1: Identifying LEP Individuals Who Need Language Assistance

Federal guidance provides that there should be an assessment of the number or proportion of LEP individuals eligible to be serviced or encountered and the frequency of encounters pursuant to the first two factors in the four-factor analysis.

BayCare Behavioral Health has identified the number and proportion of LEP individuals within its District 7 using United States Census data (see Appendix H). As presented earlier, 85.6% of the District 7 population speaks English only. The largest non-English spoken language in the District 7 is Spanish (9.1%). Of those whose primary spoken language is Spanish, approximately 2.8% identify themselves as speaking less than “very well”. Those residents whose primary language is not English or Spanish and who identify themselves as speaking English less than “very well” account for 1.6% of the District 7 population.

BayCare Behavioral Health may identify language assistance need for an LEP group by:

1. Examining records to see if requests for language assistance have been received in the past, either at meetings or over the phone, to determine whether language assistance might be needed at future events or meetings.
2. Having Census Bureau Language Identification Flashcards available at BayCare Behavioral Health Meetings. This will assist BayCare Behavioral Health in identifying language assistance needs for future events and meetings.
3. Having Census Bureau Language Identification Flashcards on all transit vehicles to assist operators in identifying specific language assistance needs of passengers. If such individuals are encountered, vehicle operators will be instructed to obtain contact information to give to BayCare Behavioral Health management to follow-up.
4. Vehicle operators and front-line staff (i.e. Dispatchers, Transit Operation Supervisors, etc.) will be surveyed on their experience concerning any contacts with LEP persons during the previous year.

b. Element 2: Language Assistance Measures

Federal Guidance suggests that an effective LAP should include information about the ways in which language assistance will be provided. This refers to listing the different language services an agency provides and how staff can access this information.

For this task Federal Guidance recommends that transit agencies consider developing strategies that train staff as to how to effectively deal with LEP individuals when they either call agency centers or otherwise interact with the agency.

BayCare Behavioral Health has undertaken the following actions to improve access to information and services for LEP individuals:

1. Provide bilingual staff at community events, public hearings, and transit committee meetings.
2. Survey transit drivers and other front-line staff annually on their experience concerning any contacts with LEP persons during the previous year.
3. Provide Language Identification Flashcards onboard transit vehicles and in the BayCare Behavioral Health offices.
4. Include statements clarifying that being bilingual is preferred on bus driver recruitment flyers and onboard recruitment posters.
5. When an interpreter is needed in person or on the telephone, staff will attempt to access language assistance services from a professional translation service or qualified community volunteers.

c. Element 3: Training Staff

Federal guidance states staff members of an agency should know their obligations to provide meaningful access to information and services for LEP persons and that all employees in public contact positions should be properly trained.

Suggestions for implementing Element 3 of the Language Assistance Plan, involve: (1) identifying agency staff likely to come into contact with LEP individuals; (2) identifying existing staff training opportunities; (3) providing regular re-training for staff dealing with LEP individual needs; and (4) designing and implementing LEP training for agency staff.

In the case of BayCare Behavioral Health, the most important staff training is for Customer Service Representatives and transit drivers. Several representatives are bilingual in English and Spanish.

The following training will be provided to Customer Service Representative:

1. Information on Title VI Procedures and LEP responsibilities
2. Use of Language Identification Flashcards
3. Documentation of language assistance requests
4. How to handle a potential Title VI/LEP complaint

d. Element 4: Providing Note to LEP Persons

BayCare Behavioral Health will make Title VI information available in English and Spanish on the Agency's website. Key documents are written in English and Spanish. Notices are posted in BayCare Behavioral Health office lobbies. Additionally, when staff prepares a document or schedules a meeting, for which the target audience is expected to include LEP individuals, then documents, meeting notices, flyers, and agendas will be printed in an alternative language based on the known LEP population.

e. **Element 5: Monitoring and Updating the Plan**

The plan will be reviewed and updated on an ongoing basis. Updates will consider the following:

- The number of documented LEP person contacts encountered annually
- How the needs of LEP persons have been addressed
- Determination of the current LEP population in the District 7
- Determination as to whether the need for translation services has changed
- Determine whether BayCare Behavioral Health's financial resources are sufficient to fund language assistance resources needed

BayCare Behavioral Health understands the value that its service plays in the lives of individuals who rely on this service, and the importance of any measures undertaken to make the use of system easier. BayCare Behavioral Health is open to suggestions from all sources, including customers, BayCare Behavioral Health staff, other transportation agencies with similar experiences with LEP communities, and the general public, regarding additional methods to improve their accessibility to LEP communities.

IV. Safe Harbor Provision

DOT has adopted the Department of Justice's Safe Harbor Provision, which outlines circumstances that can provide a "safe harbor" for recipients regarding translation of written materials for LEP population. The Safe Harbor Provision stipulates that, if a recipient provides written translation of vital documents for each eligible LEP language group that constitutes five percent (5%) or 1,000 persons, whichever is less, of the total population of persons eligible to be served or likely to be affected or encountered, then such action will be considered strong evidence of compliance with the recipient's written translation obligations. Translation of non-vital documents, if needed, can be provided orally. If there are fewer than 50 persons in a language group that reaches the five percent (5%) trigger, the recipient is not required to translate vital written materials but should provide written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

BayCare Behavioral Health District 7 does not have LEP populations which qualify for the Safe Harbor Provision. [As shown in **Appendix F**, BayCare Behavioral Health does not have LEP groups which speak English less than "very well" which exceed either 5.0% or 1,000 person.]

Appendix F

Operating Area Language Data: BayCare Behavioral Health District 7

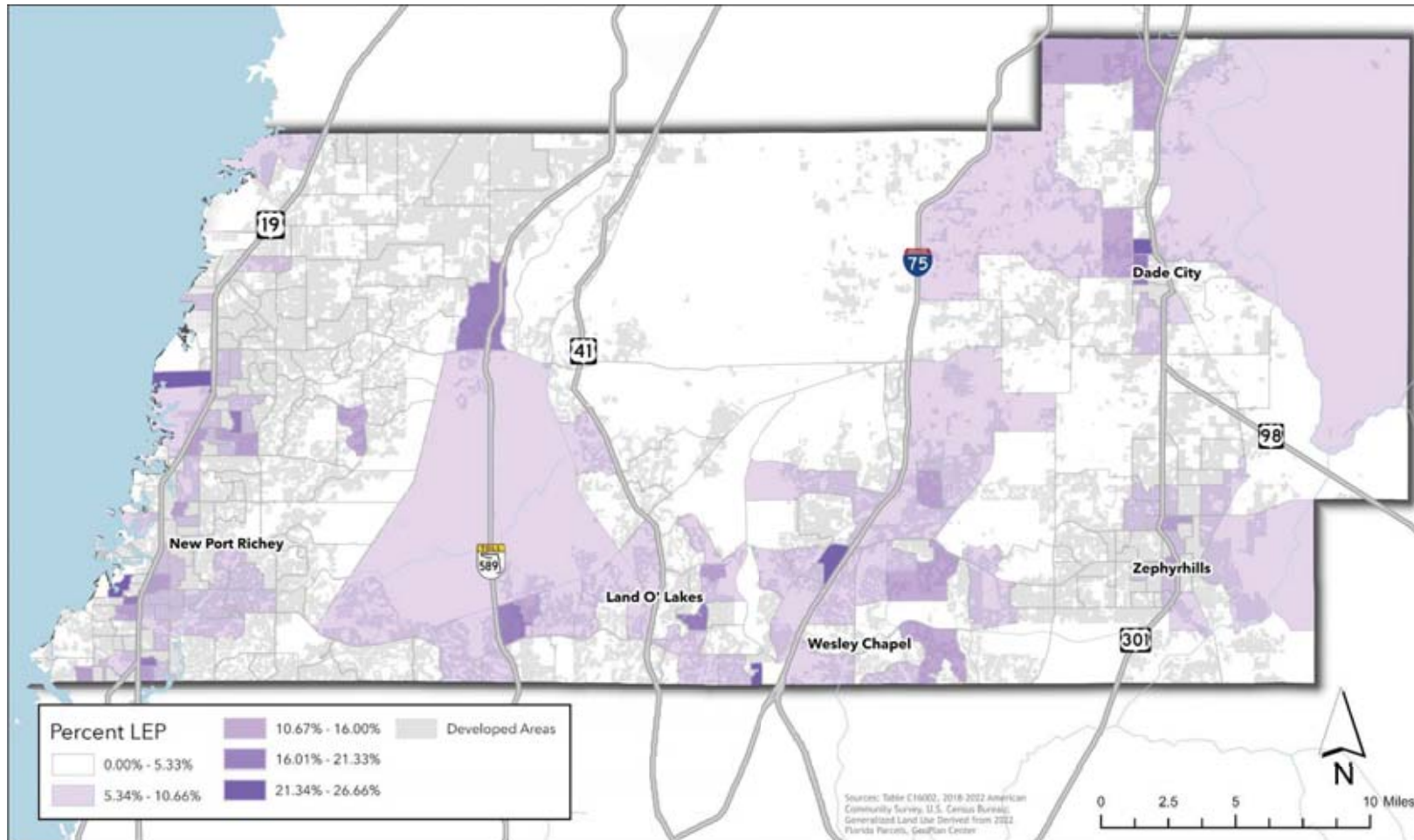
Pasco County, Florida

<u>Language</u>	<u>People</u>	<u>Percentage</u>
Total	454,546	100.0%
Speak only English	389,082	85.6%
Spanish or Spanish Creole	41,385	9.1%
Speak English "very well"	28,471	6.3%
Speak English less than "very well"	12,914	2.8%
French (incl. Patois, Cajun)	2,076	0.5%
Speak English "very well"	1,774	0.4%
Speak English less than "very well"	302	0.1%
French Creole	675	0.1%
Speak English "very well"	445	0.1%
Speak English less than "very well"	230	0.1%
Italian	1,532	0.3%
Speak English "very well"	1,316	0.3%
Speak English less than "very well"	216	0.0%
Portuguese or Portuguese Creole	1,121	0.2%
Speak English "very well"	795	0.2%
Speak English less than "very well"	326	0.1%
German	1,888	0.4%
Speak English "very well"	1,602	0.4%
Speak English less than "very well"	286	0.1%
Yiddish	34	0.0%
Speak English "very well"	0	0.0%
Speak English less than "very well"	34	0.0%
Other West Germanic languages	312	0.1%
Speak English "very well"	256	0.1%
Speak English less than "very well"	56	0.0%
Scandinavian languages	180	0.0%
Speak English "very well"	110	0.0%
Speak English less than "very well"	70	0.0%
Greek	2,273	0.5%
Speak English "very well"	1,574	0.3%
Speak English less than "very well"	699	0.2%
Russian	518	0.1%
Speak English "very well"	323	0.1%
Speak English less than "very well"	195	0.0%
Polish	886	0.2%
Speak English "very well"	588	0.1%
Speak English less than "very well"	298	0.1%
Serbo-Croatian	760	0.2%
Speak English "very well"	406	0.1%
Speak English less than "very well"	354	0.1%

Other Slavic Languages	526	0.1%
Speak English “very well”	328	0.1%
Speak English less than “very well”	198	0.0%
Armenian	30	0.0%
Speak English “very well”	16	0.0%
Speak English less than “very well”	14	0.0%
Persian	112	0.0%
Speak English “very well”	79	0.0%
Speak English less than “very well”	33	0.0%
Gujarati	757	0.2%
Speak English “very well”	504	0.1%
Speak English less than “very well”	253	0.1%
Hindi	304	0.1%
Speak English “very well”	275	0.1%
Speak English less than “very well”	29	0.0%
Urdu	39	0.0%
Speak English “very well”	33	0.0%
Speak English less than “very well”	6	0.0%
Other Indic languages	481	0.1%
Speak English “very well”	420	0.1%
Speak English less than “very well”	61	0.0%
Other Indo-European Languages	569	0.1%
Speak English “very well”	383	0.1%
Speak English less than “very well”	186	0.0%
Chinese	930	0.2%
Speak English “very well”	469	0.1%
Speak English less than “very well”	461	0.1%
Japanese	201	0.0%
Speak English “very well”	122	0.0%
Speak English less than “very well”	79	0.0%
Korean	592	0.1%
Speak English “very well”	359	0.1%
Speak English less than “very well”	233	0.1%
Mon-Khmer, Cambodian	8	0.0%
Speak English “very well”	4	0.0%
Speak English less than “very well”	4	0.0%
Hmong	0	0.0%
Speak English “very well”	0	0.0%
Speak English less than “very well”	0	0.0%
Thai	233	0.1%
Speak English “very well”	153	0.0%
Speak English less than “very well”	80	0.0%
Laotian	58	0.0%

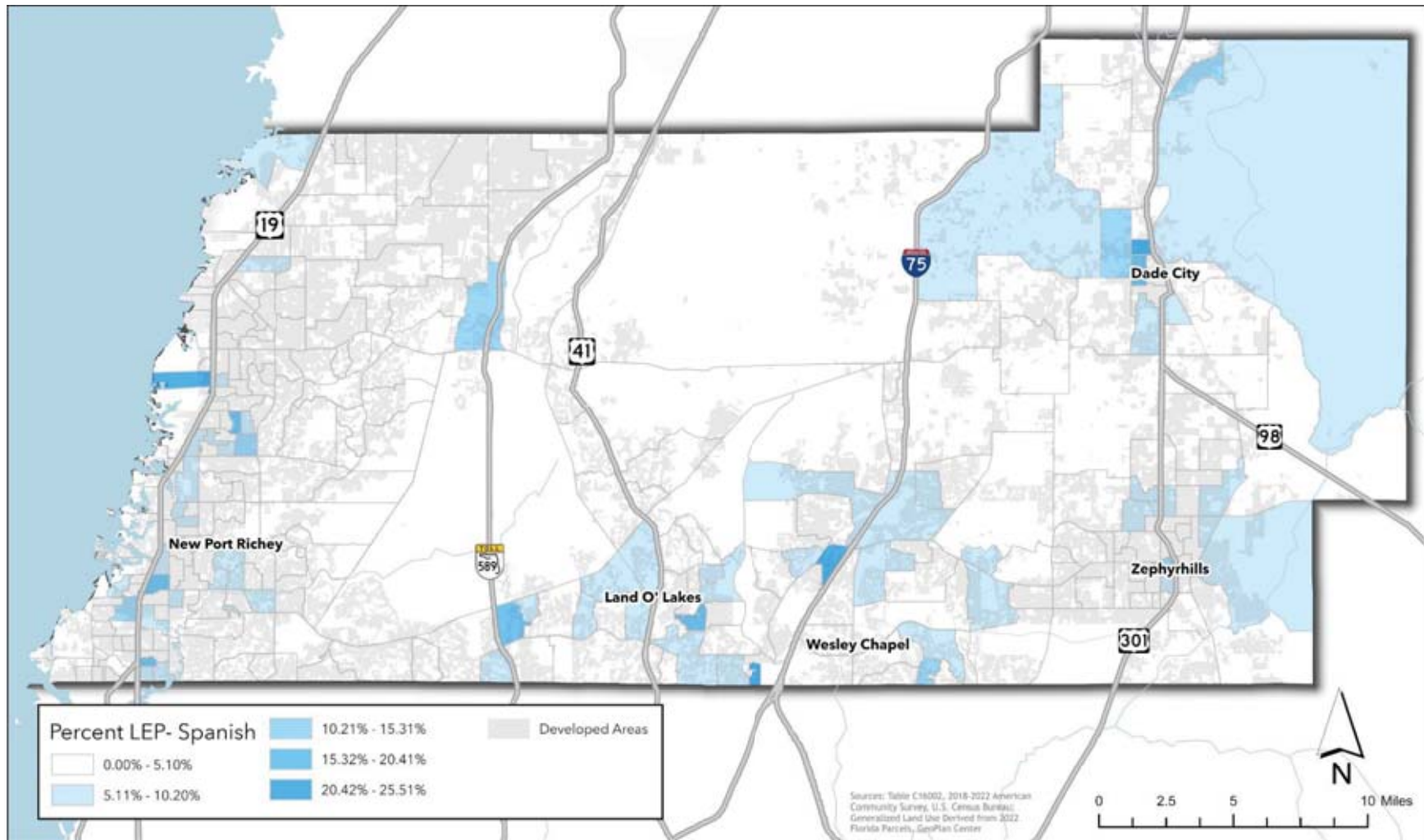
Speak English “very well”	32	0.0%
Speak English less than “very well”	26	0.0%
Vietnamese	2,039	0.4%
Speak English “very well”	889	0.2%
Speak English less than “very well”	1,150	0.3%
Other Asian languages	828	0.2%
Speak English “very well”	598	0.1%
Speak English less than “very well”	230	0.1%
Tagalog	1,186	0.3%
Speak English “very well”	1,005	0.2%
Speak English less than “very well”	181	0.0%
Other Pacific Island languages	282	0.1%
Speak English “very well”	115	0.0%
Speak English less than “very well”	167	0.0%
Navajo	1	0.0%
Speak English “very well”	1	0.0%
Speak English less than “very well”	0	0.0%
Other Native American languages	140	0.0%
Speak English “very well”	49	0.0%
Speak English less than “very well”	91	0.0%
Hungarian	330	0.1%
Speak English “very well”	156	0.0%
Speak English less than “very well”	174	0.0%
Arabic	1,440	0.3%
Speak English “very well”	1,066	0.2%
Speak English less than “very well”	374	0.1%
Hebrew	193	0.0%
Speak English “very well”	147	0.0%
Speak English less than “very well”	46	0.0%
African languages	508	0.1%
Speak English “very well”	406	0.1%
Speak English less than “very well”	102	0.0%
Other and unspecified languages	37	0.0%
Speak English “very well”	25	0.0%
Speak English less than “very well”	12	0.0%

Figure 1- Pasco LEP Population by Block Group- All Languages



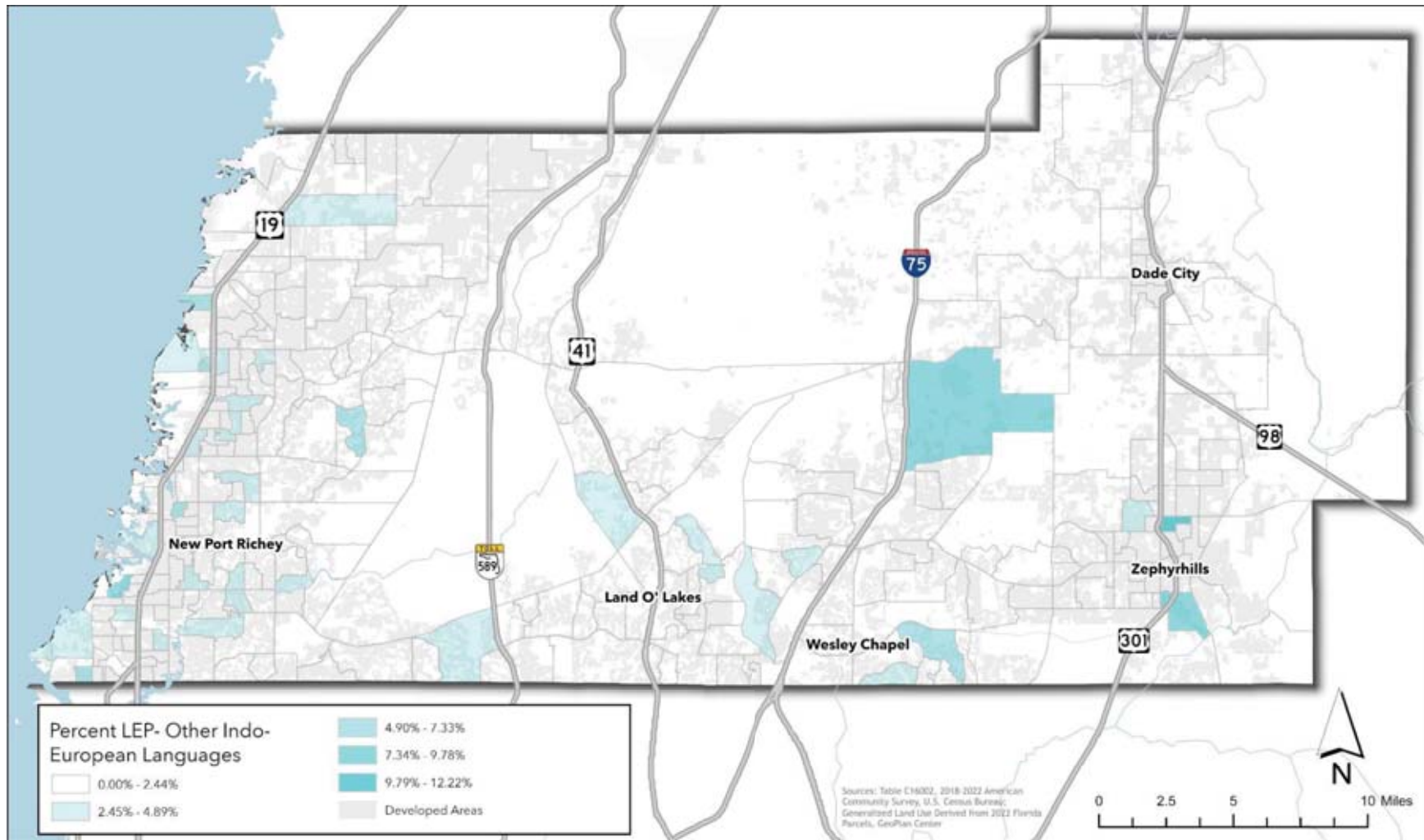
Source: Table C16002, 2018-2022 American Community Survey, US Census Bureau; Generalized Land Use Derived from 2022 Florida Parcels, GeoPlan Center

Figure 2- Pasco LEP Population by Block Group- Spanish Only



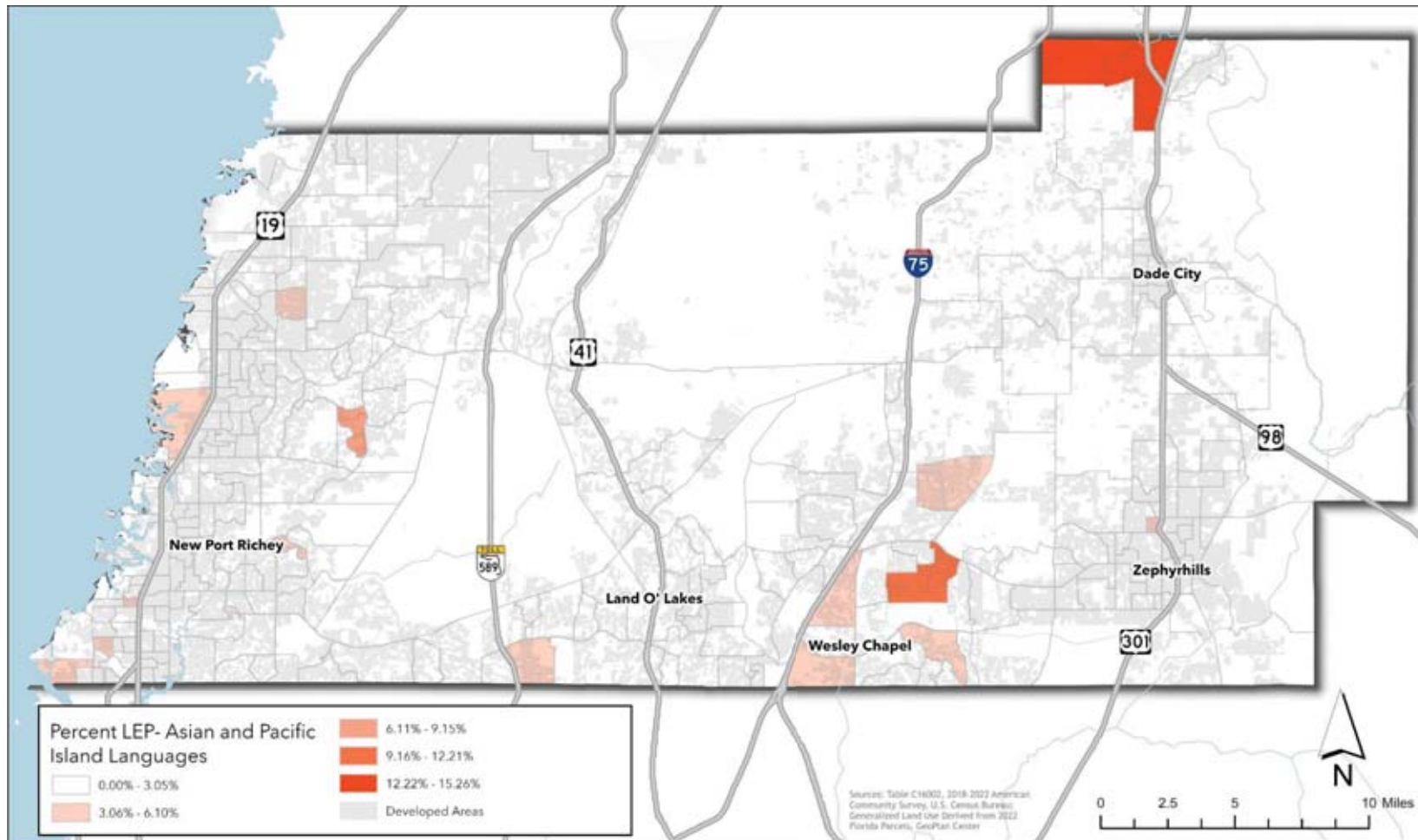
Source: Table C16002, 2018-2022 American Community Survey, US Census Bureau; Generalized Land Use Derived from 2022 Florida Parcels, GeoPlan Center

Figure 3- Pasco LEP Population by Block Group- Other Indo-European Languages



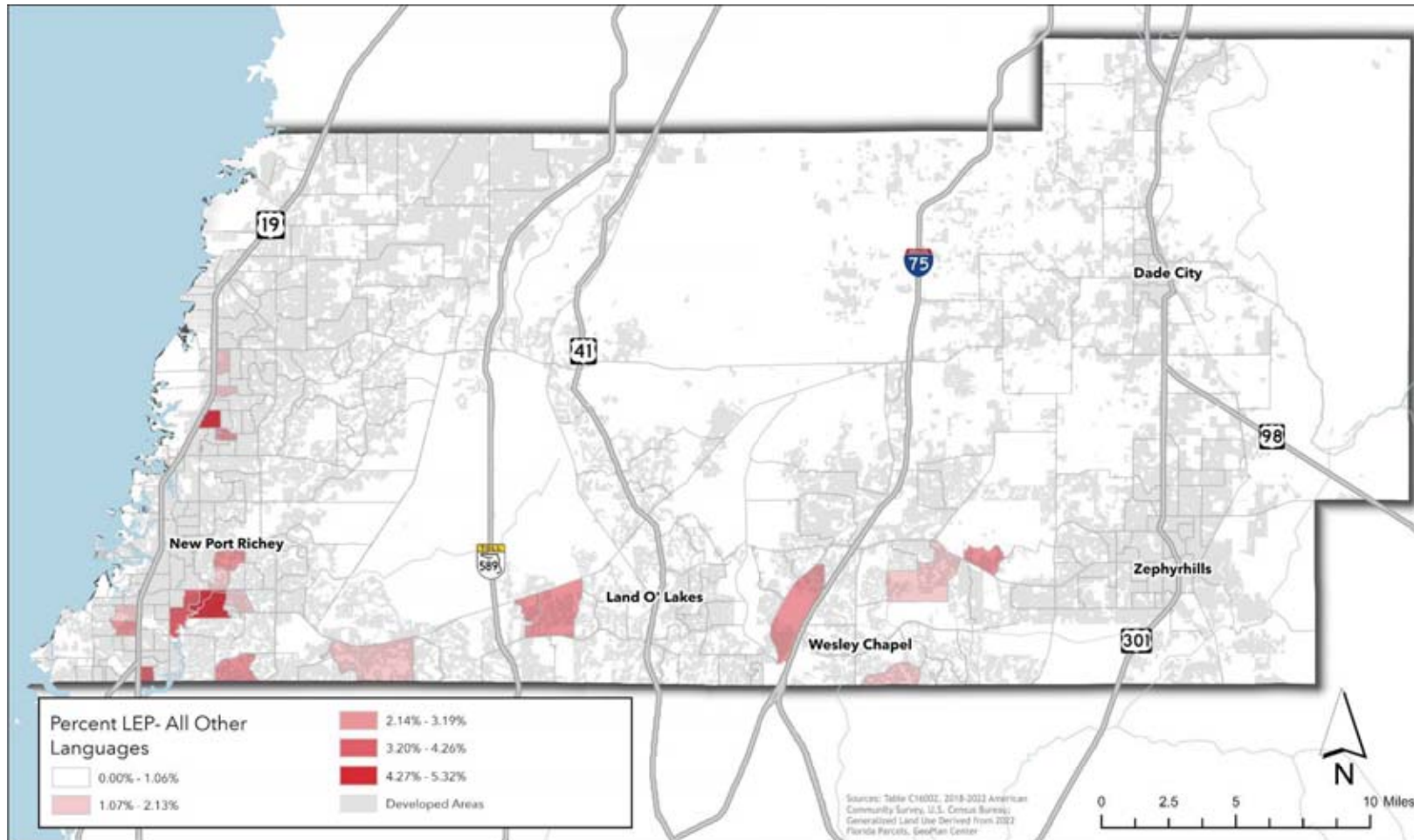
Source: Table C16002, 2018-2022 American Community Survey, US Census Bureau; Generalized Land Use Derived from 2022 Florida Parcels, GeoPlan Center

Figure 4- Pasco LEP Population by Block Group- Asian and Pacific Islander Languages



Source: Table C16002, 2018-2022 American Community Survey, US Census Bureau; Generalized Land Use Derived from 2022 Florida Parcels, GeoPlan Center

Figure 5- Pasco LEP Population by Block Group- All Other Languages



Source: Table C16002, 2018-2022 American Community Survey, US Census Bureau; Generalized Land Use Derived from 2022 Florida Parcels, GeoPlan Center