Itasca County Health & Human Services
Comprehensive Civil Rights Plan (CCRP)

Itasca County Health & Human Services
1209 SE 2nd Avenue
Grand Rapids, MN 55744
(218)327-2941  (800)422-0312
TTY: (218)327-5549

Civil Rights Coordinator: (218)327-6152 (voice)
ADA Coordinator: (218)327-6152 (voice)
Limited English Proficiency Coordinator: (218)327-6136 (voice)

This CCRP is posted in the lobby next to the reception desk

Americans with Disabilities Act Advisory
This information is available in accessible formats to individuals with disabilities and for information about equal access to services, call (218)327-2941 TTY users place calls through (218)327-5549
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1. **Purpose**
   As a recipient of federal financial assistance, Itasca County Health & Human Services is responsible for providing core services to assist and support Minnesota's most vulnerable individuals and families so they can meet their basic needs and be treated with respect and dignity. Itasca County Health & Human Services has a CCRP to ensure that all eligible individuals receive equal access to program services and information. Its programs are operated in a nondiscriminatory way, without regard to race, color, national origin, age, disability, sex, sexual orientation, religion, political beliefs, creed and public assistance status. In medical programs, sex includes sex stereotypes and gender identity under any health program or activity receiving federal funds. This CCRP also serves as a source of information for county agency staff and the general public. It sets out Itasca County Health & Human Services civil rights administrative policies and procedures, identifying key contacts within the agency and linking the reader to applicable state and federal civil rights laws and resources.

2. **Legal Authorities** (See full list in Appendix, Attachment A)
   - Title VI of the Civil Rights Act of 1964 (race, color, national origin)
   - Section 504 of the Rehabilitation Act of 1973 (disability)
   - Section 508 of the Rehabilitation Act of 1973 (disability)
   - Title II of the Americans with Disabilities Act of 1990; State and local government services (disability)
   - Age Discrimination Act of 1975 (age)
   - Section 1557 of the Patient Protection and Affordable Care Act (added sex discrimination in health care programs)
   - Title IX of the Education Amendments of 1972 (sex)
   - Bilingual Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
   - Minnesota Human Rights Act, Chapter 363A

3. **Civil Rights Contact**
   Itasca County Health & Human Services designates Christine Krebs to serve as the agency's Civil Rights Contact, agency point person on civil rights matters.

   Christine Krebs
   (218)327-6152
   (218)327-5549
   Christine.krebs@co.itasca.mn.us
4. Equal Opportunity Policy and Procedure
Itasca County Health & Human Services Equal Opportunity Policy and Procedure
It is the policy of Itasca County Health & Human Services to make sure that program benefits and services are available to everyone and provided to all eligible individuals without discrimination, in compliance with civil rights laws.

Itasca County Health & Human Services employees, services, programs, benefits and policies will not discriminate against applicants, clients or members of the public because of race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status. “Sex” includes sex stereotypes and gender identity under any medical or health program receiving federal financial assistance, such as Medical Assistance, CHIP programs, health clinics, insurance companies and state health insurance exchanges.

This policy covers Itasca County Health & Human Services full range of services, programs and benefits, including, but not limited to, access to information about services, eligibility determinations and intake, admission procedures and treatment. The policy applies to the agencies and providers receiving federal and state funds under contracts, licenses and other arrangements with Itasca County Health & Human Services. The Minnesota Human Rights Act also applies to the work of Itasca County Health & Human Services and those agencies carrying out its programs.

Program Accessibility for People with Disabilities
Itasca County Health & Human Services and all of its services, programs and benefits, are accessible to and usable by people with disabilities, including people with hearing loss, low vision and other sensory disabilities.

To avoid disability discrimination, Itasca County Health & Human Services will:

- Notify the public about rights and protections for people with disabilities under the Americans with Disabilities Act
- Designate an ADA Contact and maintain a complaint procedure
- Make sure that its buildings are physically accessible for people with disabilities
- Assist individuals with disabilities to apply and qualify for benefits based on their eligibility
- Provide appropriate auxiliary aids and services, including accessible formats, to ensure effective communication with people with disabilities
- Provide services, programs and benefits that are accessible to and usable by qualified people with disabilities
**Physical access includes:**
- Convenient off-street parking designated specifically for people with disabilities
- Curb cuts and ramps between parking areas and the Itasca County Health & Human Services building
- Level access into the first floor of the Itasca County Health & Human Services building with elevator access to all other floors

**Reasonable Modifications to Policies, Procedures or Practices**
Itasca County Health & Human Services will make reasonable modifications to its policies, procedures or practices when necessary to avoid discrimination on the basis of disability, unless Itasca County Health & Human Services can demonstrate that making the modifications would fundamentally alter the nature of the services, programs or benefits.

**Effective Communication and Auxiliary Aids and Services**
Itasca County Health & Human Services will take appropriate steps to ensure that communications with people with disabilities and companions with disabilities are as effective as communications with others. To ensure effective communications, Itasca County Health & Human Services will provide appropriate auxiliary aids and services, including accessible formats, so that people with disabilities can receive services, programs and benefits and participate in them in the same way as people without disabilities. Auxiliary aids and services include qualified readers, writers and interpreters who convey information effectively, accurately and impartially using any necessary specialized vocabulary.

To determine what types of auxiliary aids or services are necessary, Itasca County Health & Human Services will give primary consideration to the requests of people with disabilities. Itasca County Health & Human Services will honor the choice of the person requesting the auxiliary aid or service unless it would fundamentally alter the nature of the service, program or benefit or cause an undue administrative or financial burden. If this happens, Itasca County Health & Human Services will find another equally effective auxiliary aid or service.

5. **Complaint Resolution Procedure**

**Itasca County Health & Human Services Civil Rights Complaint Procedure**
You have the right to equal access to services, if you are an applicant, client or member of the public trying to gain access to human services program information or benefits. Itasca County Health & Human Services has a civil rights complaint procedure that provides prompt and thorough resolution of civil rights complaints.
Civil rights complaints allege discrimination. You have a right to file a civil rights complaint if you believe you have been discriminated against because of your race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status. Sex includes sex stereotypes and gender identity discrimination that occurs in medical or health programs and clinics receiving federal financial assistance, such as Medical Assistance, MNCare, CHIP programs, insurance companies and state health insurance exchanges.

It is against the law for anyone who works for Itasca County Health & Human Services to retaliate against a person who files a complaint or who cooperates in the investigation of a civil rights complaint.

To file a complaint, ask for Itasca County Health & Human Services equal opportunity policy, complaint procedure and complaint form. Use the contact information below to help you to file your complaint. You can also review the law and regulations that outlaw discrimination in the Civil Rights Contact’s office at Itasca County Health & Human Services:

Christine Krebs  
Itasca County Health & Human Services  
1209 SE 2nd Avenue Grand Rapids, MN 55744  
(218)327-2941 (voice)  
(218)327-5549 (TTY)  
(218)327-5561 (fax)  
Christine.krebs@co.itasca.mn.us

Procedure:

1. Civil rights complaints **must** be submitted to the Civil Rights Contact within 180 days of the date the alleged discrimination occurred.

2. A complaint **must** be in writing and contain the name and address of the person filing it. You should also give your telephone number or relay service number if you are deaf or hard of hearing. Give your email address if it helps get in touch with you. The complaint **must** state the problem or action alleged and the relief desired. If you need assistance with your complaint, the Civil Rights Contact will help you.

3. Itasca County Health & Human Services **must** conduct an investigation of the complaint. The investigation may be informal, but it **must** be thorough and timely. People who have an interest in the complaint **must** have an opportunity to submit relevant evidence about the complaint. Itasca County Health & Human Services will issue a written decision on the complaint within 90 days after its filing. Itasca County Health & Human Services will maintain the complaint records and files for three years. Complaints about program
rules are not civil rights complaints and will be resolved through a different complaint process.

4. The person filing the complaint may appeal the decision by writing to the agency’s Civil Rights Contact within 15 days of receiving the written decision. The Civil Rights Contact will issue a written decision in response to the appeal, no later than 30 days after the filing. This decision is final. – This appeal process is not the same as filing a fair hearings appeal with the Department of Human Services’ Appeals and Regulations Division.

5. The person filing the complaint must be informed that he/she can file a discrimination complaint directly with the U.S. Department of Health and Human Services’ Office for Civil Rights or the U.S. Department of Agriculture (USDA) for the SNAP Program.

(a) The U.S. Department of Health and Human Services’ Office for Civil Rights prohibits discrimination in its programs because of race, color, national origin, age, disability, sex and religion. Sex includes sex stereotypes and gender identity discrimination that occurs in medical or health programs and clinics receiving federal financial assistance, such as Medicaid, CHIP programs and insurance companies and state health insurance exchanges under Title I of the Affordable Care Act. Contact the federal agency directly:

U.S. Department of Health and Human Services
Office for Civil Rights
Region V
233 N. Michigan Avenue
Suite 240
Chicago, IL 60601
312-886-2359 (voice)
800-368-1019 (toll free)
800-537-7697 (TTY)

(b) USDA requires that the following nondiscrimination statement be provided exactly as it is shown below:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.
Persons with disabilities who required alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDS office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

6. Filing Complaints with State Agencies:
The person filing the complaint must also be informed that he/she can file a discrimination complaint directly with the Minnesota Department of Human Rights and the Minnesota Department of Human Services.

(a) The Minnesota Department of Human Rights prohibits discrimination in public services programs because of race, color, creed, religion, national origin, disability, sex, sexual orientation, or public assistance status. Contact the Minnesota Department of Human Rights directly:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
(b) The Minnesota Department of Human Services prohibits discrimination in its programs because of race, color, national origin, creed, religion, sexual orientation, public assistance status, age, disability, or sex, including sex stereotypes and gender identity discrimination that occurs in health programs or activities receiving federal financial assistance, such as Medical Assistance, MNCare, CHIP programs and insurance companies and state health insurance exchanges. Contact the Equal Opportunity and Access Division directly only if you have a discrimination complaint:

Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

(c) County agencies are not permitted to investigate civil rights complaints in the Supplemental Nutrition Assistance Program (SNAP) because counties directly administer SNAP benefits. County agencies must refer SNAP civil rights complaints to DHS or the USDA regional office in Chicago. The USDA regional address is:

Civil Rights Director
Midwest Regional Office
USDA/Food and Nutrition Service
77 W. Jackson Blvd., 20th Floor
Chicago, IL 60604-3591
(312) 353-6657 (voice) or use your preferred relay service
Tamara.earley@fns.usda.gov

7. Arrangements for People with Disabilities:
Itasca County Health & Human Services will make appropriate arrangements to ensure that people with disabilities are provided accommodations to participate in the complaint process in an equal to manner to people without disabilities. Appropriate arrangements include, but are not limited to, providing interpreters for people who are deaf or hard-of-hearing; providing taped cassettes and accessible formats for people who are blind or have low vision; and assuring a physically accessible location for complaint proceedings. The Civil Rights Contact or designee is responsible for making these arrangements.

8. Itasca County Health & Human Services will refer all SNAP civil rights complaints to DHS or the USDA regional office in Chicago as soon as possible after received.

6. Complaint Notification Form
Itasca County Health & Human Services will use the *Complaint Notification Form* to notify DHS in writing of all service delivery discrimination complaints filed against Itasca County Health & Human Services and resolved on the county agency level. Itasca County Health & Human Services will make sure the complaint notification form is completed and sent to DHS within 90 days of the date the complaint was filed in the county, so DHS can report the complaint to the appropriate federal office. A copy of the *Complaint Notification Form* is located in the Appendix; Attachment B.

7. Disability Compliance
   a. Disability Law and Standard of Access for State and Local Government Services
      
      **Section 504 of the Rehabilitation Act of 1973** protects qualified individuals with disabilities from discrimination based on their disability in federally funded programs and services.

      **Title II of the Americans with Disabilities Act of 1990** (Title II of the ADA) protects qualified individuals with disabilities from discrimination on the basis of their disability when the discrimination occurs in state or local government services. An agency does not have to receive federal financial assistance to be required to comply with Title II of the ADA. An agency just has to be a state or local government entity.

      County human services agencies must ensure that people with disabilities are able to use their programs and services. Disability laws set out an equal access standard for providing services. This means that individuals with disabilities are entitled to equal access to human services programs; the same standard of access that applies to people without disabilities.

      A public agency must reasonably modify its policies, procedures and practices to avoid discrimination. A public agency must also take appropriate steps to ensure that its communications with individuals with disabilities are as effective as communications with others.

   b. ADA Contact
      
      Itasca County Health & Human Services has designated an ADA Contact person to serve as its point person on disability matters raised by applicants, clients and members of the public. ADA Contact information is located on the cover page of this CCRP.

      Christine Krebs
      (218)327-6152
      (218)327-5549 TTY
      Christine.krebs@co.itasca.mn.us

   c. Disability Complaints
People filing disability complaints will use Itasca County Health & Human Services civil rights complaint procedure.

d. ADA Notice Document
Itasca County Health & Human Services will use the DHS brochure: *Do you have a disability* (DHS-4133-ENG) as its ADA notice document. This notice document informs applicants, clients and members of the public that Itasca County Health & Human Services does not discriminate on the basis of disability. The notice document also gives information to the public about the rights of people with disabilities under the Americans with Disabilities Act.

Itasca County Health & Human Services has a copy of DHS brochure: *Do you have a disability* (DHS-4133-ENG) posted in the lobby next to the reception desk.

A copy of the DHS brochure: *Do you have a disability* (DHS-4133-ENG) is located in the Appendix; Attachment C.

e. Disability Policy Prohibiting Discrimination
The Itasca County Health & Human Services Equal Opportunity Policy and Procedure includes provisions which prohibit disability discrimination in human services programs. This policy is located in the agency lobby.

8. Limited English Proficiency Plan
See attachment E

9. Annual Civil Rights Training for the Supplemental Nutrition Assistance Program (SNAP)
Itasca County Health & Human Services will conduct annual SNAP civil rights training for all staff who administer the SNAP program and all staff who have direct contact with the public, such as support staff, supervisors and managers. Itasca County Health & Human Services will use DHS’ PowerPoint presentation to train staff, document the date of the training each year and document who attends the training.

10. Civil Rights Assurance of Compliance
The Itasca County Health & Human Services director and county attorney representative have signed the 2016 *Civil Rights Assurance of Compliance*. A copy is located in the Appendix; Attachment D.

11. CCRP Administration
Itasca County Health & Human Services will:

- Post a copy of its CCRP in the agency lobby where members of the public can review it and in the employee break room where staff can review it
• Post the CCRP on the agency's public website

• Review the CCRP annually with ALL staff

• For the benefit of applicants, clients and members of the public, prominently post in the lobby a copy of the equal opportunity policy and procedure that includes provisions prohibiting disability discrimination and a copy of its civil rights complaint procedure

• Post a copy of the DHS brochure: *Do you have a disability* (DHS-4133-ENG) in the lobby next to the reception desk

• Conduct annual SNAP civil rights training for all staff who administer the SNAP program and all staff who have direct contact with the public, including support staff, supervisors and managers. Itasca County Health & Human Services will document the date of the training each year and document who attends the training.

12. Appendix

a. Attachment A – Full List of Legal Authorities

   Federal
   1. Title VI of the Civil Rights Act of 1964 (race, color, national origin)
   2. Section 504 of the Rehabilitation Act of 1973 (disability)
   3. Section 508 of the Rehabilitation Act of 1973 (disability)
   4. Title II of the Americans with Disabilities Act of 1990; State and local government services (disability)
   5. Age Discrimination Act of 1975 (age)
   7. Section 1557 of the Patient Protection and Affordable Care Act (added sex discrimination in health care programs)
      • Community Services Block Grant (race, color, national origin, sex) **Remaining block grants** (race, color, national origin, age, disability, sex, religion)
      • Social Services Block Grant
      • Maternal and Child Health Services Block Grant
      • Projects for Assistance in Transition from Homelessness Block Grant
      • Preventive Health and Health Services Block Grant
      • Community Mental Health Services Block Grant
      • Substance Abuse Prevention and Treatment Block Grant
   9. Title IX of the Education Amendments of 1972 (sex)
10. Family Violence Prevention and Services Act (race, color, national origin, age, disability, sex, religion)
11. Food Stamp Act of 1977
12. Nondiscrimination Compliance Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
13. Bilingual Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
15. Equal Opportunity for Religious Organizations Regulation

State
Minnesota Human Rights Act, Chapter 363A

b. Attachment B – Complaint Notification Form

c. Attachment C – DHS Brochure: Do you have a disability; DHS-4133-ENG

d. Attachment D – Signed Copy of the 2019-2021 State-County Civil Rights Assurance Agreement

e. Attachment E - Limited English Proficiency Plan
COUNTY HUMAN SERVICE AGENCY COMPLAINT NOTIFICATION FORM COMPLAINTS ALLEGING DISCRIMINATION IN SERVICE DELIVERY

AUTHORITY: U. S. Department of Agriculture, Food and Nutrition Service Instruction 113-1.

REQUIREMENT: County Human Service Agencies must notify the DHS Civil Rights Coordinator within 90 days of all service delivery discrimination complaints (i.e. civil rights complaints) filed against them (see bottom of page 2 for contact information).

ACTION REQUIRED:

Complete this form and send it to the DHS Civil Rights Coordinator within 90 days of the date the complaint was filed.

1. Name, address, telephone number of complainant:

2. Name and address of county agency delivering the benefits, including names of any employees accused of wrongdoing:

3. Type of discrimination alleged:
4. Describe the alleged discrimination, including the dates it happened (Give names and contact information of any witnesses).

5. Give summary of the investigation findings, including any corrective action ordered:

CONTACT INFORMATION: Christine Krebs
Business/Fiscal Division Manager
Itasca County Health & Human Services
1209 SE Second Avenue
Grand Rapids, MN 55744
1-218-327-6152
Do you have a disability?
If you have a disability, you have the same rights as others.

Please tell us if you have a disability so we can help you access human services programs and benefits.

What medical conditions may be disabilities?
A disability is a physical, sensory, or mental impairment that materially limits a major life activity.

Types of disabilities may include:
- Diseases like diabetes, epilepsy or cancer
- Learning disorders like dyslexia
- Developmental delays
- Clinical depression
- Hearing loss or low vision
- Movement restrictions like trouble with walking, reaching or grasping
- History of alcohol or drug addiction, although current illegal drug use is not a disability.

If you are asking for or are getting benefits through either a county human services agency or the Minnesota Department of Human Services, that office will let you know if you have a disability using information from you and your doctor.

What help is available?
If you have a disability, your county or the state human services agency can help you by:
- Calling you or meeting with you in another place if you are not able to come into the office
- Using a sign language interpreter
- Giving you letters and forms in other formats like computer files, audio recordings, large print or Braille
- Telling you the meaning of the information we give you
- Helping you fill out forms
- Helping you make a plan so you can work even with your disability
- Sending you to other services that may help you
- Helping you to appeal agency decisions about you if you disagree with them.

You will not have to pay extra for help.
If you want help, ask your agency as soon as possible. An agency may not be able to accommodate requests made within 48 hours of need.

**How does the law protect people with disabilities?**

The Americans with Disabilities Act (ADA) and the ADA Amendments Act are federal laws, and the Minnesota Human Rights Act is a state law. Each gives individuals with disabilities the same legal rights and protections as people without disabilities, including access to public assistance benefits. You will not be denied benefits because you have a disability. Your benefits will not be stopped because of your disability. If your disability makes getting benefits hard for you, your county human services agency will help you access all of the programs that are available to you.

**Discrimination is against the law**

You have the right to file a complaint if you believe you were discriminated against because of race, color, national origin, political beliefs, religion, creed, sex, sexual orientation, public assistance status, age or disability. To file a complaint, contact:

Minnesota Department of Human Services, Equal Opportunity and Access
P.O. Box 64997, St. Paul, MN 55164-0997. Telephone 651-431-3040. Minnesota Relay 711 or 800-627-3529.

Minnesota Department of Human Rights

The U.S. Department of Health and Human Services’ Office for Civil Rights prohibits discrimination in its programs because of race, color, national origin, disability, age, religion, or sex. Contact the agency directly at U.S. Department of Health and Human Services Office for Civil Rights, Region V, 233 North Michigan Avenue, Suite 240, Chicago, IL 60601. Telephone 312-886-2359. TTY 312-353-5693.

U.S. Department of Agriculture (USDA) is an equal opportunity provider and employer. USDA prohibits discrimination in its programs because of race, color, national origin, sex, age, religion, disability or political beliefs. Contact the federal agency directly at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue SW, Washington, D.C. 20250-9410. Toll Free 866-632-9992. Federal Relay Service 800-877-8339. En Español 800-845-6136.
Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

Malohatine: Uzgad du neic gata eutekere toreb lekere na wekere lekere, anbola lekere na nek anbola na wekere lekere na 0377-358-800-1.

Pažnija. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntaww no pub dawb, ces nuk koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

โปรดระวัง. หากคุณต้องการความช่วยเหลือในการแปลคู่มือนี้, โทรคุณผู้บริหารที่บริษัทของคุณ 1-888-487-8251.

Hubachisita. Dokumentii kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qorraalkaan, hawlawaadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoạc gọi số 1-888-554-8759.

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency’s ADA coordinator.
2019-2021 STATE-COUNTY CIVIL RIGHTS ASSURANCE AGREEMENT

The County Agency: Haska County Health & Human Services agrees to comply with the civil rights assurance of compliance (hereafter “Civil Rights Assurance Agreement”) as a condition of receiving Federal financial assistance through the Minnesota Department of Human Services. The Civil Rights Assurance Agreement is binding upon the County Agency, its successors, transferees, and assignees for as long as the County Agency receives Federal financial assistance. The Minnesota Department of Human Services may enforce all parts of the Civil Rights Assurance Agreement as a condition of receipt of such funds.

Compliance by Contractors and Vendors: The County Agency further agrees that by accepting this Civil Rights Assurance Agreement, it will obtain a written statement of assurance from all of its contractors and vendors (i.e., applying to all programs), assuring that they will also operate in compliance with the stated nondiscrimination laws, regulations, policies, and guidance. The written statement of assurance from all of its contractors and vendors must be maintained as part of the County Agency’s Comprehensive Civil Rights Plan and must be made available for review upon request by the Minnesota Department of Human Services or the U.S. Department of Agriculture.

RECIPIENT AGREES TO COMPLY WITH ALL APPLICABLE FEDERAL AND STATE CIVIL RIGHTS LAWS:

The County Agency agrees to:

1. Administer all programs in accordance with the provisions contained in the Food and Nutrition Act of 2008, as amended, and in the manner prescribed by regulations issued pursuant to the Act; implement the FNS-approved State Plan of Operation for the Supplemental Nutrition Assistance Program (SNAP); comply with Title VI of the Civil Rights Act of 1964; section 11(c) of the Food and Nutrition Act of 2008, as amended; the Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Action of 1990; Title IX of the Educational Amendments of 1972; and all the requirements imposed by the regulations issued pursuant to these Acts by the U.S. Department of Agriculture to the effect that, no person in the United States shall, on the grounds of race, color, national origin, sex, age, disability, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or otherwise subject to discrimination under SNAP.

2. Administer all programs in accordance with U.S. Department of Health and Human Services requirements imposed by the regulations pursuant to Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Action of 1990; Title IX of the Educational Amendments of 1972; Section 1557 of the Patient Protection and Affordable Care Act of 2010. Comply with the regulations to the effect that, no person in the United States shall, on the grounds of race, color, national origin, sex, age, disability, or religion, be excluded from participation in, be denied the
benefits of, or otherwise subject to discrimination under U.S. Department of Health and Human Services programs.

3. Administer all programs in compliance with the Minnesota Human Rights Act, Public Services and Public Accommodations provisions; comply with all the requirements imposed by the Minnesota Human Rights Act to the effect that, no person in Minnesota shall, on the grounds of race, color, national origin, religion, creed, sex, sexual orientation, marital status, public assistance status, or disability, be excluded from participation in, be denied the benefits of, or otherwise subject to discrimination under the Minnesota Human Rights Act. The County Agency and the Department of Human Services further agree to fully comply with any changes in Federal law and regulations. This agreement may be modified with the mutual consent of both parties.

4. The County Agency agrees that by accepting the Civil Rights Assurance it will compile data, maintain records, books and accounts; and submit reports as required to permit effective enforcement of the nondiscrimination laws. The County Agency also agrees to permit authorized Federal and State personnel, during normal working hours, to review such records, books, accounts, and reports as needed to determine compliance with the nondiscrimination laws.

By signing on behalf of the County Agency, I state that I am authorized to bind the County Agency to the terms of the 2019-2021 Civil Rights Assurance Agreement and commit it to the above provisions.

Eveline Villeneuve 11/15/19
SIGNATURE of Authorized Representative Print Name

Add County Health & Human Services 1204 SE Indale Court MD 55714
Name of County Agency Street Address, City, State, Zip Code

ADDENDUM

Clarification of SNAP Civil Rights Requirements – Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency (LEP),” and Titles II and III of the Americans with Disabilities Act

This addendum clarifies core civil rights requirements to ensure meaningful access to programs, services, and information for persons with Limited English Proficiency (LEP) and persons with disabilities in accordance with Federal law, regulations, and current guidance from the U.S. Department of Department of Justice (DOJ) and the U.S. Department of Agriculture (USDA).

Meaningful Access for LEP Individuals
State agencies that participate in the Supplemental Nutrition Assistance Program (SNAP) must take reasonable steps to ensure that LEP persons have meaningful access to programs, services, and benefits. This includes the requirement to provide bilingual program information and certification materials and interpretation services to single-language minorities in certain project areas. SNAP State agencies that do not provide meaningful access for LEP individuals risk violating prohibitions against discrimination
based on National Origin in the Food and Nutrition Act of 2008, as amended, Title VI of the Civil Rights Act of 1964 (Title VI), and SNAP program regulations.

Federal LEP regulations and guidance include:
- SNAP regulations provided by 7 CFR Part 272.4 (b), “Bilingual requirements”;
- DOJ policy guidance titled, “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons,” published in 67 FR 41455, 41457 (June 18, 2002); and

Four Factor Analysis for Assessing LEP Needs
To be in compliance, the Title VI guidance provided by DOF and USDA instructs State Agencies to assess the LEP needs of the population served and determine the LEP services required by balancing four factors:

1. The number or proportion of persons with limited English proficiency are eligible to be served or likely to be encountered within the area serviced by the recipient;
2. The frequency with which persons with limited English proficiency come in contact with the program;
3. The nature and importance of the program, activity, or service to people’s lives; and
4. The resources available to the recipient and costs.

SNAP State agencies must also comply with the specific requirements established by 7 CFR Part 272.4 (b) and should include these obligations in the LEP assessment.

Developing an LEP Plan
After completing an assessment of LEP needs, SNAP State agencies should develop an implementing plan to address the LEP needs of the population served. This may include contracting for oral interpretation services, hiring bilingual staff, arranging for telephone interpreters and/or language lines, coordinating community volunteers, translating vital documents, and providing written notice that language line services are available in appropriate languages. Quality and accuracy of the language service is critical in order to avoid serious consequences to the LEP person and to the recipient. LEP needs should be considered in developing State and local budgets and front line staff should understand how to obtain LEP services.

USDA’s 2014 policy guidance includes detailed information on assessing LEP needs, identifying practices for translating documents that will be seen as strong evidence of compliance. For additional assistance and information on LEP matters, please also visit http://www.lep.gov. The website includes online LEP mapping tools designed to help assess the language needs of the population served by a particular program or facility.
Ensuring Equal Opportunity Access for Persons with Disabilities
SNAP State agencies must also ensure equal opportunity access for persons with disabilities. This includes ensuring that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with people without disabilities. State agencies that do not provide persons with disabilities equal opportunity access to programs may risk violating prohibitions against disability discrimination in the Rehabilitation Act of 1978, the Americans with Disabilities Act (ADA), and SNAP program regulations.

DOJ published revised final regulations implementing Titles II and III of the ADA on September 15, 2010. These regulations are codified at 28 CFR Part 35, “Nondiscrimination on the Basis of Disability in State and Local Government Services” and 28 CFR Part 36, “Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities.” In accordance with the implementing regulations, State Agencies must provide auxiliary aids and services where necessary to ensure effective communication and equal opportunity access to program benefits for individuals with disabilities. The type of auxiliary aids and services required will vary, but a State agency may not require an individual with a disability to bring another individual to serve as an interpreter, and may rely on a person accompanying a disabled individual only in limited circumstances. When a State agency communicates with applicants and beneficiaries by telephone, it must provide text telephone services (TTY) or an equally effective electronic telecommunications system to communicate with individuals who are deaf, hard of hearing, or hearing impaired. State agencies must also ensure that interested persons, including people with low vision or who are hard of hearing can obtain information as to the existence and location of accessible services, activities, and facilities. For more information, please visit the ADA website: http://www.ada.gov.

Please Deliver Signed
2019-2021 STATE-COUNTY CIVIL RIGHTS ASSURANCE AGREEMENT to:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
joann.dasilva@state.mn.us
Itasca County Health and Human Services
Itasca Resource Center
1209 SE 2nd Avenue
Grand Rapids, MN 55744-3983

LIMITED ENGLISH PROFICIENCY PLAN
Effective Date: June 14, 2001

A. Purpose and Legal Basis

The purpose of this limited English proficiency plan is to ensure meaningful access to program information and services for persons with limited English language proficiency. The legal basis for this plan comes from Title VI of the Civil Rights Act of 1964. This plan implements the Title VI language access responsibilities of human services providers receiving federal financial assistance from the U.S. Department of Health and Human Services.

This information is available in other forms to people with disabilities by contacting us 218-327-2941 or 1-800-422-0312 (Voice), 218-327-5549 (TTD) or 1-800-627-3529 (Minnesota Relay Service).
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B. Legal Authorities/References

According to the Office for Civil Rights (OCR), in order to avoid discrimination on the basis of national origin against persons with limited English language proficiency, recipients of federal financial assistance for the U.S. Department of Health and Human Services must take adequate steps to ensure that persons with limited English proficiency receive the language assistance necessary to allow them meaningful access to services free of charge. This limited English proficiency plan for Itasca County Health and Human Services (hereafter called ICHHS) has been completed at OCR's instruction. In OCR's August 30, 2000 policy guidance, issued to interpret the regulations under Title VI, OCR states that a recipient of federal financial assistance can ensure effective communication (which leads to meaningful access) by implementing a limited English proficiency plan that accounts for how the recipient (agency) will provide language assistance services when they are needed by applicants, clients, and members of the public.


- **Department of Justice Regulation,** 28 CFR §42.405(d)(1), Department of Justice, Coordination of Enforcement of Non-discrimination in Federally Assisted Programs

C. Written Plan

1. **Persons Covered by Policy - Identifying Clients with Limited English Proficiency**

ICHHS limited English Proficiency plan has been developed to serve its clients, prospective clients, family members of clients or prospective clients, or other interested members of the public (hereafter called "clients") who do not speak English or who speak limited English.

A client has limited English language proficiency (LEP) when he/she is not able to speak, write or understand the English language at a level that allows him/her to interact effectively with ICHHS staff. Sometimes it is not this easy to identify a person with LEP. Some clients may know enough
English to manage basic life skills, but may not speak, read or understand English well enough to understand in a meaningful way some of the more complicated concepts they may encounter within the human services system (i.e. legal, medical or program language). These clients may also fit the description of a person with LEP.

2. **Statement of Commitment to Meaningful Access**

No person will be denied access to ICHHS' programs or program information because he/she does not speak English or speaks limited English. ICHHS will provide effective communication between clients with LEP and ICHHS staff by making appropriate language assistance services available when clients need these services. Clients will be provided with meaningful access to programs and services in a timely manner and at no cost to the client.

3. **Offering Language Assistance Services**

Staff will initiate an offer for language assistance to clients who have difficulty communicating in English, or when a client asks for language assistance. Whenever possible, staff are encouraged to follow the client's preferences. For example, if a client wants a family member or friend to interpret rather than an ICHHS provided interpreter, staff should allow this if doing so will not violate the client's data privacy rights and the friend/family member can demonstrate that he/she is competent to interpret. Staff must offer free interpretation and/or translation services to persons with LEP in a language they understand, in a way that preserves confidentiality, and in a timely manner. (See rule for using family and friends as interpreters on pages 6 and 7).

4. **Uncommon Languages; In-Person Interpreter Services**

When interpreter services are needed in a language not commonly used, the client with LEP will be connected to the Language Line, which is a telephone interpretation services ICHHS contracts with. (See Language Line Service on page 6).

If an interpreter is needed *in-person*, rather than over the telephone, arrangements will be made to have an interpreter available at a time and place that is convenient for both the interpreter and the client. Arrangements for in-person interpreting should be made by contacting vendors directly. (See Department of Administration's website addresses).
5. Emergency Situations

When programs require access to services within short time frames, ICHHS will take whatever steps necessary to ensure that all clients, including clients with LEP, have access to services within the appropriate time frames. For example, when a client needs an interpreter or other language assistance services to obtain expedited program services, ICHHS’ goal is to make the services accessible within the required time frame whether that means using an interpreter or any other appropriate type of language assistance.

6. Interpretation and Translation Defined

For purposes of this policy, interpretation is defined as a spoken or visual explanation provided to help two or more people who do not speak the same language to communicate with each other. Translation is defined as a written version of a document provided in a different language than the original document.

7. Assisting Clients That Don’t Read Their Language

ICHHS staff must assist a client with LEP who does not read his/her primary language to the same extent as staff would assist an English speaker who does not read English.

8. Assigning Clients with LEP to Bilingual Staff

Where applicable, and as a program practice, ICHHS will use its best efforts to assign clients with LEP to bilingual staff who speak their language.

D. Procedure for Using Interpretation

1. Verification of Client’s Identity

ICHHS staff should continue the existing practice of verifying the identity of the client before releasing case-specific information. Bilingual staff, Language Line staff or other private companies/individuals providing interpretation or translations services (hereafter “contractors”), may be used in making verifications.
2. Language Assistance Resources - Order of Preference for Use

As much as possible, staff should use these language assistance services in the order set out below.

a. Telephone Interpreter Services

Staff should use the Language Line Services for interpreter assistance when the language is one not commonly encountered.

The Language Line telephone number is 1-800-367-9559. Our Client ID number is 509052. Our access code is 037184.

Staff should familiarize themselves with the Language Line before they actually need to use it. Being familiar with how to use this service will help staff act quickly when clients need interpreter assistance. See "Helpful Hints for Using Telephone Interpreters" attachment 1 of this policy.

b. Using Family and/or Friends as Interpreters

Staff are asked to accommodate clients' wishes to have family or friends serve as interpreters whenever possible. However, staff must keep in mind both client confidentiality and interpreter competency and should also follow the rules set out below.

ICHHS may expose itself to liability under Title VI if it requires, suggests, or encourages a client with LEP to use friends, minor children or family members as interpreters because family, friends or minor children may not be competent to serve as interpreters.

Use of family or friends could result in a breach of confidentiality or reluctance on the part of clients to review personal information critical to their situations. Family and friends may not be competent to act as interpreters because they may not be proficient enough in both languages, may lack training in interpretation, and/or have little familiarity with specialized program terminology.

If a client still prefers a family member of friend to interpret after free interpreter services are offered, staff may use the family member or friend if doing so will not compromise the effectiveness of the interpretation and/or violate the client's confidentiality. Staff should document in the client's case file their offer of interpreter assistance and the fact that the client has declined the offer. Even if a client elects to use a family member or friend, staff should
suggest that a trained interpreter listen in on the interview to ensure accurate interpretation.

Interpreters should be used in circumstances when a client is giving information that may negatively impact his/her eligibility for services; e.g., deadlines or certifications. Interpreters should also be preferred in situations where a client must answer complicated or detailed questions about his/her case. These interpretations may also be handled by family or friends, but should also be referred to the Language Line staff or interpreters for follow-up calls or letters.

Staff must consider the requirements of the Minnesota Data Practices Act when determining whether or not, or in what capacity, a family member or friend may be used to interpret.

c. **Rule for Minor Children**

Staff should *never* use minor children as interpreters.

3. **Minnesota Data Practices Act**

Minnesota Data Practices Act requires Minnesota government agencies to maintain the privacy of data that they collect in the course of their business. The information that ICHHS collects regarding its clients is considered private data. Except in emergencies, this data may not be released to anyone other than the client, ICHHS employees, the agents of ICHHS, or others authorized by the courts or federal law, without the client’s written, informed consent.

For purposes of the Data Practices Act, organizations and interpretations services to ICHHS clients are considered agents of ICHHS. They may be privy to ICHHS clients’ private data and are bound by the same requirements for confidentiality, as are the employees.

4. **Competency of Interpreters**

ICHHS will make sure that interpreters have been trained and demonstrate competency. To be competent to provide interpreter services, the interpreter must be proficient in both English and the target language and be able to convey information in both languages accurately, have had orientation/training that includes the skills and ethics of interpreting, have basic knowledge in both languages of specialized programs, terms or concepts and be sensitive to the client’s culture.
E. Notice of Rights to Language Assistance

Staff must inform all clients with LEP of the public’s right to free interpreter services that these services must be provided in a timely manner and must be available during business hours. Staff must also had out fliers stating the same to all clients with LEP.

Staff will use “I Speak” cards to help clients with LEP to be able to identify their language needs. “I Speak” posters will be used in the agency to help staff inform clients that language interpreters are available at no cost to the client.

F. Procedure for Using/Distributing Translated Forms

ICHHS stock documents and forms, which are available through Department of Human Services in languages other than English.

Staff with access to MAXIS can retrieve another list of translated documents/forms found in POLI/TEMP Manual at TE12.01.13. Staff who do not have access to MAXIS can obtain this list by contacting an eligibility specialist.

Additionally, the Health Care Application Form, the Renewal Form and the Household Report Form have been translated into Spanish, Russian, Somali, Hmong, Cambodian, Lao, Vietnamese and Arabic. The English and translated versions are available on the DHS website at www.dhs.state.mn.us/Forms.

Translated forms are available and staff will send the preferred translated forms automatically when the same forms are sent to clients automatically in English.

G. LEP Distribution and Training for ICHHS Staff

All ICHHS staff who have direct contact with clients will be provided a copy of the LEP Plan. If any changes are made in the document, a revised copy will be distributed to appropriate staff.

With approval of the LEP Plan, there will be an initial training on the document. This training will take place in the context of a “staff” meeting for the appropriate ICHHS staff.

Ongoing training will be held annually.

For new employees who have direct contact with clients, the LEP plan will be incorporated into their New Employee Orientation.
H. Monitoring of the LEP Plan

On at least an annual basis, the LEP Plan will be reviewed for effectiveness. The review will normally take place in January. It will be coordinated by the ICHHS LEP coordinator. The evaluation will consider what is working and what is not and make adjustments to the LEP Plan accordingly and include determining if existing language assistance services are meeting the needs of the clients with LEP.

I. LEP Plan Posted for Public Review

The LEP Plan will be posted for public review in the lobby of the Itasca Resource Center. The plan will be available in English, but Interpreters will be available to translate the plan for those who do not speak English.

J. Contact Person

ICHHS has designated the following as the LEP Contact person:

Financial Assistance Supervisor
Itasca County Health and Human Services
Itasca Resource Center
1209 SE 2nd Avenue
Grand Rapids, Minnesota  55744-3983

(218) 327-2941
1-800-422-0312 (Toll Free)
(218) 327-5548 (Fax)
(218) 327-5549 (TDD)
ITASCA COUNTY HEALTH AND HUMAN SERVICES

HELPFUL HINTS FOR USING TELEPHONE INTERPRETERS

1. Tell the interpreter the purpose of your call - describe the type of information you are planning to convey.

2. Enunciate your words and try to avoid contractions, which can be easily misunderstood as the opposite of your meaning. E.g., "can't - cannot."


4. Speak slower than your normal speed of talking, pausing after each phrase.

5. Avoid the use of double negatives. E.g., "If you don't appear in person, you won't get your benefits." Instead, "You must come in person in order to get your benefits."

6. Speak in the first person. Avoid the "he said/she said."

7. Avoid using colloquialisms and acronyms, e.g., "ICHHS" "MFIP" etc. If you must do so, please explain their meaning.

8. Provide brief explanations of technical terms or terms of art, e.g. "Spend-down means the client must use up some of his/her monies or assets in order to be eligible for services."

9. Pause occasionally to ask the interpreter if he/she understands the information that you are providing, or if you need to slow down or speed up in your speech patterns. If the interpreter is confused, so is the client.

10. Ask the interpreter if, in his/her opinion, the client seems to have grasped the information that you are conveying. You may have to repeat or clarify certain information by saying it in a different way.

11. ABOVE ALL, BE PATIENT with the interpreter, the client and yourself!

12. Thank the interpreter for performing a very difficult and valuable service.