



**STATE OF TENNESSEE
TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES
ANDREW JACKSON BUILDING
6th Floor, 500 DEADERICK STREET,
NASHVILLE, TENNESSEE 37243-0675**

**BILL LEE
GOVERNOR**

**MARIE WILLIAMS
COMMISSIONER**

**Mental Health Civil Rights-Title VI *
Agency Self-Survey Monitoring Form
For
FY (7/1/2023 – 6/30/2024)**

Agency Name _____
Address _____
City, State, Zip _____
Title VI Coordinator _____
Phone: _____
Email: _____
Fax: _____

1. Type of business:
- Governmental
 - Educational
 - 501-C3
 - Private Corporation
 - Minority
 - Faith based
 - Sole Proprietorship
 - Woman-Owned

2. Describe the duties and responsibilities of the Agency Title VI Director/Coordinator (Attach to survey and label as 2A) **A template is available upon request.*

3. Describe the Title VI services and training that are provided at your agency (Attach to survey and label as 3A). **A template is available upon request.*

4. Identify the beneficiaries of your programs or services and include racial and ethnic data both number and percentage demonstrating the extent to which members of minority groups are beneficiaries of your TDMHSAS funded services.

Total Number of People Served_____.

Of the total people served: Adults_____, **Youth**_____, **Male**_____, **Female**_____ **AND**

a)_____ are Caucasian (C) for a percentage of _____%

b)_____ are African American (AA) for a percentage of _____%

c)_____ are Hispanic (HSP) for a percentage of _____%

d)_____ are Asian (ASN) for a percentage of _____%

e) _____ are American Indian (AI) for a percentage of _____%

f) _____ are Alaska Native (AN) for a percentage of _____%

g) _____ are Native Hawaiian and Other Pacific Islander (NH/OP) for a percentage _____%

h)_____ are Other (O) Please note race (_____) for a percentage of _____%

5. List the sources of federal and state funds your agency received through contracts/grants with DMHS for the current fiscal year (Attach to survey and label as 5A, if necessary).

Federal / State Source	Program	Amount

****Attach a separate sheet if necessary and label it 5A.***

6. How long has your agency been contracting with TDMHSAS/Mental Health?

Title VI Compliance

7. Please explain how your agency interprets Title VI implementation and compliance. ***Attach a separate sheet detailing this policy and procedure information and label it 7A. *A template is available upon request.***

8. Has the Title VI Coordinator attended a Title VI coordinators training session during this fiscal year? If yes, when? What method was used? If not, why not?

9. Are Title VI posters and brochures (in English and Spanish) prominently displayed in areas where services are provided within your facility? If yes, where?

10. What is your agency's process for letting service recipients know of their right to file a complaint? (Attach to survey and label as 10A) * A template is available upon request.

11. Does the name of your agency's Title VI Coordinator, to whom complaints should be referred, appear on the Title VI poster?

YES NO

12. Are program brochures or posters available in languages other than English?

YES NO

13. If yes, please list the languages.

14. List the vital documents that are available in languages other than English.

15. How does your agency disseminate Title VI information?

16. If your agency has sub-contractors, please include how Title VI information is disseminated to the sub-contractors?

17. Are your sub-contracts monitored for non-discrimination? YES NO

18. How does your agency monitor for non-discrimination compliance for the agency and the agency's sub-contractors?

19. Did your agency have any Title VI Complaints filed from **7/1/23– 6/30/24** and if so, attach an **explanation**: how many, date of complaint, type of complaint, number of complaints closed (and closed because of 1. administrative e.g., timeliness; 2. failure to cooperate, etc.; 3. failure to meet prima facie case; and 4. settlement and/or resolution reached) and if not closed what is the current status?

20. How many Title VI Complaints filed from **7/1/23 – 6/30/24** were referred to the state or Federal Department of Justice or other agency (identify the agency and the reason).

21. Did your agency have any Lawsuits from 7/1/23 – 6/30/24 alleging discrimination on the basis of race, color or national origin? **If none, then state that “there were no lawsuits filed alleging discrimination on the basis of race, color or national origin under any federally funded program or activity.”**

22. Are records kept of Title VI Complaints? If yes, for how long?

23. What number of complaints was resolved during this survey period?

Service Region

24. List the counties that you serve

25. What is the racial composition by percent of your geographical service area? (Use Most Recent Census Numbers for the counties you serve)? Refer to www.census.gov “quick facts to get data within the last 3 years/2021. **Please provide the grand total of percentages of each racial composition for all counties you serve.**

Note the source of your information _____

Note the Year of this data _____.

- | |
|--|
| a) _____ % are Caucasian (C). |
| b) _____ % are African American (AA). |
| c) _____ % are Hispanic (HSP). |
| d) _____ % are Asian (ASN). |
| e) _____ % are American Indian (AI). |
| f) _____ % are Alaska Native (AN). |
| g) _____ % are Native Hawaiian and Other Pacific Islander (NH/OP). |
| h) _____ % are Other (O) <i>Please note race (_____).</i> |

Service Recipients

26. Are service recipients informed of their rights and how to file a complaint under Title VI and other laws regarding non-discrimination?

YES NO

27. Who is responsible for informing your services recipients of their rights under Title VI?

28. What method is used to inform service recipients of their Title VI rights and how to file a complaint?

29. How is the process of informing service recipients of their rights documented?

Employees and Volunteers

30. When are new employees and volunteers informed of their Civil Rights (circle the one that applies: at orientation; within thirty (30) days of service; within sixty (60) days of service; after sixty days of service? Who informs them and what method is used:

31. Is this particular process being periodically reviewed and monitored? YES NO

32. Are new employees and volunteers trained on Title VI before beginning services?

YES NO

33. Does each employee's personnel file contain a record of Title VI training (upon service and then annually thereafter), or are the records kept electronically including penalties for non-compliance? YES NO

34. What is the total number and percentage of agency employees (both full time and part time) _____ and volunteers _____?

Of the above total number, how many were Title VI trained (with documented verification in personnel file or kept electronically) during **July 1, 2023 to June 30, 2024**:

Employees both (full & part time) _____ Volunteers _____.

With the percentage of the total number being: _____%Volunteers _____%

Please attach a list of employees and volunteers that were trained during 7/1/2023-6/30/2024 noting the date that they were trained (Attach to survey and label as 34A)

35. Identify the racial/national origin composition of your agency **staff** by providing the **total numbers and percentages by race, color and/or national origin.**

The Total Number of Agency Full-time Staff is ____ Part-time Staff is ____ and Volunteers is _____. Of these staff:
a) _____ are Caucasian (C) for a percentage of _____%
b) _____ are African American (AA) for a percentage of _____%
c) _____ are Hispanic (HSP) for a percentage of _____%
d) _____ are Asian (ASN) for a percentage of _____%
e) _____ are American Indian (AI) for a percentage of _____%
f) _____ are Alaska Native (AN) for a percentage of _____%
g) _____ are Native Hawaiian and Other Pacific Islander (NH/OP) for a percentage of _____%
h) _____ are Other (O) <i>Please note race</i> (_____) for a percentage of _____%

36. When (date/s) was the most current training or technical assistance conducted by your agency for Title VI compliance and who conducted the training or technical assistance?

37. Does all TDMHSAS direct service contracts entered into by your agency contain a Title VI statement of compliance?

- YES NO

Governing/Advisory Body Members

38. What is the racial composition, by total number and percentage, by race of your agency's Advisory Board or Governing Body?

The Total Number of Advisory Board or Governing Board members are _____. Of these members:

- a) _____ are Caucasian (C) for a percentage of _____%
- b) _____ are African American (AA) for a percentage of _____%
- c) _____ are Hispanic (HSP) for a percentage of _____%
- d) _____ are Asian (ASN) for a percentage of _____%
- e) _____ are American Indian (AI) for a percentage of _____%
- f) _____ are Alaska Native (AN) for a percentage of _____%
- g) _____ are Native Hawaiian and Other Pacific Islander (NH/OP) for a percentage of _____%
- h) _____ are Other (O) *Please note race (/_____)* for a percentage of _____%

39. What is the racial composition by percent of your geographical service area? (Use Census numbers for the counties you serve)?

40. What are the lengths of the terms for an individual to serve on the Board?

41. How are members of your Governing/Advisory Board selected?

42. If your geographic region has a non-white population that represents a minimum 5% of the geographic service area population, your Governing Body should reflect this make-up.

Does your Governing Body reflect your geographic region? YES NO

If your governing body does not reflect this make-up, what steps are being taken to obtain this representation? *Please attach an explanation with copies of advertisements, announcements, information packets, etc., that reflect efforts being made and label as 42 A.*

Limited English Proficiency (LEP)

43. Please conduct a LEP Four Factor Analyses by answering the following questions:

I. What is the number or proportion of LEP persons eligible to be served or likely to be encountered by the program/s (Refer to your Regional Census Data on Q.25):

II. What is the frequency with which LEP individuals come in contact with the program/s; (Refer to your Agency demographic data)

If minimal LEP frequency list agency barriers: _____

III. What is the nature and importance of the program, activity, or service you provide to people’s lives:

IV. What are the resources available to the LEP grantee/recipient and what is your agency doing to enhance LEP resources?

44. When your agency provided translation to beneficiaries, who provided that service?

Please list:

Name of Translation Service	Language Translated	Location	Phone Number

45. How is this service paid for?

46. How many staff members are proficient in other languages and what languages?

47. What are your specific gaps in the service system that hinder your ability to provide language interpreters?

The following Questions require an Attachment:

48. identify your agency's **Title VI (Race, Color & National Origin) Complaint policies and procedures** that describe the a) the complaint process, b) the investigation process, c) the report of findings, d) the hearings and appeals procedures and e) a copy of the discrimination complaint forms and f) Retaliation policy and procedures. ***attach and label as 48A - A template is available for (a-e) upon request.***

49. identify your agency's Title VI Training Policy and Procedures which describe a) the Title VI training program provided to staff, volunteers and contractors, b) the dates that Title VI training was made available to employees, volunteers, contractors and service recipients, 100% c) the total number of agency staff at the agency and the total number of staff trained (including the percentages trained), 100% and d) the total number of volunteers that were trained (including the percentages), 100% and e) ***list proposed future dates for Title VI training that will be offered to all staff, volunteers, subrecipients and contractors during July 1, 2024 – June 30, 2025. attach and label as 49A – A template is available upon request.***

50. Identify your agency's Limited English Proficiency (LEP) policy and procedure, that describe: (a) the policy and procedures, b) a list of translator and interpreter services available, c) agency documents that have been translated and in which languages, and d) the steps and goals toward breaking down barriers to LEP challenges. ***attach and label as 50A A template is available upon request.***
Other Document/s

51. Identify your agency's (non-civil rights) Fraud, Waste and Abuse Policy and Procedures (Attach to survey and label as 51 A). **A template is available upon request.**

Signature

Print the name, credentials and title of the person completing this self-report form:

_____.

Sign this self-report (a signature must be on this form when this self-survey is sent by e-mail). *The signature of the person on this form is vouching that the submitted information is truthful and accurate.*

(SIGNATURE) _____

Date Signed _____

*** Please return this self-survey by July 31, 2024:**

1) Completed - all questions are answered and that all attachments are attached;

2) Signed by authorizing Agent;

3) Sent via e-mail to Gwen Hamer at Gwen.Hamer@tn.gov; and

If your agency has a contract with both the Division of Mental Health and the Division of Substance Abuse please email to both Gwen Hamer at gwen.hamer@tn.gov and Donathan Knowles at Donathan.knowles@tn.gov; and,

4) Timely (received by Gwen Hamer at TDMHSAS from 7/1/24 - 7/31/24).

Thank you for your continued cooperation, thoroughness, support, and diligence.

Gwen Hamer 615-532-6510

Revised
GH 4/17/24