

Behavioral Health Initiatives, Inc. abides by Title VI practices in recruitment efforts, hiring of staff, daily employment practices, and with our service recipients by providing equal opportunity and treatment to every individual.

All hiring, promotions, and service recipient assistance are not influenced in any manner by race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation or the presence of handicaps or disabilities.

Every staff member and service recipient is informed of Title VI policies/grievance procedures by written and verbal communication at the start of employment or services, as well as annually for staff.

## BEHAVIORAL HEALTH INITIATIVES

## Equal Employment Opportunity - Title VI

## POLICY #: PERS.D.7

**PURPOSE:** Behavioral Health Initiatives will maintain a policy of nondiscrimination with all employees and applicants for employment.

**POLICY:** Behavioral Health Initiatives will abide by the Civil Rights Act of 1964 and see to it that all employees and applicants for employment have equal treatment, rights and opportunities regardless of their race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation or the presence of handicaps or disabilities.

**PROCEDURES:**

All terms and conditions of employment with Behavioral Health Initiatives will be governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation or the presence of handicaps or disabilities.

All decisions made with respect to recruiting, hiring and promotions for all job qualifications will be made solely on individual qualifications related to the requirements of the position. Likewise, all other personnel matters such as compensations, benefits, transfers, reduction-in-force, recall, training, education and social/recreation programs will be administered free from any illegal discriminatory practices.

Behavioral Health Initiatives has designated the Office Coordinator as its Title VI Representative.

Applicants for employment will note "An Equal Opportunity Employer" clause on the Behavioral Health Initiatives' application, which states the applicant's rights under Title VI.

Any person may file a complaint if he/she believes he/she has had unfair or different treatment because of race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation or the presence of handicaps or disabilities. Complaints should be referred to the Title VI Representative.

The Title VI Representative will assist the complainant in the grievance procedure.

Behavioral Health Initiatives' staff are encouraged to address all staff members in a uniform manner without regard to race, color, age, religion, sex or national origin in both oral and written communications. The staff are encouraged to follow the common courtesy titles (Mr., Mrs., Ms., and Dr.). It is acceptable to use first names after a working relationship is established and is mutually acceptable with the person being addressed.

CODE: BHITVI

BOARD APPROVAL: 9-7-00 Revised: 09-23-03 (Executive Assistant to Office Coordinator)

BEHAVIORAL HEALTH INITIATIVES  
EMPLOYEE GRIEVANCES

**POLICY #: ADM.I.6**

**PURPOSE:** To assist employees in resolving and eliminating misunderstandings and problems at work in order to ensure the quality of the employment relationship and the quality of services to our customers.

**POLICY:** Any time an employee believes he or she is not being treated with respect or not being treated fairly or if an employee suspects that a mistake has been made in the administration of a policy, practice or condition of employment, the employee has the responsibility to inform management so that management can resolve the matter promptly and effectively.

**GENERAL:** Each of us, regardless of our position, will treat co-workers with respect and in a fair and just manner at all times.

Supervisors have the responsibility to address all question, concerns, problems or grievances raised by employees, no matter how insignificant or trivial they may seem. Supervisors have the responsibility to investigate such matters and to give responses to employees as quickly as possible.

Behavioral Health Initiatives, Inc. will not tolerate any retaliation against an employee who uses this problem resolution procedure. Any employee or member of management who retaliates against an employee for using this procedure will be subject to discipline, up to and including termination.

This problem resolution procedure policy is merely a guideline. Implementing this procedure does not in any way prevent, limit or delay Behavioral Health Initiatives' right to take disciplinary action, including immediate termination, without prior warning or notice to an employee, when Behavioral Health Initiatives, Inc. believes such action is appropriate.

A grievance is defined as an employee's expressed feeling of dissatisfaction concerning conditions of employment or treatment by management/administration, supervisors, or other employees. Examples of actions, which may be causes of grievances, include the following:

- A. Application of facility policies, practices, rules, regulations and procedures believed to be to the detriment of an employee;
- B. Treatment considered unfair by an employee, such as coercion, reprisal, harassment or intimidation;
- C. Alleged discrimination because of race, color, sex, age, religion, national origin, marital status, or any other non-merit factor and
- D. Improper or unfair administration of employee benefits or conditions of employment such as vacations, fringe benefits, promotions, retirement, holidays, performance review, salary or seniority.

Employees should be encouraged to use the grievance procedure and must not, under any circumstances, be penalized for doing so. Supervisors are responsible for ensuring that the grievance is fully processed until the employee is satisfied with the decision or until the employee's right to appeal is exhausted.

Time spent by aggrieved employees in grievance discussions with management during their normal working hours will be considered hours worked for pay purposes.

Administrative decisions on grievances will not be precedent setting or binding on future grievances unless they are officially stated as facility policy. Whenever possible, the decisions will be retroactive to the date of the employee's official complaint.

#### **PROCEDURES:**

An employee with a grievance must file the grievance as indicated within thirty days of the alleged occurrence or within thirty days of the employee becoming aware of the issue to be grieved. This allows sufficient time for employees who may be on leave at time of the occurrence to file a grievance when learning of the situation upon return to work.

The following procedures must be followed in order for due process to be served. If at any point the appropriate steps have not been followed, refusal to hear the issue can occur.

1. Whenever an employee believes he/she has a work related problem, the individual should try to work the issue out with the involved parties. Every effort should be made to resolve differences informally.
2. However, when an employee believes that the problem has not or cannot be resolved by this method, the employee should bring the matter to the attention of his/her supervisor in memo form, even if the grievance is against the supervisor, with documentation of the issues and conciliatory attempts already made. Courtesy copies shall be sent to all involved parties. It is the responsibility of the supervisor to investigate the grievance, to attempt to resolve the grievance, and to communicate in writing a decision to the employee within ten working days. Courtesy copies of the decision shall be forwarded to all involved parties.
3. If the aggrieved employee is not satisfied with the supervisor's decision, he/she will be permitted to appeal to the next level of supervision in writing. Previous written correspondence regarding the matter must accompany the employee's appeal to the next level.

The Executive Director will discuss the matter with the employee and the supervisor, and will make a decision concerning the grievance within ten working days. The Executive Director's decision will be noted in writing and the reason for the decision. Courtesy copies will be sent to all parties.

4. If the aggrieved employee is not satisfied with the Executive Director's decision, he/she will be permitted to appeal to the President of the Board of Directors in writing with all previous correspondence included. The President of the Board or his/her designee will discuss the matter with the employee after reviewing the grievance, the facts as recorded, and the decisions of the supervisor and/or Executive Director. A final decision will be communicated to the

employee within ten working days, and recorded in writing, with courtesy copies to involved parties.

5. In situations involving severe penalties, termination, or alleged discrimination, an aggrieved employee who is dissatisfied with the administration's decision, as reached through the aforementioned grievance procedure, may appeal within ten days of the decision in writing to the Officers of the Board of Directors of Behavioral Health Initiatives, Inc. The appeal is to be sent to the Officers of the Board in care of the President of the Board of Directors who will forward it to the appropriate members. The Officers have the discretion of requesting the presence of the aggrieved party and others involved in the issue or process, or reviewing the written documentation and rendering a decision based upon information already gathered.

The review by the Officers of the Board may take up to thirty days but efforts will be made to render a decision within a much shorter period of time. The decision of the Officers of the Board of Directors is binding on all parties.

A written decision will be filed in the employee's personnel file and a copy will be provided to the aggrieved party and others involved. Any appropriate follow-up will be administered through the Executive Director's office.

**CODE: BHIEMPLGREV**  
**BOARD APPROVAL: 09-07-00**

*Revised: 9-15-05*

**BEHAVIORAL HEALTH INITIATIVES  
EMPLOYEE GRIEVANCES**

48F

**POLICY #: ADML.6**

**PURPOSE:** To assist employees in resolving and eliminating misunderstandings and problems at work in order to ensure the quality of the employment relationship and the quality of services to our customers.

**POLICY:** Any time an employee believes he or she is not being treated with respect or not being treated fairly or if an employee suspects that a mistake has been made in the administration of a policy, practice or condition of employment, the employee has the responsibility to inform management so that management can resolve the matter promptly and effectively.

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*Retaliation Policy*

This problem resolution procedure policy is merely a guideline. Implementing this procedure does not in any way prevent, limit or delay Behavioral Health Initiatives' right to take disciplinary action, including immediate termination, without prior warning or notice to an employee, when Behavioral Health Initiatives, Inc. believes such action is appropriate.

A grievance is defined as an employee's expressed feeling of dissatisfaction concerning conditions of employment or treatment by management/administration, supervisors, or other employees. Examples of actions, which may be causes of grievances, include the following:

- A. Application of facility policies, practices, rules, regulations and procedures believed to be to the detriment of an employee;
- B. Treatment considered unfair by an employee, such as coercion, reprisal, harassment or intimidation;
- C. Alleged discrimination because of race, color, sex, age, religion, national origin, marital status, or any other non-merit factor and
- D. Improper or unfair administration of employee benefits or conditions of employment such as vacations, fringe benefits, promotions, retirement, holidays, performance review, salary or seniority.



## How to Connect to AVAZA Language Services

In the event that you need an interpreter, we have created a simple process to contact us. However before beginning, here are the ground rules:

- Interpreting is the conversion of language orally.
- Translating is the conversion of language on documents.
- LEP (Limited English Proficiency) is a person described as being unable to communicate effectively, in this case, English.

Here is how you can access our services. This can be done in many ways:

1. When the LEP person is present at your location.
  - a. If the LEP person is present with at your location, dial the assigned AVAZA number.
  - b. Be ready to provide your access code, your name, and the language that you are requesting.
  - c. Provide the information above and you will be connected to an interpreter.
2. When the LEP person is on the telephone with you.
  - a. If the LEP is on the telephone with you, place them on hold and dial the assigned AVAZA number.
  - b. Be ready to provide your access code, your name, and the language that you are requesting.
  - c. Provide the information above and you will be connected to an interpreter.
  - d. Once you have the interpreter on the line, conference in the LEP, yourself and the interpreter. If you do not know how to use your conferencing feature on your telephone, please contact your telephony administrator.
3. When you need to contact the LEP and conference in the interpreter.
  - a. If you need to contact the LEP person at home, dial the assigned AVAZA number.
  - b. Be ready to provide your access code, your name, and the language that you are requesting.
  - c. Indicate that you need to perform a "call out" (understand that you must have the LEP person's contact number).
  - d. Provide the LEP person's contact number and our agents will call that number and conference in all parties.

Here are your corresponding numbers for AVAZA Language Services for the various regions in the state of Tennessee:

### NUMBERS TO DIAL TO ACCESS AN AVAZA INTERPRETER

(615) 534-3405 -- Nashville  
(901) 257-3190 -- Memphis  
(865) 342-7788 -- Knoxville area  
(781) 410-2911 -- Jackson area  
(931) 472-0446 -- Clarksville area  
(423) 424-0950 -- Chattanooga area

If you have any questions or concerns, please contact us:

Katherine Rebolledo, Senior State Manager  
[k.rebolledo@avaza.co](mailto:k.rebolledo@avaza.co)  
(615) 534-3404

Melanie Velazquez, Senior State Manager  
[m.velazquez@avaza.co](mailto:m.velazquez@avaza.co)  
(615) 534-3403



**Avaza Language Services Corp.**  
5209 Linbar Dr. Suite 603  
Nashville, TN 37211  
[www.avaza.co](http://www.avaza.co)

tel: 615.534.3400  
fax: 615.810.8506  
800.482.8292

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### Behavioral Health Initiatives **Title VI (6) Coordinator's Duties**

Behavioral Health Initiatives will designate Laura Moss as the Title VI Coordinator for the entire agency. The (office coordinator, Laura Moss) will be responsible for civil rights compliance with Federal and State regulations at their agency. The duties of the Title VI Coordinator are as follows:

1. Ensuring all new employees and volunteers receive Title VI training during new employee orientation;
2. Conducting annual Civil Rights In-Service training for all employees and volunteers;
3. Ensuring procedures are in place to inform clients of their rights under Title VI;
4. Displaying and distributing Title VI posters and brochures (in English and other languages);
5. Conducting internal monitoring activities to ensure staff and volunteer compliance with Title VI;
6. Maintaining a complaint log and conducting investigations when necessary;
7. Submission of the annual Title VI Self-survey report and other required documents to the Department of Mental Health and Substance Abuse Services in a timely manner; and
8. Other duties as necessary to ensure agency compliance with Title VI regulations.

All training will be done using a PowerPoint presentation and a testing procedure for all new employees/volunteers and as a refresher course annually for all employees/volunteers. A training roster will be provided to the appropriate departments upon request.

Policy and Procedure No. \_\_\_\_PERS.11.7\_\_\_\_

Authority Signature\_\_\_\_\_

Stephenie Robb, Executive Director

Date\_\_\_\_\_

**Title VI Training Program**  
**for**  
**Agency Employees and Volunteers**

During New Employee/Volunteer Orientation, Behavioral Health Initiatives Title VI Coordinator discusses Title VI compliance with each new staff and volunteer member. They are given a copy of the discrimination policy and information on how to file a complaint; including addresses and phone numbers of the agencies they can contact to file a complaint. They are directed to where the posters and brochures are located in the agency. They are required to take the Title VI initial training through a testing procedure and make a passing score of 80% or more within 60 days of hire. A copy of their score is kept in their training file and personnel record.

Annually, each employee and volunteer is required to take the refresher Title VI course through a PowerPoint presentation and a Title VI testing procedure. A copy of their passing score (80% or higher) is kept in their training file and personnel record.

Each employee and volunteer can, at any time, request information or ask questions about Title VI from the Behavioral Health Initiatives Title VI Coordinator at 731-668-6886.

Policy and Procedure No. PERS.11.7

Authority Signature\_\_\_\_\_

Stephenie Robb, Executive Director

Date\_\_\_\_\_

( BEHAVIORAL HEALTH INITIATIVES )  
REPORT OF INVESTIGATION

I, Laura Moss, representing Behavioral Health Initiatives

Have investigated the complaint filed on \_\_\_\_\_ by  
Date

\_\_\_\_\_(Complainant's Printed Name)\_\_\_\_\_ alleging that discrimination occurred  
which was in violation of the provisions of Title VI of the Civil Rights Act, 1964.

The results of the investigation were as follows:

- A. Behavioral Health Initiatives or person was found to be in violation of Title VI.
- B. Behavioral Health Initiatives or person was not found to be in violation of Title VI.
- C. The person with the Title VI complaint withdrew the complaint using  
Form "D".

\*A copy of the investigative report is attached.

NOTE: If Behavioral Health Initiatives or person was found to be in violation of  
Title VI, Describe the remedial action taken by the Behavioral Health Initiatives  
to assure future compliance:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Civil Rights Coordinator

Behavioral Health Initiatives

REPORT OF INVESTIGATION

I, \_\_\_\_\_, representing \_\_\_\_\_  
Laura Moss Behavioral Health Initiatives

Have investigated the complaint filed on \_\_\_\_\_ by  
Date

\_\_\_\_\_ alleging that discrimination occurred which  
was in violation of the provisions of Title VI of the Civil Rights Act, 1964.

The results of the investigation were as follows:

- A. The agency or person was found to be in violation of Title VI.
- B. The agency or person was not found to be in violation of Title VI.
- C. The person with the Title VI complaint withdrew the complaint using  
Form "D".

\*A copy of the investigative report is attached.

NOTE: If the agency or person was found to be in violation of Title VI,

Describe the remedial action taken by the agency to assure future compliance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Laura Moss

(Provider-AGENCY LETTERHEAD)

(DATE)

NAME (Complainant)  
ADDRESS (Complainant)

Re: COMPLAINT

Dear (COMPLAINANT),

Your complaint was received by (Provider-AGENCY) Title VI Compliance Office on (DATE) and the complaint against was accepted for investigation. Title VI of the Human Rights Act forbids discrimination on the basis of race, color, or national origin in programs or services receiving both federal and/or Tennessee state financial assistance.

In your complaint, you alleged that (SUMMARY OF THE ALLEGATIONS and specific to discrimination based upon race, color or national origin).

The Investigation revealed that (SUMMARY OF WHAT WAS FOUND and specific to discrimination based upon race, color or national origin).

It is therefore our determination that the evidence (does not) indicate a violation of Title VI on the basis of (race, color or national origin).

The (Provider-Agency) determination will thus conclude the investigation process.

If you are not satisfied with our decision:

You may file a written request for reconsideration or appeal, within 15 days of this letter, to (name of provider agency Title VI Compliance Director) at (agency name), or

You may send a written request for reconsideration, stating specifically the grounds on which it is based and being filed within 30 days of the receipt of this notice, to Ms. Beverly L. Watts, Executive Director, Tennessee Human Rights Commission (THRC), 312 Rosa L Parks Ave, 23rd floor, Nashville, TN 37243, or

You can appeal to the U.S. Department of Justice, Civil Rights Division, Coordination and Review Section, SE, 950 Pennsylvania Avenue N.W., Washington, D.C. 20530.

If you have any additional questions or concerns, you may contact this office at (address), (phone number).

Sincerely,

(Signature)  
(Printed Name of signature)  
(Provider AGENCY) Title VI Compliance Director

CC: Gwen Hamer, TDMHSAS  
Ken Horvath, TDMHSAS  
(et.al)

KH 12022016

COMPLAINT UNDER CIVIL RIGHTS ACT OF  
1964

Date: \_\_\_\_\_

TO: ( AGENCY NAME )  
\_\_\_\_\_

I, \_\_\_\_\_, hereby file an official complaint against  
Name of Person with Title VI complaint

\_\_\_\_\_  
Name of Person and/or Agency

located at: \_\_\_\_\_

Complainant's Name (please print):  
\_\_\_\_\_

Complainant's Address (please print):  
\_\_\_\_\_  
\_\_\_\_\_

Basis of complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of alleged discrimination: \_\_\_\_\_

Complaint's Signature: \_\_\_\_\_

\*\*\*\*\*

Upon completion, this form should immediately be Forwarded to (Agency), Title VI Coordinator

\*\*\*\*\*

Complaint Received on: (Date)

Agency T-VI Coordinator's: Name & Signature



48A

Tennessee Department of Mental Health and Substance Abuse Services  
Division of Clinical Leadership  
11<sup>th</sup> Floor, Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville, TN 37243

## Title VI Unfair Treatment Complaint

Federal laws state that recipients of Federal financial assistance, including state departments and the entities in which state departments distribute financial assistance should not discriminate on the grounds of race, color, national origin, sex, age, beliefs or disability.

If you feel you have been treated unfairly for any of these reasons, you have the right to file a formal complaint. Complete the following information so that your complaint may be processed:

1. Are you filing this complaint for yourself? ☐ Yes ☐ No

If yes, go to question number 2.

If no, tell us your name: \_\_\_\_\_

Give us a phone number where we can reach you: (\_\_\_\_\_) \_\_\_\_\_

2. What is the name of the person you feel was treated unfairly?

Name of Person You Feel Was Treated Unfairly		Date of Birth	
_____		____ / ____ / ____	
Last	First	Month	Day
Middle Initial		Year	
Full Mailing Address:			
_____			
Street Number and Name, Rural Route, Apartment Number, Lot Number, PO Box, etc.			
City:	State:	Zip:	Daytime Phone ( )
			Evening Phone ( )

MH-5479

RDA-SW05

**3. Who do you think treated this person unfairly?**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - or - (\_\_\_\_) \_\_\_\_\_

**4. Give us facts about the unfair treatment.**

Check the box or boxes that you think were the reason for the unfair treatment.

Race ☐ Color ☐ Birthplace ☐ Language spoken ☐ Sex ☐  
Religion ☐ Beliefs ☐ Age ☐ Disability ☐

What date did the unfair treatment take place?  
\_\_\_\_\_

Do you think it has happened other times? ☐ Yes ☐ No If yes, how many other times? \_\_\_\_\_

Have you complained about this problem before and tried to have it stopped? ☐ Yes ☐ No  
If yes, who have you talked to about it? Name: \_\_\_\_\_

When did you talk to them about it? \_\_\_\_\_

Have you filed this complaint with another federal, state, or local agency? ☐ Yes ☐ No

Have you filed this complaint with any federal or state court? ☐ Yes ☐ No

If yes, check all that apply. Federal agency ☐ Federal court ☐  
State agency ☐ State court ☐ Local agency ☐

If yes, tell us the name of the contact person at the agency/court where you filed the complaint.

Name \_\_\_\_\_

Agency/Court Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

**5. In your own words, tell us what happened. You can attach more pages if you need them.**



**Please sign below. Attach any other information that you think will be helpful.**

Sign here. X \_\_\_\_\_ Date: \_\_\_\_\_

If you filled out this page for someone else, sign here. X \_\_\_\_\_  
 (If you're not the complainant, and someone else is filing this complaint, you don't have to sign.)

**Print your name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail these pages to:**

**Att: Gwen Hamer**  
**TDMHSA5, Division of Clinical Leadership**  
**11<sup>th</sup>, Andrew Johnson Tower**  
**710 James Robertson Parkway**  
**Nashville, TN 37243**

**If you have questions, please call 615-532-6510 for help.**

**To get help in another language, call one of these numbers:**

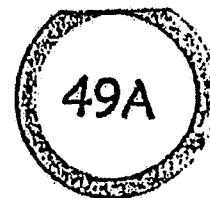
Language	Toll Free Number	Nashville Number
Arabic	1-877-652-3046	313-9840
Bosnian	1-877-652-3069	313-9382
Kurdish-Badinani	1-877-652-3046	313-9840
Kurdish-Sorani	1-877-652-3046	313-9840
Somali	1-877-652-3054	313-9894
Spanish	1-800-254-7568	227-7568
Vietnamese	1-800-269-4901	313-9899

TDMHSAS does not support unfair treatment based on race, color, language spoken, sex, religion, beliefs, handicap/disability or age.



Pursuant to the State of Tennessee's policy of non-discrimination, the Department of Mental Health and Developmental Disabilities does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military services in its policies, or in the employment in, its program, service or activities.

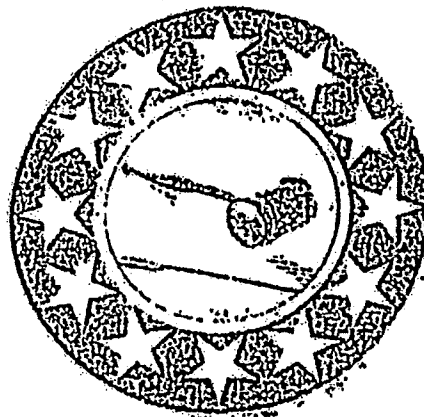
The Tennessee Department of Mental Health and Developmental Disabilities is committed to principles of equal opportunity, equal access and affirmative action. Contact the department's EEO/AA Coordinator at (615) 532-6580 or the Title VI Coordinator at 1-800-560-5767.




EQUAL OPPORTUNITY  
Is the

**LAW**

in  
**TENNESSEE**



**Tennessee Department  
of Mental Health and  
Developmental Disabilities**

 Department of Mental Health and Developmental Disabilities. Authorization #000000, 000 copies. Month 2000. This public document was promulgated at a cost of \$5.00 per copy.

**T**he Civil Rights Act of 1964 was passed to ensure the people of the United States equal treatment, rights and opportunities regardless of race, color, or national origin. Title VI of that Act prohibits discrimination in federally funded programs.



**"No person in the United States shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."**

Included under National Origin is discrimination based on a person's inability to speak, read, write, or understand English. Persons whose primary language is not English can be Limited English Proficient or "LEP." These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter.

All programs and operations of entities that receive assistance from the federal government must comply.

It is important that all applicants and recipients of services know about their rights under the law, and that employees of the Department of Mental Health and Developmental Disabilities as well as other agencies, organizations, institutions, and contractors providing services with state support understand what the law requires.

The Department of Mental Health and Developmental Disabilities requires a statement of compliance with the Civil Rights Act before entering into a contract or other agreement with any vendor for the purchase of care, services, or other benefits on behalf of persons served by the programs of the Department of Mental Health and Developmental Disabilities.

**Any person who applies for or receives any benefit or service provided by the Department of Mental Health and Developmental Disabilities may file a complaint if he or she has had unfair or different treatment because of race, color, or national origin.**

Complaints must be filed in writing with the Title VI representative of the location of the alleged discrimination or with the appropriate regional or central office of the Department of Mental Health and Developmental Disabilities or with the Office of Civil Rights, 101 Marietta Tower, Suite 2706, Atlanta, Georgia 30323.

**The Department of Mental Health and Developmental Disabilities does not, because of race, color, or national origin;**

**— Deny any individual any services, opportunity, or other benefit for which he is otherwise qualified;**

**— Provide any individual with any service, or other benefit, which is different or is provided in a different manner from that which is provided to others under the program;**

**— Subject any individual to segregated or separate treatment in any manner related to his receipt of service;**

**— Restrict an individual in any way in the employment of services, facilities or any other advantage, privilege or other benefit provided to others under the program;**

**— Adopt methods of administration which would limit participation by any group of recipients or subject them to discrimination;**

**— Address an individual in a manner that denotes inferiority because of race, color, or national origin.**

**For further information, contact the Title VI Coordinator at:**

Department of Mental Health and  
Developmental Disabilities  
5th Floor, Cordell Hull Building  
425 Fifth Avenue North  
Nashville, Tennessee 37243



# LA LEY ESTABLECE LA IGUALDAD DE OPORTUNIDADES

50A

El Título VI del Decreto de Derechos Civiles de 1964 prohíbe que los programas que reciben ayuda del gobierno federal discriminen en base a raza, color u origen nacional.

El Departamento de Salud Mental e Invalidez en Desarrollo del Estado de Tennessee, también requiere que sus servicios sean ofrecidos a todas las personas elegibles, sin distinción de raza, color u origen nacional.

Si usted considera que ha sido víctima de actos de discriminación, póngase en contacto con su representante local del Título VI que

**Office Coordinator**

**BHI Administration**  
(localidad) **Office**

**731-668-6886**  
(número de teléfono)



Tennessee Department of Mental Health & Developmental Disabilities. Authorization No. 339397, 500 copies, May 2001. This public document was promulgated at a cost of \$.31 per copy.

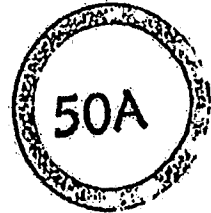
## Las Prácticas Prohibidas incluyen lo siguiente:

- Negar servicios como consecuencia de raza, color u origen nacional.
- La aplicación de diferentes normas para el mismo tipo de servicio.
- La segregación de clientes como consecuencia de su raza, color u origen nacional.
- Rehúsar la aplicación de privilegios similares a clientes o miembros del personal.
- La violación de la dignidad humana mediante la forma en que el individuo sea tratado o la manera en que se dirijan a él.
- La negativa de ser flexibles ante dificultades idiomáticas o educacionales.

## Se Prohibe la Discriminación

**BEHAVIORAL HEALTH INITIATIVES, INC.**

**SERVICES TO DIVERSE POPULATIONS**



**POLICY #: SERV III.10**

**PURPOSE:** To provide services and information in appropriate languages other than English in order to ensure that Limited English Proficiency persons are effectively informed and can effectively participate and benefit from programs.

**POLICY:** The provision of culturally appropriate services which are responsive to the linguistic, cultural, and communication needs of the populations in the service area will be developed and utilized by BHI Staff.

**PROCEDURES:**

1. For persons whose language is different from normally spoken English, interpreter services, family member or friend will be requested to participate in the services provided.
2. A list of interpretive services will be provided to the crisis dispatch and other staff as needed.

Language Line (Foreign Dialects) 1-800-744-4344 or 1-800-523-1786  
Hearing Impaired (Deaf Clients) 1-800-342-3622

**CODE: BHIDIVPOP**

**BOARD APPROVED: June 22, 2004**

**E**l Decreto de Derechos Civiles de 1964 fue aprobado para asegurar un trato de igualdad, los derechos y oportunidades a los habitantes de los Estados Unidos, sin distinción de raza, color o de origen nacional. El Título VI del Decreto prohíbe la discriminación en los programas financiados por el gobierno federal.



**"Ninguna persona habrá de ser excluida en los Estados Unidos, como consecuencia de su raza, color o por su origen nacional, de ningún tipo de participación, ni se le negarán los beneficios, ni será sujeta a discriminación bajo ningún programa o actividad que reciba ayuda financiera federal."**

Incluido bajo el Origen Nacional está la discriminación basada en la inhabilidad de la persona para hablar, leer, escribir y entender el Inglés. Las personas cuyo primer idioma no es el Inglés, podrían clasificarse como Limitación en la Proficiencia del Idioma Inglés o "LEP". Estos individuos podrían tener derecho a ser asistidos en el lenguaje con respecto a un tipo particular de servicio, beneficio u otra ayuda. Todos los programas o entidades que reciben fondos del gobierno federal tienen que cumplir con este requisito.

Es importante que todos los solicitantes, así como los que reciban servicios, estén enterados sobre sus derechos, de acuerdo con las especificaciones de la ley, y que los empleados del Departamento de Salud Mental e Invalidez en Desarrollo, del mismo modo que los de otras agencias, organizaciones, instituciones, así como de organismos que provean sus servicios con la patrocinación del Estado, comprendan lo que requiere la ley.

El Departamento de Salud Mental e Invalidez en Desarrollo requiere la presentación de una declaración de aceptación y cumplimiento del Decreto de Derechos Civiles, antes de formalizar un contrato o cualquier otro tipo de acuerdo con

cualquier proveedor, para la adquisición de cuidados, servicios u otros beneficios a nombre de personas beneficiadas por los programas del Departamento de Salud Mental e Invalidez en Desarrollo.

**Cualquier persona que solicite o reciba cualquier beneficio o servicio provisto por el Departamento de Salud Mental e Invalidez en Desarrollo, podrá presentar una demanda, en el caso de que esta persona haya recibido un trato injusto o diferente como consecuencia de su raza, color o su origen nacional.**

**El Departamento de Salud Mental y Discapacidad de Desarrollo, como consecuencia de la raza, color u origen nacional de cualquier persona:**

■ No le niega a ninguna persona ningún servicio, oportunidad, o cualquier otro beneficio por el que de otra forma la persona cualifique;

■ No provee a ningún individuo con otro servicio u otro beneficio del cual es provisto a otros individuos bajo el mismo programa;

■ No obliga a ningún individuo a aceptar tratamiento segregado o separado, de ninguna forma, con respecto a su derecho a recibir el servicio;

■ No restringe a ningún individuo ni en ninguna forma, en el empleo de servicios, instalaciones o ningún otro tipo de ventajas, privilegios u otros beneficios provistos a otras personas, bajo el mismo programa;

■ No adopta métodos de administración que pudieran limitar la participación de cualquier grupo de recipientes, o someterles a ningún tipo de discriminación;

■ No trata a ningún individuo de manera que denote inferioridad debido a su raza, color u origen nacional.