

Henderson Behavioral Health



Title VI Program

Date Adopted: June 21, 2023



Title VI Program Activity Log

Title VI Program Activity Log


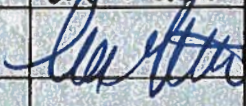
Date	Activity (Review/Update/Addendum/ Adoption/Distribution)	Concerned Person (Signature)	Remarks
4/15/2022	Annual CARF Review		No changes
6/21/23	FDOT Triennial Review		Required updates completed

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1.0 Title VI/Nondiscrimination Policy Statement and Management Commitment to Title VI Program

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].

Henderson 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.

Henderson 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 general public. Such information shall be published where appropriate in language other than English.
3. Insert the clauses of Section 4.5 of this program into every contract subject to the Acts and the Regulations.
4. Develop a complaint process and attempt to resolve complaints of discrimination against **Henderson 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 program)

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.

Respectfully,



Dr. Steven Ronik, CEO, Henderson Behavioral Health 6/21/2023

2.0 Introduction & Description of Services

Henderson Behavioral Health submits this Title VI Program in compliance with Title VI of the Civil Rights Act of 1964, 49 CFR Part 21, and the guidelines of FTA Circular 4702.1B, published October 1, 2012.

Henderson Behavioral Health is a sub-recipient of FTA funds and provides service in Broward county, District IV.

The mission of Henderson Behavioral Health, a private non-for-profit organization is to be the premier provider of accessible, cost-effective and quality behavioral health services to the people of South Florida in order to promote their mental health and well-being. We offer a continuum of evidence-based, clinical programs and community-based services that empower persons of all ages to live and succeed in their communities. Last year we provided services to over 28,000 individuals including medication education/management; individual, group and family therapy; psychiatric and nursing assessments and treatment; crisis intervention; substance abuse/use and co-occurring treatment; case management; foster care; transitional housing for youth aging out of foster care; permanent, supportive, and emergency housing; peer and family support groups; primary healthcare; university student counseling services; veterans programs; and homeless services. We also provide mobile crisis services, a walk-in crisis center, a crisis stabilization unit for patients admitted under a Baker Act and a central receiving center for law enforcement to bring those they suspect of a behavioral health disorder. Our objective is to support persons of all ages, providing them with the maximum opportunity for recovery, independence, and to attain the highest quality of life.

For over 67 years, we continue to design and add innovative programs and services to address the specific needs and challenges of our clients, many of whom suffer with mental health disorders like Major Depression, Anxiety, Bi-Polar Manic/Depressive Disorder, Schizophrenia, Affective Disorder and Obsessive-Compulsive Disorder (OCD) and/or a co-occurring substance use disorder.

Our overall organizational program goals are to:

- *Keep clients safe from harm
- *Improve clients' level of social and emotional functioning
- *Ensure the provision of quality services to meet clients' physical and behavioral health needs
- *Assist clients in resolving crises, and
- *Promote self-sufficiency.

Specifically, our transportation program goal is to provide safe, reliable transportation services to mentally ill clients who cannot utilize public transportation.

Of those served, 77.2% were adults and 22.8% children/youth 0-18 years of age. The age range is 0 to over 65, from pregnant women in our Healthy Start program to seniors in many programs. 44% were indigent and 27% had incomes at or below the federal poverty guideline. The racial breakdown of individuals served at Henderson last year was, 49% White, 42% Black, 8% Hispanic and Latino, 1% Asian; 54% are female and 46% male.

Henderson Behavioral Health employees approximately 750 individuals. Outpatient services are provided 8-5 Monday-Friday, while residential and inpatient services are 24 hours.

Henderson Behavioral Health (HBH) has a well-defined organizational structure designed to enhance the flow of communication from all stakeholders, consumers and staff members. The process by which information is generated and disseminated is based on formal reporting mechanisms, committees/staff meetings minutes, reports and memoranda. The Organizational Chart demonstrates the basic structure of the organization and how the departments and staff interface in the process of decision-making and policy initiatives. The flow of information demonstrates the accessibility of the leadership of the organization to stakeholders and staff members. The Leadership Team consists of the Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Information Officer, Medical Director, Director of Administration, Director of Development, Director of Human Resources, Director of Quality Management and Executive Assistant to the CEO. Each member of the Team has a significant role in the operations of HBH and discusses all aspects of the organization's operations. The Chief Operating Officer (COO) directly supervises the Directors from Crisis Services, Centralized Receiving Services, Central Branch, New Vistas Branch, South Branch, Student Counseling Services, Director of Community Support, Director of Homeless and Residential Services and the Youth and Family Services. These Directors oversee all clinical operations for HBH with coordination and consultation from the Medical Director and psychiatrists.

HBH has a comprehensive Safety Program (see attached Safety Program Plan). This plan ensures that HBH follows the Occupational Health and Safety Act of 1970 (OSHA) requires employers subject to the act to provide their employees with a safe and healthful workplace. In addition, the Department of Labor and Employment Security Division of Workers Compensation sets forth requirements for employers' safety programs, safety consultation services, and various other program elements for employer's subject to the Florida Workers' Compensation law. Finally, the State of Florida has mandates regarding safety in the workplace. HBH's Safety Program was developed in accord with the aforementioned legislative mandates and its own commitment to provide a safe, healthy environment for employees and persons served. This plan is reviewed annually. The plan includes New Employee Hiring Practices, Training Requirements, Safety Committee and Meeting descriptions, Infection Control Meetings, Emergency Response Meetings, Vehicular Task Force and Departmental Safety Meetings.

The Director of Administration, a member of the Leadership Team is responsible for Insurance the management of the transportation program. This position coordinate training efforts with the Staff Development Coordinator to ensure that the workforce receives the required training at new employee orientation and periodically throughout the year.

1. Who provides vehicle maintenance and record keeping?

Each HBH vehicle has its own file for purchase information, supplemented by any recall notices, annual registrations and proof of insurance. A separate notebook is kept for all repairs, separated by vehicle ID; and, a third file maintains all mileage logs by vehicle as those are reported quarterly to Broward County Paratransit. The Director of Administration and the Executive Assistant maintain these files at the main Administration building.

Each program that maintains HBH vehicles has an on-site program supervisor who is responsible for all aspects of maintaining and operating their vehicles in accordance with organizational policies and procedures. They may designate a staff member to collect and submit all required documentation to Administration each month, or as needed. Staff at each program also maintain copies of all vehicle repairs in each vehicle notebook. Repairs and maintenance are logged into in summary sheet for ease of identifying the next required maintenance, or to highlight a repetitive repair, should they arise.

2. Number of current transportation related employees.

HBH averages roughly two drivers for each vehicle owned by the organization. Currently we have 48 vehicles and 90 drivers authorized to drive. It is important to note that HBH drivers are also clinicians and deliver services to our clientele; driving is a part of their job functions.

3. Who will drive the vehicle, number of drivers, CDL certifications, etc.?

HBH has one vehicle that requires a CDL and we employ only one driver with that credential. All staff who drive HBH vehicles are required to attend semi-annual trainings conducted by HBH Management and/or outside Transportation Consultants provided by our insurance company.

4. A detailed description of service routes and ridership numbers.

Henderson Behavioral Health must designate a liaison for Title VI issues and complaints within the organization. The liaison is the focal point for Title VI implementation and monitoring of activities receiving federal financial assistance. Key responsibilities of the Title VI Liaison include:

- Maintain knowledge of Title VI requirements.
- Attend training on Title VI and other nondiscrimination authorities when offered by FDOT or any other regulatory agency.
- Disseminate Title VI information to the public including in languages other than English, when necessary.

- Develop a process to collect data related to race, gender, and national origin of service area population to ensure low income, minorities, and other underserved groups are included and not discriminated against.
- Implement procedures for the prompt processing of Title VI complaints.

Title VI Liaison

Henderson Behavioral Health

Linsley Hannah lhannah@hendersonbh.org

Risk Management Coordinator

954-777-1612

4740 North State Road 7, Lauderdale Lakes, FL 33319

Alternate Title VI Contact

FTA Circular 4702.1B, Chapter III, Paragraph 2: Every application for financial assistance from FTA must be accompanied by an assurance that the applicant will carry out the program in compliance with the Title VI regulations.

John Aquino jaquino@hendersonbh.org

Director of Administration

954-777-1653

4740 North State Road 7, Lauderdale Lakes, Fl. 33319

2.1 Annual Certifications and Assurances

In accordance with 49 CFR Section 21.7(a), every application for financial assistance from FTA must be accompanied by an assurance that the applicant will carry out the program in compliance with Title VI regulations. This requirement shall be fulfilled when the applicant/recipient submits its annual certifications and assurances. Primary recipients will collect Title VI assurances from sub-recipients prior to passing through FTA funds.

Henderson Behavioral Health will remain in compliance with this requirement by annual submission of certifications and assurances as required by FDOT and Broward County.

2.2 Title VI Program Concurrence and Adoption

This Title VI Program received FDOT concurrence on TBD. The Program was approved and adopted by **Henderson Behavioral Health's** Board of Directors during a meeting held on April 29, 2020. A copy of the meeting minutes and FDOT concurrence letter is included in Appendix B of this document.

FTA Circular 4702.1B, Chapter III, Paragraph 5: Title 49 CFR 21.9(d) requires recipients to provide information to the public regarding the recipient's obligations under DOT's Title VI regulations and apprise members of the public of the protections against discrimination afforded to them by Title VI.

3.0 Title VI Notice to the Public

3.1 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 Program. 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 in order to request additional information on the grantee's nondiscrimination obligations
- A description of the procedure members of the public should follow in order to file a discrimination complaint against the grantee

The following is **Henderson Behavioral Health** Title VI notice to the public:

Title VI Notice to the Public



Henderson Behavioral Health (HBH) 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.

For more information on HBH's civil rights program, and the procedure to file a complaint, contact 954-777-1612 or via email lhannah@hendersonbh.org ; or visit our Administrative Offices at 4740 North State Road 7, Suite 201, Lauderdale Lakes, FL 33319 or visit our website <http://www.hendersonbh.org/non-discrimination.php> If information is needed in another language, contact 954-777-1612 **and to obtain the form in Spanish or Creole.**

Notice to Public (Spanish)

Henderson Behavioral Health (HBH) opera sus programas y servicios sin distinción de raza, color y origen nacional, de conformidad con el Título VI de la Ley de Derechos Civiles. Cualquier persona que crea que él o ella ha sido agraviada por alguna práctica discriminatoria ilegal bajo el Título VI puede presentar una queja. Para obtener más información sobre el programa de derechos civiles de HBH y el procedimiento para presentar una queja, comuníquese al 954-777-1612 o envíe un correo electrónico a lhannah@hendersonbh.org o visite nuestras oficinas administrativas en 4740 North State Road 7, Suite 201, Lauderdale Lakes, FL 33319 o visite nuestro sitio web <http://www.hendersonbh.org/non-discrimination.php> Si necesita información en otro idioma, comuníquese con 954-777-1612

Notice to Public (French Creole)

Anons Pou Piblik La: Henderson Behavioral Health opere pwogram transpotasyon ak sevis li yo san gade sou ras, koule, ak peyi orijin moun konfomeman ak Tit VI nan Lwa Dwa Sil la. Nenpot moun ki kwe yo te fe yon pratik diskriminasyon ilegal kont li sou Tiv VI kapab depoze yon plen ak Henderson Behavioral Health.

Pou plis enfomasyon sou pwogram dwa sivil Henderson Behavioral Health la, ak pwosedi pou depoze yon plent, kontakte Risk Manager, Linsley Hannah nan (954) 777-1612 imel lhannah@hendersonbh.org oswa vizite biwo administratif nou nan 4740 N State Rd 7, Lauderdale Lakes, FL 33319 or www.hendersonbh.org.

Yon moun kap depoze yon plent kapab voye li direktman bay Depatman Edikasyon Florida. Pou fe sa depoze plent la ak Kodonatriss Distri 4 Tit VI Adrienne Brown nan adrienne.brown@dot.state.fl.us

3.2 Notice Posting Locations

The Notice to Public will be posted at many locations to apprise the public of **Henderson 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 **Henderson Behavioral Health's** office(s) and in all vehicles.

Henderson Behavioral Health notice to the public will be posted at the following locations:

Location Name	Address	City
Staff Bulletin Boards	At all HBH Locations	
5310 Vehicles		
Client Bulletin Boards	At All HBH Locations	

The Title VI notice and program information will also be provided on **Henderson Behavioral Health's** website at www.hendersonbh.org

FTA Circular 4702.1B, Chapter III, Paragraph 6: All recipients shall develop procedures for investigating and tracking Title VI complaints filed against them and make their procedures for filing a complaint available to member of the public.

4.0 Title VI Procedures and Compliance

4.1 Complaint Procedure

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by **Henderson Behavioral Health** may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. Complaints can also be submitted by completing the form and mailing for delivering to the Title VI coordinator. Henderson Behavioral Health investigates complaints received no more than 180 days after the alleged incident. Henderson Behavioral Health will only process complaints that are complete. To be considered complete, complainants must, at a minimum, include their name, contact information, date of alleged incident, and a description of the incident.

Once the complaint is received, the complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

Henderson Behavioral Health has ninety (90) days to investigate the Title VI complaint. If more information is needed to resolve the case, Henderson 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, Henderson 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 procedures and forms will be made available to the public through the posting at each service location and provided to clients in the orientation packet provided to them when they began services at Henderson. The forms are also available in other formats upon request.

4.2 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 (explain) _____		
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.				

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>		
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:

Henderson Behavioral Health Title VI Liaison – Linsley Hannah
4740 North State Road 7
Lauderdale Lakes, Fl. 33319

The complaint form must be provided in any languages spoken by the LEP population which meet the Safe Harbor threshold of 5% or 1,000 person criteria (See Section 7.1 Overview – Safe Harbor Threshold).

4.3 Record Retention and Reporting Policy

FTA requires that all direct and primary recipients document their compliance by submitting a Title VI Program to their FTA regional civil rights officer once every three (3) years. Henderson Behavioral Health will submit Title VI Programs to FDOT for concurrence on an annual basis or any time a major change in the Program occurs.

Compliance records and all Title VI related documents will be retained for a minimum of three (3) years and reported to FDOT annually.

5.0 Title VI Investigations, Complaints, and Lawsuits

FTA Circular 4702.1B, Chapter III, Paragraph 7: In order to comply with the reporting requirements of 49 CFR 21.9(b), FTA requires all recipients to prepare and maintain a list of any of the following that allege discrimination on the basis of race, color, or national origin: active investigations....; lawsuits, and complaints naming the recipient.

In accordance with 49 CFR 21.9(b), Henderson 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 Henderson 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 Program when it is submitted to FDOT.

Henderson 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.				

6.0 Public Participation Plan

FTA Circular 4702.1B, Chapter III, Paragraph 4.a.4: Every Title VI Program shall include the following information: A public participation plan that includes an outreach plan to engage minority and limited English proficient populations, as well as a summary of outreach efforts made since the last Title VI Program submission. A recipient's targeted public participation plan of minority populations may be part of efforts that extend more broadly to include constituencies that are traditionally underserved, such as people with disabilities, low-income populations, and others.

The Public Participation Plan (PPP) for **Henderson 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 **Henderson 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 **Henderson 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. **Henderson 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 **Henderson Behavioral Health**. The goals for this PPP include:

- **Inclusion and Diversity:** **Henderson Behavioral Health** will proactively reach out and engage low-income, minority, and LEP populations for the **Henderson Behavioral Health** service area 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/outreach 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: Henderson 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 **Henderson Behavioral Health**. **Henderson Behavioral Health** intends to achieve meaningful public participation by a variety of methods with respect to service and any changes to service.

Henderson Behavioral Health will conduct community meetings/outreach/health fairs as appropriate with passengers/clients, 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 also be able to call the **Henderson Behavioral Health** office at 954-777-1612 during its hours of operation. Feedback collected over the phone will be recorded and passed on to **Henderson 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 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.

Materials will be provided in English and any other language that meets the “safe harbor” criteria (spanish).

For community meetings and other important information, **Henderson Behavioral Health** will use a variety of means to make clients 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
- Other methods required by local or state laws or agreements

Public Hearing

Not Applicable.

LCB Meetings

Not applicable.

Current Outreach Efforts

The following is a list and short description of **Henderson Behavioral Health** recent, current, and planned outreach activities.

HBH participates in various community fairs, health fairs and public speaking engagements where we engage more than 5,000 people annually and share collateral materials and provide information about Henderson's services to attendees.

The HBH Training Department hosts various trainings, often with continuing education credits, to ensure our workforce and service professionals have the latest knowledge and best practices for delivering quality services to our population.

A special effort from our national trade association called Mental Health First Aid (MHFA), has taken off across the country and reached nearly 2 million trained as of mid-2020. This program has been compared to CPR and First Aid training, only for the mind and mental health conditions. Our four certified trainers reach at least 500 people annually. It is an amazing program to teach the general public the signs and symptoms and how to access help for those in mental health crisis; there are both an Adult and Youth track in MHFA.

HBH also hosts or participates in special fundraising events, community roundtable forums and many local service planning groups and needs assessments or other essential service committees.

HBH Leadership has memberships or chairs various stakeholder and provider meetings in order to address and advocate for the needs of our clientele in meaningful and effective ways.

HBH shall continue these efforts to educate, advocate and create a community dialog.

7.0 Language Assistance Plan

FTA Circular 4702.1B, Chapter III, Paragraph 9: Recipients shall take reasonable steps to ensure meaningful access to benefits, services, information, and other important portions of their programs and activities for individuals who are limited English proficient (LEP).

7.1 Overview

The first section in this document describes the purpose of the Language Assistance Plan (LAP). The second section in this document provides the four-factor Limited English Proficient (LEP) analysis used to identify LEP needs and assistance measures.

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. One critical concern addressed by Title VI is the language barrier that Limited English Proficiency (LEP) persons face with respect to accessing information about and using transit service. Transit operators must ensure that this group has adequate access to the agency's programs and activities, including public participation opportunities.

Executive Order 13166, titled "Improving Access to Services for Persons with Limited English Proficiency," forbids funding recipients from "restricting an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid, or other benefit under the program," or from "utilizing criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin, or have the effect of defeating or substantially impairing accomplishment of the objectives of the program as respects to individuals of a particular race, color, or national origin."

FTA Circular 4702.1B was developed by the Federal Transit Administration (FTA) and details the administrative and reporting requirements for recipients of FTA financial assistance to comply with Title VI and related executive orders including on LEP.

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.

The United States Department of Transportation (DOT) published guidance that directed its recipients to ensure meaningful access to the benefits, services, information, and other important portions of their programs and activities for LEP customers. **Henderson Behavioral Health's** language assistance plan (LAP) includes a four factor analysis and implementation plan that complies with the requirements of DOT LEP guidance.

7.2 Four Factor Analysis

The analysis provided in this report has been developed to identify LEP populations that may use **Henderson 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 or proportion of LEP persons in the service area who may be served or are likely to encounter **Henderson Behavioral Health's** program, activity or service.
2. The frequency with which LEP persons come in contact with **Henderson Behavioral Health's** program, activity or service.
3. The nature and importance of programs, activities or services provided by **Henderson Behavioral Health's** program, activity or service to the LEP population.
4. The resources available to **Henderson Behavioral Health's** program, activity or service and overall cost to provide LEP assistance.

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

Henderson Behavioral Health's service area does have LEP populations which qualify for the Safe Harbor Provision. As shown in Appendix C, **Hernderson Behavioral health** does have LEP groups which speak English less than "very well" which exceed either 5.0% or 1,000 person, Spanish speaking.

Of the 1,679,692 residents in the **Henderson Behavioral Health** service area District IV, Broward Ccounty, 150,154 (8.94%) residents describe themselves as speaking English less than "very well". Spanish speakers are the primary LEP persons likely to utilize Henderson Behavioral Health services. For the Henderson Behavioral Health service area, the American Community Survey of

the U.S. Census Bureau shows that among the area's population 62.16% speak English "very well" For groups who speak English "less than very well", 8.94% speak Spanish and 2.71% speak Creole.

Appendix C contains a table which lists the languages spoken at home by the ability to speak English for the population within the Henderson Behavioral Health service area. The following is a summary of Henderson Behavioral Health's Language Data Table:

Appendix C contains a table which lists the languages spoken at home by the ability to speak English for the population within the **Henderson Behavioral Health** service area. The following is a summary of **Henderson Behavioral Health's** Language Data Table:

Broward County Language Data Tables - US Census 2021 ACS 5 Year		
	Broward County	Percent of Population
Total Population	1,825,455	100.00%
Speak only English	1,043,888	57%
Spanish:	500,409	27%
Speak English "very well"	305,445	17%
Speak English less than "very well"	194,964	11%
French, Haitian, or Cajun:	129,945	7%
Speak English "very well"	78,095	4%
Speak English less than "very well"	51,850	3%

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.

Henderson 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 Spanish speaking clients lack English proficiency as described in the above table. Phone inquiries and staff survey feedback indicated that **Henderson Behavioral Health** drivers interact infrequently with LEP persons. The majority of these interactions have occurred with LEP persons who mainly spoke Spanish. Since April, 1991, when HBH's Vehicle Safety Program was created, we have not had any formal requests for translated documents; however, our multi-lingual staff are able to respond to questions at our various facilities and assist our clientele, as needed.

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

The transportation program at Henderson Behavioral Health transports known clients, specifically, those that attend the programs offered by the organization. If a client is not proficient in English, staff are notified and translation services are offered at no charge, to ensure that we can continue to provide these transportation services and the behavioral health services offered by the organization.

Factor 4: The Resources Available to the Recipient and Costs

Henderson Behavioral Health assessed its available resources that are currently being used, and those that could be used, to provide assistance to LEP populations. These resources include the following: Language Lines Translation services, interpreters and translated written materials. **Henderson Behavioral Health** provides a reasonable degree of services for LEP populations in its service area.

7.3 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.

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.

Henderson Behavioral Health has identified the number and proportion of LEP individuals within its service area using United States Census data (see Appendix C). As presented earlier, 62.12% of the service area population speaks English only. The largest non-English spoken language in the service area is Spanish (23.26%). Of those whose primary spoken language is Spanish, approximately 8.94% 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 2.71% of the service area population.

Henderson 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 **Henderson Behavioral Health** Meetings. This will assist **Henderson 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 **Henderson Behavioral Health** management to follow-up.
4. Vehicle operators and front-line staff will be surveyed on their experience concerning any contacts with LEP persons during the previous year.

Henderson Behavioral Health (HBH) has integrated systems into the functioning of the agency to assure services are provided in a culturally competent manner. Henderson Behavioral Health has designed a culturally sensitive system to accept and respect these variances and to utilize them as guiding principles in day-to-day service delivery, care planning and staff training.

To further assist the organization with implementing and practicing cultural competence, Henderson embraces and incorporates the principle that every individual served will have access to a clinician that is knowledgeable and sensitive to his or her customs, beliefs, values and language. This information is collected at intake, in that the primary language spoken is assessed and necessary accommodations are made to ensure that the language preferred is incorporated in the treatment process. This is also part of the transportation services provided.

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.

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

1. Provide bilingual staff at community events and outreach meetings.
2. Survey 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 vehicles. We already have the flashcards at all service locations.
4. 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.

Henderson Behavioral Health ensures that communication necessary to access behavioral healthcare services is provided without cost to all Persons Served, their Authorized Representatives, and their Companions who assist them with behavioral healthcare treatment, and who are Deaf, Hard-of- Hearing, or have Limited English Proficiency(LEP). The purpose of this auxiliary aids plan is to ensure that HBH is in compliance with the regulations implementing Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. These laws require health and human service providers that receive Federal financial assistance from the Department of Health and Human Services to provide notice to patients/residents, employees, and others of the availability of programs and services to all persons without regard to race, color, national origin, disability, or age. In addition, accommodations are made to ensure that Henderson will communicate to persons served in a meaningful manner in which the content is understood.

HBH maintains Auxiliary Aids Plan at each location that details the policies and procedures regarding all interpretation services, language line access and internal interpretation services. This plan is reviewed annually at a safety committee, managed by the Risk Management Coordinator and updated documents are distributed at that time. Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter. The Risk Management Coordinator serves as the Section 504 Coordinator and Title XI Coordinator to facilitate the provision of communication assistance for Persons Served, their Authorized Representatives, and their Companions who assist them with accessing behavioral healthcare treatment. All staff members are provided information at orientation identifying who the Title XI Coordinator is for the organization.

Henderson staff will promptly identify the language and communication needs of the LEP person. Records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the clinical documentation.

This includes maintaining an accurate and current list showing the name, language, and location of available bilingual staff with the Human Resources Department. Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret; obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person. Children and other clients/patients/residents will not be used to interpret, except when clinically indicated or in the event of an emergency, as approved by the supervisor.

All HBH locations have posters stating that interpretation for behavioral healthcare services is provided at no cost in the following three languages: English, Spanish, and Creole. In addition to these printed posters, this information is also included in the orientation packages that each person receives when they start services with all Henderson programs. These services are available to the population served at all times, in all programs.

The intake process also includes ascertaining from the client, their preferred language, so interpretation services can be arranged. This arrangement will be made with the client needing interpretation.

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.

In the case of **Henderson Behavioral Health**, the most important staff training is for direct service staff as well as drivers. A representative number of staff speak spanish to ensure that our workforce reflects the community we serve.

The following training will be provided to staff and drivers:

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

These are addressed annually with the civil rights training that we conduct via email.

All staff members are trained on the basic principles of the Cultural Competency at new employee orientation and annually, as well as Board of Directors orientation. The intent of the Cultural Competency training reaches beyond the awareness and cultural diversity of staff and consumers, and trains staff on how to provide clinically proficient services given the cultural diversity of the persons served. The training initially will provide the awareness that is necessary for staff to recognize how each staff members personal diversity impacts and enhances the organization. Internal and external resources are accessed based on the clinical needs of each program. The Staff Development department works collaboratively with the various HBH clinical programs to provide these clinical training programs. These training activities are extended to administrative and leadership staff as needed.

Element 4: Providing Notice to LEP Persons

Henderson 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 also posted in **Henderson Behavioral Health** office lobby and on vehicles. 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.

Henderson Behavioral Health ensures that communication necessary to access behavioral healthcare services is provided without cost to all Persons Served, their Authorized Representatives, and their Companions who assist them with behavioral healthcare treatment, and who are Deaf, Hard-of- Hearing, or have Limited English Proficiency(LEP). The purpose of this auxiliary aids plan is to ensure that HBH is in compliance with the regulations implementing Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. These laws require health and human service providers that receive Federal financial assistance from the Department of Health and Human Services to provide notice to patients/residents, employees, and others of the availability of programs and services to all persons without regard to race, color, national origin, disability, or age. In addition, accommodations are made to ensure that Henderson will communicate to persons served in a meaningful manner in which the content is understood.

HBH maintains Auxiliary Aids Plan at each location that details the policies and procedures regarding all interpretation services, language line access and internal interpretation services. This plan is reviewed annually at a safety committee, managed by the Risk Management Coordinator and updated documents are distributed at that time. Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter. The Risk Management Coordinator serves as the Section 504 Coordinator and Title XI Coordinator to facilitate the provision of communication assistance for Persons Served, their Authorized Representatives, and their Companions who assist them with accessing behavioral healthcare treatment.

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The intake process also includes ascertaining from the client, their preferred language, so interpretation services can be arranged. This arrangement will be made with the client needing interpretation.

Henderson has many critical posters and forms in waiting areas translated in Spanish and Creole. The posters that we have translated are the HIPAA Notice, Clients Rights and Responsibilities and Grievance Procedure. Additional documents for clients in residential programs have been translated as well to ensure that residents understand their rights and rules of the facilities. The organization's website can be translated in various languages through a Google translation found on the bottom of the website.

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 service area
- Determination as to whether the need for translation services has changed
- Determine whether **Henderson Behavioral Health's** financial resources are sufficient to fund language assistance resources needed

Henderson 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. **Henderson Behavioral Health** is open to suggestions from all sources, including customers, **Henderson Behavioral Health** staff, other agencies with similar experiences with LEP communities, and the general public, regarding additional methods to improve their accessibility to LEP communities.

HBH has developed a Cultural Competency Action Plan and an Accessibility Action Plan. Both of these documents ensure that the organization has goals as well as ensure that various areas of the organizational practices are reviewed, especially as related to LEP. These plans are reviewed annually at the Safety Committee, Clinical Services Committee and approved by the members of QIC which includes middle and upper management of the organization. The Strategic Plan includes the cultural competency of the organization as an ongoing goal to ensure this effort is being addressed throughout the organization. These activities are discussed throughout the year at the various committee meetings.

8.0 Transit Planning and Advisory Bodies

FTA Circular 4702.1B, Chapter III, Paragraph 10: Recipients that have transit-related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which is selected by the recipient, must provide a table depicting the racial breakdown of the membership of those committees, and a description of efforts made to encourage the participation of minorities on such committees.

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

9.0 Title VI Equity Analysis – N/A

FTA Circular 4702.1B, Chapter III, Paragraph 4.a.8: If the recipient has constructed a facility, such as vehicle storage, maintenance facility, operation center, etc., the recipient shall include a copy of the Title VI equity analysis conducted during the planning stage with regard to the location of the facility.

10.0 System-Wide Service Standards and Service Policies N/A

FTA Circular 4702.1B, Chapter III, Paragraph 10: All fixed route transit providers shall set service standards and policies for each specific fixed route mode of service they provide.

11.0 Transit Planning and Advisory Bodies N/A

FTA Circular 4702.1B, Chapter III, Paragraph 10: Recipients that have transit-related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which is selected by the recipient, must provide a table depicting the racial breakdown of the membership of those committees, and a description of efforts made to encourage the participation of minorities on such committees.

12.0 Title VI Equity Analysis - N/A

FTA Circular 4702.1B, Chapter III, Paragraph 4.a.8: If the recipient has constructed a facility, such as vehicle storage, maintenance facility, operation center, etc., the recipient shall include a copy of the Title VI equity analysis conducted during the planning stage with regard to the location of the facility.

13.0 System-Wide Service Standards and Service Policies – N/A

FTA Circular 4702.1B, Chapter III, Paragraph 10: All fixed route transit providers shall set service standards and policies for each specific fixed route mode of service they provide.

14.0 Appendices

APPENDIX A	FTA CIRCULAR 4702.1B REPORTING REQUIREMENTS FOR TRANSIT PROVIDERS
APPENDIX B	TITLE VI PROGRAM ADOPTION MEETING MINUTES AND FDOT CONCURRENCE LETTER
APPENDIX C	OPERATING AREA LANGUAGE DATA: HBH SERVICE AREA
APPENDIX D	DEMOGRAPHIC MAPS
APPENDIX E	TITLE VI EQUITY ANALYSIS

Appendix A

FTA Circular 4702.1B Reporting Requirements for Transit Providers

Every three years, on a date determined by FTA, each recipient is required to submit the following information to the Federal Transit Administration (FTA) as part of their Title VI Program. Sub-recipients shall submit the information below to their primary recipient (the entity from whom the sub-recipient receives funds directly), on a schedule to be determined by the primary recipient.

General Requirements

All recipients must submit:

- ☐ Title VI Notice to the Public, including a list of locations where the notice is posted
- ☐ Title VI Complaint Procedures (i.e., instructions to the public regarding how to file a Title VI discrimination complaint)
- ☐ Title VI Complaint Form
- ☐ List of transit-related Title VI investigations, complaints, and lawsuits
- ☐ Public Participation Plan, including information about outreach methods to engage minority and limited English proficient populations (LEP), as well as a summary of outreach efforts made since the last Title VI Program submission
- ☐ Language Assistance Plan for providing language assistance to persons with limited English proficiency (LEP), based on the DOT LEP Guidance
- ☐ A table depicting the membership of non-elected committees and councils, the membership of which is selected by the recipient, broken down by race, and a description of the process the agency uses to encourage the participation of minorities on such committees
- ☐ Primary recipients shall include a description of how the agency monitors its sub-recipients for compliance with Title VI, and a schedule of sub-recipient Title VI Program submissions
- ☐ A Title VI equity analysis if the recipient has constructed a facility, such as a vehicle storage facility, maintenance facility, operation center, etc.
- ☐ A copy of board meeting minutes, resolution, or other appropriate documentation showing the board of directors or appropriate governing entity or official(s) responsible for policy decisions reviewed and approved the Title VI Program. For State DOTs, the appropriate governing entity is the State's Secretary of Transportation or equivalent. The approval must occur prior to submission to FTA.
- ☐ Additional information as specified in Chapters IV, V, and VI, depending on whether the recipient is a transit provider, a State, or a planning entity (see below)

Requirements of Transit Providers

All Fixed Route Transit Providers must submit: N/A

Appendix B

Title VI Program Adoption Meeting Minutes and FDOT Concurrence Letter

Insert Board Approval Minutes/ section.

Appendix C
Operating Area Language Data:
Henderson Behavioral Health Service Area

	Broward County, Florida	
Label	Estimate	Percentage
Total:	1,825,455	100%
Speak only English	1,043,888	57%
Spanish:	500,409	27%
Speak English "very well"	305,445	17%
Speak English less than "very well"	194,964	11%
French, Haitian, or Cajun:	129,945	7%
Speak English "very well"	78,095	4%
Speak English less than "very well"	51,850	3%
German or other West Germanic languages:	5,615	0%
Speak English "very well"	5,056	0%
Speak English less than "very well"	559	0%
Russian, Polish, or other Slavic languages:	22,581	1%
Speak English "very well"	13,302	1%
Speak English less than "very well"	9,279	1%
Other Indo-European languages:	60,506	3%
Speak English "very well"	39,795	2%
Speak English less than "very well"	20,711	1%
Korean:	1,920	0%
Speak English "very well"	1,336	0%
Speak English less than "very well"	584	0%
Chinese (incl. Mandarin, Cantonese):	10,992	1%
Speak English "very well"	4,867	0%

Speak English less than "very well"	6,125	0%
Vietnamese:	5,824	0%
Speak English "very well"	1,586	0%
Speak English less than "very well"	4,238	0%
Tagalog (incl. Filipino):	7,622	0%
Speak English "very well"	5,849	0%
Speak English less than "very well"	1,773	0%
Other Asian and Pacific Island languages:	10,464	1%
Speak English "very well"	7,958	0%
Speak English less than "very well"	2,506	0%
Arabic:	6,264	0%
Speak English "very well"	4,277	0%
Speak English less than "very well"	1,987	0%
Other and unspecified languages:	19,425	1%
Speak English "very well"	15,771	1%
Speak English less than "very well"	3,654	0%

Appendix D

Demographic Maps

These maps will be **PROVIDED UPON REQUEST** by the agency. All maps are at the county level so please ask for maps for all counties that you provide service in. There will be a total of 3 maps included per county (Poverty, Minority, and Limited English Proficiency). To obtain these maps contact:

Transit Coordinator - FDOT District 4
Ph. (954) 777-4605

Appendix E

Title VI Equity Analysis – Not Applicable