Addendum to CLAS Section of RFP/RFA for Purpose of Documenting Title VI Compliance

# All DHHS applicants are required to complete the following two (2) steps as part of their application:

1. Perform an individualized organizational assessment, using the factor analysis, to determine the extent of language assistance to provide for programs, services and/or activities; and;
2. Taking into account the outcome of the factor analysis, respond to the questions below.

# Background:

Title VI of the Civil Rights Act of 1964 and its implementing regulations provide that no person shall be subjected to discrimination on the basis of race, color, or national origin under any program that receives Federal financial assistance. The courts have held that national origin discrimination includes discrimination on the basis of limited English proficiency. Any organization or individual that receives Federal financial assistance, through either a grant, contract, or subcontract is a covered entity under Title VI. Examples of covered entities include the NH Department of Health and Human Services and its contractors.

Covered entities are required to take reasonable steps to ensure ***meaningful access*** by persons with limited English proficiency (LEP) to their programs and activities. LEP persons are those with a limited ability to speak, read, write or understand English.

The **key** to ensuring meaningful access by LEP persons is effective communication. An agency or provider can ensure effective communication by developing and implementing a language assistance program that includes policies and procedures for identifying and assessing the language needs of its LEP clients/applicants, and that provides for an array of language assistance options, notice to LEP persons of the right to receive language assistance free of charge, training of staff, periodic monitoring of the program, and translation of certain written materials.

The Office for Civil Rights (OCR) is the federal agency responsible for enforcing Title VI. OCR recognizes that covered entities vary in size, the number of LEP clients needing assistance, and the nature of the services provided. Accordingly, covered entities have some flexibility in how they address the needs of their LEP clients. (In other words, it is understood that one size language assistance program does not fit all covered entities.)

The **starting point** for covered entities to determine the extent of their obligation to provide LEP services is to apply a factor analysis to their organization. It is important to understand that the flexibility afforded in addressing the needs of LEP clients ***does not diminish*** the obligation covered entities have to address those needs.

Examples of practices that may violate Title VI include:

* Limiting participation in a program or activity due to a person’s limited English proficiency;
* Providing services to LEP persons that are more limited in scope or are lower in quality than those provided to other persons (such as then there is no qualified interpretation provided);
* Failing to inform LEP persons of the right to receive free interpreter services and/or requiring LEP persons to provide their own interpreter;
* Subjecting LEP persons to unreasonable delays in the delivery of services.

# Applicant STEP #1 – Individualized Assessment Using the below Analysis

The analysis helps an organization determine the right mix of services to provide to their LEP clients. The right mix of services is based upon an individualized assessment, involving the balancing of the following factors.

1. The **importance** or impact of the contact upon the lives of the person(s) served by the program, activity or service;
2. The **resources** available to the organization to provide effective language assistance.

# Important Items to Consider When Evaluating the Factors.

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| **Factor #1 The importance or impact of the contact upon the lives of the person(s) served by the program, activity or service.** |
| * The more important a recipient’s activity, program or service, or the greater the possible consequence of the contact to the LEP persons, the more likely language services are needed.
* When considering this factor, the recipient should determine both the importance, as well as the urgency of the service. For example, if the communication is both important and urgent (such as the need to communicate information about an emergency medical procedure), it is more likely that immediate language services are required. If the information to be communicated is important but not urgent (such as the need to communicate information about elective surgery, where delay will not have any adverse impact on the patient’s health), it is likely that language services are required,

but that such services can be delayed for a reasonable length of time. |
| **Factor #2 The resources available to the organization to provide effective****language assistance**. |
| * A recipient’s level of resources and the costs of providing language assistance services is another factor to consider in the analysis.
* Remember, however, that cost is merely one factor in the analysis. Level of resources and costs do not diminish the requirement to address the need, however they may be considered in determining how the need is addressed;
* Resources and cost issues can often be reduced, for example, by sharing language assistance materials and services among recipients. Therefore, recipients should carefully explore the most cost-effective means of delivering

quality language services prior to limiting services due to resource limitations. |

**Applicant STEP #2 - Required Questions Relating to Language Assistance Measures**

Taking into account the factor analysis, please answer the following questions in the six areas of the table below. (**Do not** attempt to answer the questions until you have completed the factor analysis.) The Department understands that your responses will depend on the outcome of the factor analysis. The requirement to provide language assistance does not vary, but the measures taken to provide the assistance will necessarily differ from organization to organization.

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| **1. IDENTIFICATION OF LEP PERSONS SERVED OR LIKELY TO BE****ENCOUNTERED IN YOUR PROGRAM** |
| 1. **Do you make an effort to identify LEP persons served in your program?**

(One way to identify LEP persons served in your program is to collect data on ethnicity, race, and/or preferred language.)1. **Do you make an effort to identify LEP persons likely to be encountered in the population eligible for your program or service?**

(One way to identify LEP persons likely to be encountered is by examining external data sources, such as Census data)1. **Does you make an effort to use data to identify new and emerging population or community needs?**
 | YesYesYes | NoNoNo |
| **2. NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE** |
| **Do you inform all applicants / clients of their right to receive language / communication assistance services at no cost?****(Or, do you have procedures in place to notify LEP applicants / clients of their right to receive assistance, if needed?)**Example: One way to notify clients about the availability of language assistance is through the use of an “I Speak” card. | Yes | No |
| **3. STAFF TRAINING** |
| **Do you provide training to personnel at all levels of your organization on federal civil rights laws compliance and the procedures for providing language assistance to LEP****persons, if needed?** | Yes | No |

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| **4. PROVISION OF LANGUAGE ASSISTANCE** |
| **Do you provide language assistance to LEP persons, free of charge, in a timely manner?****(Or, do you have procedures in place to provide language** | Yes | No |

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| **assistance to LEP persons, if needed)**In general, covered entities are required to provide two types of language assistance: (1) oral interpretation and (2) translation of written materials. Oral interpretation may be carried out by contracted in-person or remote interpreters, and/or bi-lingual staff. (Examples of written materials you may need to translate include vital documents such as consent forms and statements of rights.) |  |  |
| **5. ENSURING COMPETENCY OF INTERPRETERS USED IN PROGRAM AND THE ACCURACY OF TRANSLATED MATERIALS** |
| **a. Do you make effort to assess the language fluency of all interpreters used in your program to determine their level of competence in their specific field of service?**(Note: A way to fulfill this requirement is to use certified interpreters only.) | Yes | No |  |
| **b. As a general rule, does your organization avoid the use of family members, friends, and other untested individual to provide interpretation services?** | Yes | No |  |
| **c. Does your organization have a policy and procedure in place to handle client requests to use a family member, friend, or other untested individual to provide interpretation services?** | Yes | No |  |
| **d. Do you make an effort to verify the accuracy of any translated materials used in your program (or use only professionally certified translators)?**(Note: Depending on the outcome of the factor analysis, N/A (Not applicable) may be an acceptable response to this question. | Yes | No | N/A |
| **6. MONITORING OF SERVICES PROVIDED** |
| Does you make an effort to periodically evaluate the effectiveness ofany language assistance services provided, and make modifications, as needed? | Yes | No |
| If there is a designated staff member who carries out the evaluation function?If so, please provide the person’s title: | Yes | No |

By signing and submitting this attachment to RFP# , the Contractor affirms that it:

1.) Has completed the factor analysis as part of the process for creating its proposal, in response to the above referenced RFP.

2.) Understands that Title VI of the Civil Rights Act of 1964 requires the Contractor to take reasonable steps to ensure meaningful access to ***all*** LEP persons to all programs, services, and/or activities offered by my organization.

3.) Understands that, if selected, the Contractor will be required to submit a detailed description of the language assistance services it will provide to LEP persons to ensure meaningful access to programs and/or services, within 10 days of the date the contract is approved by Governor and Council.

Contractor/Vendor Signature Contractor’s Representative Name/Title

Contractor Name Date