

# Title VI Implementation Plan: FTA 5310 Accessibility Van Grant – FY 2021

Terros Health

Implementation Date: 10/30/2019 - 10/30/2022

11/5/2020

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#### **Policy Statement**

Terros Health policies ensure compliance with Title VI of the Civil Rights act of 1964 (Title VI) and related statutes and regulations in all programs and activities. Title VI states that "no person shall on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination" under any Terros Health sponsored program or activity. There is no distinction between the sources of funding.

Terros Health also ensures that every effort will be made to prevent discrimination through the impacts of its programs, policies and activities on minority and low-income populations. Furthermore, Terros Health will take reasonable steps to provide meaningful access to services for persons with limited English proficiency.

When Terros Health distributes Federal-aid funds to another entity/person through the FTA 5310 Accessibility Van Grant, Terros Health will ensure all subrecipients fully comply with Terros Health Title VI Nondiscrimination Program requirements.

The President and Chief Executive Officer has delegated the authority to the Patient Advocate (Title VI Program Coordinator) to oversee and implement FTA Title VI requirements.

Peggy J. Chase, President and CEO

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#### Title VI Notice to the Public

# Notifying the Public of Rights Under Title VI Regarding the 5310 Accessible Vans **Terros Health**

The Terros Health operates its programs and services without regard to race, color or national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI with regards to the 5310 Accessible Vans may file a complaint with Terros Health.

For more information on the Terros Health's civil rights program, and the procedures to file a complaint, contact Patient Advocate (Title VI Program Coordinator), 602.389.3734; email QOC@TerrosHealth.org; or visit our administrative office at 3003 N Central Ave, Suite 400, Phoenix, AZ 85012. For more information, visit www.terroshealth.org.

A complainant may file a complaint directly with the City of Phoenix Public Transit Department or the Federal Transit Administration (FTA) by filing a complaint directly with the corresponding offices of Civil Rights: <u>City of Phoenix Public Transit Department</u>: ATTN: Title VI Coordinator, 302 N. 1<sup>st</sup> Ave., Suite 900, Phoenix AZ 85003 <u>FTA</u>: ATTN: Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590

If information is needed in another language, contact 602.685.6000. Para información en Español llame: 602.685.6000

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# Aviso al Público Sobre los Derechos Bajo el Título VI Respecto a las Furgonetas Accessibles 5310 **Terros Health**

Terros Health asegura complir con el Título VI de la Ley de los Derechos Civiles de 1964 xib ewaowxri con respecto a las furgeonetas accessibles 5310. El nivel y la calidad de servicios de transporte serán provehidos sin consideración a su raza, color, o pais de origen.

Para obtener más información sobre la Terros Health's programa de derechos civiles, y los procedimientos para presentar una queja, contacte Patient Advocate (Title VI Program Coordinator), 602.389.3734; email QOC@TerrosHealth.org; o visite nuestra oficina administrativa en 3003 N Central Ave, Suite 400, Phoenix, AZ 85012. Para obtener más información, visite <a href="https://www.terroshealth.org">www.terroshealth.org</a>.

El puede presentar una queja directamente con City of Phoenix Public Transit Department o Federal Transit Administration (FTA) mediante la presentación de una queja directamente con las oficinas correspondientes de Civil Rights: City of Phoenix Public Transit Department: ATTN Title VI Coordinator 302 N. 1st Ave., Suite 900, Phoenix AZ 85003 FTA: ATTN Title VI Program Coordinator, East Building, 5th Floor –TCR 1200 New Jersey Ave., SE Washington DC 20590

#### The above notices are posted:

- Online at www.terroshealth.org
- Inside the 5310 transit vehicles
- In the lobby at the Terros Health McDowell Health Center

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#### **Complaint Procedures and Forms**

Terros Health's Procedure 5204.2 states:

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, as they relate to the Terros Health 5310 Accessible Van Grant. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- Any person who believes they has been discriminated against on the basis of race, color, or national
  origin may file a Title VI complaint by completing and submitting the 5310 Accessible Van Grant Title
  VI Complaint Form.
- 2. Formal complaints must be filed within 180 calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- 3. Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address, and phone number. The Patient Advocate will assist the complainant with documenting the issues if necessary.
- 4. Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- 5. Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for them to complete, sign and return for processing.
- 6. Once submitted, Terros Health will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing the complainant whether the complaint will be investigated by Terros Health or submitted to the State or Federal authority (the Authority) for guidance.
- 7. Terros Health will notify the Title VI Coordinator of all Title VI complaints within 72 hours via telephone at: 602-262-7242; email to: phxtransiteo@phoenix.gov.
- 8. Terros Health has sixty (60) days to investigate the complaint.
- 9. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has sixty (60) 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 thirty (30) business days, the Authority can

- administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
- 10. After the investigator reviews the complaint, they 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. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of a workforce member, or other action will occur. If the complainant wishes to appeal the decision, they have thirty (30) days after the date of the letter or the LOF to do so.
- 11. A complainant dissatisfied with Terros Health's decision may file a complaint directly with the **City** of Phoenix Public Transit Department (COP): Attention: Title VI Coordinator, 302 N. 1<sup>st</sup> Ave., Suite 900, Phoenix, AZ 85003 or the Federal Transit Administration (FTA) offices of Civil Rights: Attention Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- 12. A copy of these procedures may be found online at: <a href="www.terroshealth.org/TitleVI">www.terroshealth.org/TitleVI</a>.

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# **Title VI Complaint Form Regarding the 5310 Accessible Vans**

Section I:				
Name:				
Address:				
Telephone (Home):	Telephone (Wo	ork):		
Electronic Mail Address:				
Accesible Format Beguirements?	☐ Large Print ☐ Audio Tape		ıdio Tape	
Accessible Format Requirements?	☐ TDD		☐ Other	
Section II:				
Are you filing this complaint on your own behal	f?	□Yes*		□No
*If you answered "yes" to this question, go to <b>S</b>	ection 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 pa	rty:			
Please confirm that you have obtained the perr		□Yes		□No
aggrieved party if you are filing on behalf of a tl	nird party.			
Section III:				
I believe the discrimination I experienced with regards to the 5310 Accessible Vans was based				
on (check all that apply):				
☐ Race ☐ Color ☐ Nationa	Race   Color   National Origin			
Date of Alleged Discrimination (Month, Day, Ye	ar):		_	
Explain as clearly as possible what happened ar	d why you belie	ve you we	ere disc	criminated
against. Describe all persons who were involved. Include the name and contact information of				
the person(s) who discriminated against you (if known) as well as names and contact				
information of any witnesses. If more space is needed, please use the back of this form.				
Section VI:				
Have you previously filed a Title VI 5310 Access	ible Van	□Y€	es	□No
complaint with this agency?				

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If yes, please provide any reference in	formation regarding your previous complaint.
Section V:	_
	ather Federal Clate and and are an illinois Federal
	other Federal, State, or local agency, or with any Federal
or State court?	
☐ Yes ☐ No	
If yes, check all that apply:	
☐ Federal Agency:	
	State Agency:
•	ontact person at the agency/court where the complaint
was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI:	
Name of agency complaint is against:	
Name of person complaint is against:	
Title:	
Location:	
Telephone Number (if available):	
You may attach any written materials o	or other information that you think is relevant to your complaint
Your signature and date are required be	elow
Signature	Date
Please submit this form in person at the Terros Health, Patient Advocate ( 3003 N Central Ave, Suite 400 Phoenix, AZ 85012 Phone: 602-389-3734	

Email: QOC@terroshealth.org

A copy of this form may be found online at <a href="www.terroshealth.org/TitleVI">www.terroshealth.org/TitleVI</a>

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# Title VI Complaint Form Regarding the 5310 Accessible Vans – Spanish

# Forma Para Poner una Queja (De Acuerdo Al Título VI) Respecto a las Furgonetas Accessibles 5310

Nota: La siguiente información se necesita para procesar su queja.

Información de la persona que está po	oniendo la queja:
Nombre: Dirección:	
Ciudad/Estado/Codigo Postal:	
Teléfono(Casa):	
Teléfono (Trabajo):	
Persona A La Que Se Discriminó (al la queja)	guien que no sea la persona que está poniendo
Nombre: Dirección:	
Ciudad/Estado/Codigo Postal:	
Teléfono (Casa):	
Teléfono (Trabajo):	
¿Cuál de las siguientes razones descri	be por lo que usted siente que se le discriminó?
Raza/Color (Especifique)	Nacionalidad (Especifique)
¿En qué fecha(s) sucedió la discrimin	nación?
Describa la presunta discriminación fue responsable (si necesita más espa	. Explique qué sucedió y quién cree usted que acio, agregue otra hoja).

Escriba una lista con los nombres de las personas que puedan tener conocimiento de la presunta discriminación y cómo contactarlas.			
	ieja con otra agencia federal, es Marque todas las que apliquen		
Agencia Federal	Corte Estatal	Corte Federal	
Agencia Local			
Por favor proporcione agencia/corte.	información de la persona a l	a que presentó su queja en la	
Nombre:			
D' ''			
Ciudad/Estado/Código	Postal:		
Teléfono(Casa):			
Teléfono (Trabajo):			
•	Puede anexar cualquier mate relevante sobre su queja.	rial escrito u otra información	
Firma de la Persona que	presenta la queja	Fecha	
Número de Anexos:			
Someta la forma y cualquie	r información adicional a:		
Terros Health, Patiei 3003 N Central Ave, Phoenix, AZ 85012 Teléfono: 602-389-3		ator)	
Correo electrónico: QOC@	errosheaitn.org		
Puede encontrar una copia	de este formulario en línea en www.t	terroshealth.org/TitleVI.	

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# Title VI Investigations, Complaints and Lawsuits Pertaining to the 5310 Accessibility Van Grant

Terros Health will submit the required Annual Title VI Report to the City of Phoenix on or before October 15th of each year. If no investigations, lawsuits, or complaints were filed, a blank form may be submitted.

Description/Name	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, national origin or disability)	Status	Action(s) Taken (Final findings?)
Investigations				
1)				
2)				
Lawsuits				
1)				
2)				
Complaints				
1)				
2)				

## **Public Participation Plan**

This is not applicable because Terros Health does not have any requirements to meet in this area.

# **Limited English Proficiency Plan**

Terros Health has chosen to adopt the City of Phoenix/Valley Metro Language Assistance Plan Title VI Program, dated July 2018 which explicitly describes the proactive strategies, procedures, and desired outcomes to ensure meaningful access to benefits, services, information, and other important portions of programs and activities for individuals who are Limited-English Proficient (LEP).

# **Non-elected Committees Membership**

This is not applicable because Terros Health does not select the membership of any transit-related, non-elected committees, planning boards, or advisory councils.

### **Monitoring for Sub-Recipient Title VI Compliance**

This is not applicable because Terros Health does not have subrecipients.

#### **Title VI Equity Analysis**

A subrecipient planning to acquire land to construct certain types of facilities must not discriminate on the basis of race, color, or national origin, against persons who may, as a result of the construction, be displaced from their homes or businesses. "Facilities" in this context does not include transit stations or bus shelters, but instead refers to storage facilities, maintenance facilities, and operation centers.

This is not applicable because Terros Health does not plan to acquire land to construct storage facilities, maintenance facilities or operation centers.

#### **Board Approval for the Title VI Program for the 5310 Van Grant**

Terros Health's Board of Directors met on October 30, 2019 and adopted this three-year program. The resolution is recorded in the Board minutes. Required procedures, notices and forms are posted as required.

Subsequent periodic reviews are recorded on the Revision Index below and documented in the associated Board minutes.

#### **Revision Index**

Date	Approval Authority	Revisions
10/30/2019	Terros Health Board of Directors	Initial approval of the Title VI Implementation Plan.
11/5/2020	Executive Leadership Committee (ELT) and Saffron Wanger, CIIO	Updated to Terros Health agency plan format and included verbiage throughout the plan and associated forms clarifying the plan pertains to the FTA 5310 Accessibility Van Grant.  Updated Patient Advocate's phone number. Board approval of these procedural changes is not required.