Title VI Plan Cover Page

Hope Lives Vive la Esperanza 2023

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Executive Summary

Hope Lives Vive la Esperanza provides forensic peer support/mentorship and behavior health recovery support groups, cognitive behavioral change programs/therapy, and community reentry planning. We provide direct peer support in six behavioral health/mental health courts in Maricopa County and two in Coconino County. We are the only service provider for Serious Mental Illness (SMI) individuals with criminal justice issues. Hope Lives also provide prevocational training, financial coaching, and assistance with government benefits. With the 5310 funds, we will be able to provide reliable transportation to court proceedings, clinical appointments, and community re-entry activities and programs.

Hope Lives is a first time applicate for 5310 funds through ADOT and the Northern Arizona Council of Governments (NACOG). We have secured funds for three vehicles through the City of Phoenix/Maricopa Association of Governments (MAG) in 2018 and was able to buy a fourth used vehicle from another grantee in 2018.

Hope Lives is a small organization with a CEO, HR Manager, Billing Director with four team members, and an accounting assistant in the administrative department and a program manager in Flagstaff with a team or five direct peer support specialists that provide program services and transportation. There is also a senior lead with a staff of eleven direct peer support specialists in Phoenix.

What t	ype of program fund(s) did you apply for?
	5310 5311 Other (please explain)
Type o	f Funding Requests? (Check all that apply)
	Vehicle Funds Operating Funds Other (please explain)
ls your	agency receiving direct funds from FTA?
□If ye	es, please attach a copy of your FTA letter of approval of Title VI Plan.
⊠No	

Non Discrimination Notice to the Public

Notifying the Public of Rights Under Title VI and ADA Hope Lives Vive la Esperanza

Hope Lives Vive la Esperanza operates its programs and services without regard to race, color, national origin or disability in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **Hope Lives Vive la Esperanza**.

For more information on the **Hope Lives Vive la Esperanza**'s civil rights program, and the procedures to file a complaint, contact **Debra Kurkoski**, **CEO**, **855-747-6522**, **(TTY AKORBI 480-739-9233)**; **email dkurkoski@vivehopelives.org**; or visit our administrative office at **1551 W Van Buren St**, **Phoenix**, **AZ 85007**. For more information, visit **https://www.hopelivesaz.org**.

Complaints may be filed directly with the Arizona Department of Transportation (ADOT) Civil Rights Office. ATTN: Title VI Program Coordinator 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 or with the Federal Transit Administration (FTA). ATTN: Title VI Program Coordinator, 1200 New Jersey Ave., SE Washington DC 20590

If information is needed in another language, contact **855-747-6522**. *Para información en Español llame: **Lydia Gutierrez 855-747-652**

Non Discrimination Notice to the Public - Spanish

Aviso Público Sobre los Derechos Bajo el Título VI Y ADA Hope Lives Vive la Esperanza

Hope Lives Vive la Esperanza (y sus subcontratistas, si cualquiera) asegura cumplir con el Título VI de la Ley de los Derechos Civiles de 1964, Sección 504 de la Ley de Rehabilitación de 1973 y La Ley de ciudadanos Americanos con Discapacidades de 1990 (ADA). El nivel y la calidad de servicios de transporte serán proveídos sin consideración a su raza, color, país de origen, o discapacidad.

Para obtener más información sobre el programa de Derechos Civiles de Hope Lives Vive la Esperanza, y los procedimientos para presentar una queja, contacte Debra Kurkoski, CEO 855-747-6522, (TTY AKORBI 480-739-9233); o visite nuestra oficina administrativa en 1551 W Van Buren St, Phoenix, AZ 85007. Para obtener más información, visite https://www.hopelivesaz.org

Una queja puede ser presentada con la oficina de Derechos Civiles del Departamento de Transporte de Arizona (ADOT). Atención: Title VI Program Manager, 206 S. 17th Ave MD 155A Phoenix AZ, 85007 o con la Administración Federal de Transporte (FTA). Atención: Title VI Coordinator, 1200 New Jersey Ave., SE Washington DC 20590

The above notice is posted in the following locations: **Program front lobby and the Administration Lobby at 1551 W Van Buren Street, Phoenix, AZ 85007 and program main lobby at 2308 N 4th St, Flagstaff, AZ 86004**

This notice is posted online at https://www.hopelivesaz.org under info section at the bottom

Non Discrimination ADA/Title VI Complaint Procedures

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by **Hope Lives Vive la Esperanza** including consultants, contractors and vendors. 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.

- (1) Any person who believes he and/or she has been discriminated against on the basis of race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency's 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. Any Hope Lives employee 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 him/her to complete, sign and return for processing.
- (6) Once submitted Hope Lives Vive la Esperanza will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the Hope Lives Vive la Esperanza or submitted to the State or Federal authority for guidance.

- (7) **Hope Lives Vive la Esperanza** will notify the ADOT Civil Rights Office of ALL Discrimination complaints within 72 hours via telephone at 602-712-8946; or email at civilrightsoffice@azdot.gov.
- (8) Hope Lives Vive la Esperanza has 10 business days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 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 10 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.
- (9) 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 Discrimination 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 the staff member or other action will occur.
- (10) A copy of either the closure letter or LOF must be also be submitted to ADOT within **72** hours of that decision. Letters may be submitted by hardcopy or email.
- (11)A complainant dissatisfied with **Hope Lives Vive la Esperanza** decision may file a complaint with the Arizona Department of Transportation **(ADOT)** or the Federal Transit Administration **(FTA)** offices of Civil Rights: <u>ADOT</u>: ATTN ADA/Title VI Program Coordinator 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 <u>FTA</u>: Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (12) A copy of these procedures can be found online at: https://www.hopelivesaz.org.

If information is needed in another language, contact **855-747-6522**. *Para información en Español llame: **Lydia Gutierrez 855-747-652**

Discrimination ADA/Title VI Complaint Form

Section I:						
Name:						
Address:						
Telephone (Home): Telephone (Work):						
Electronic Mail Address:						
Assessible Format Dequirements?	☐ Large Print ☐ Audio Tape					
Accessible Format Requirements?	☐ TDD		☐ Ot	☐ Other		
Section II:						
Are you filing this complaint on your own behalf	?	☐ Yes*		□ No		
*If you answered "yes" to this question, go to S e	ection III.	l				
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 par	ty:					
Please confirm that you have obtained the perm		☐ Yes		□ No		
aggrieved party if you are filing on behalf of a third party.						
Section III:						
I believe the discrimination I experienced was based on (check all that apply):						
☐ Race ☐ Color ☐ National Origin ☐ Disability						
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.						
Section VI:						
Have you previously filed a Discrimination Comp	laint with this			п		
agency?		□ Y	es	□ No		

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes	If yes, please provide any reference information regarding your previous complaint.
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes	
or State court? Yes	Section V:
Yes	Have you filed this complaint with any other Federal, State, or local agency, or with any Federa
If yes, check all that apply: Federal Agency: Federal Court: State Court: Cotal 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: Title: Location: Telephone Number (if available): You may attach any written materials or other information that you think is relevant to your complaint. Your signature Date	or State court?
□ Federal Agency: □ State Agency: □ State Agency: □ State Court: □ Local Agency: □ 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: Name of person complaint is against: Title: Location: Telephone Number (if available): You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below: □ Date □	☐ Yes ☐ No
□ Federal Court: □ □ Local Agency: □ □ 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: Name of person complaint is against: Title: Location: Telephone Number (if available): You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below: □ State Agency: □ Local Agency:	If yes, check all that apply:
State Court: Local Agency:	☐ Federal 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: Name of person complaint is against: Title: Location: Telephone Number (if available): You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:	☐ Federal Court: ☐ State Agency:
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 or other information that you think is relevant to your complaint. Your signature and date are required below: Signature Date	☐ State Court : ☐ Local Agency:
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 or other information that you think is relevant to your complaint. Your signature and date are required below: Signature Date	Please provide information about a contact person at the agency/court where the complaint
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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 or other information that you think is relevant to your complaint. Your signature and date are required below: Signature Date	Name:
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 or other information that you think is relevant to your complaint. Your signature and date are required below: Date	Title:
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Name of agency complaint is against: Name of person complaint is against: Title: Location: Telephone Number (if available): You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below: Date	Telephone:
Name of person complaint is against: Title: Location: Telephone Number (if available): You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below: Date	Section VI:
Title: Location: Telephone Number (if available): You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below: Signature Date	Name of agency complaint is against:
Location: Telephone Number (if available): You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below: Date	Name of person complaint is against:
Telephone Number (if available): You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:	Title:
You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:	Location:
Your signature and date are required below: Signature Date	Telephone Number (if available):
Signature Date	You may attach any written materials or other information that you think is relevant to your complain
	Your signature and date are required below:
Please submit this form in person at the address below, or mail this form to:	Signature Date
	Please submit this form in person at the address below, or mail this form to:
Hope Lives Vive la Esperanza	Hope Lives Vive la Esperanza
	Debra Kurkoski, CEO

Hope Lives Vive la Esperanza Debra Kurkoski, CEO 1551 W Van Buren St, Phoenix, AZ 85007 855-747-6522 dkurkoski@vivehopelives.org

A copy of this form can be found online at https://www.hopelivesaz.org

Discrimination ADA/Title VI Investigations, Complaints, and Lawsuits

If no investigations, lawsuits, or complaints were filed select the option below.

☑ Hope Lives Vive la Esperanza has not had any ADA nor Title VI Discrimination complaints, investigations, or lawsuits in 2022.

Complainant	Date (Month, Day, Year)	Basis of Complaint (Race, Color, National Origin or	Summary of Allegation	Status	Action(s) Taken	Final Findings?
		Disability)				
Investigations						
1)						
2)						
Lawsuits						
1)						
2)						
Complaints						
1)						
2)						

Public Participation Plan

Hope Lives Vive la Esperanza is engaging the public in its planning and decision-making processes, as well as its marketing and outreach activities. The public will be invited to participate in the process whether through public meetings or surveys.

As an agency receiving federal financial assistance, **Hope Lives Vive la Esperanza** made the following community outreach efforts and activities to engage minority and Limited English Proficient populations.

	☑ Posted the Nondiscrimination Public Notices to the following locations:
	☐ Within transportation vehicles
	☐ Lobby of agency
	Partnered with other local agencies and health plans to advertise services provided
	Developed customer surveys available on-line on the agency website and in paper form
[☑ Updated agency documents/publications to make them more user-friendly e.g. comment forms or agency brochures (See new brochure in English and Spanish in Attachments)
-	Lives Vive la Esperanza will make the following community outreach efforts for the upcoming
year	
year	
year	☑ Expand the distribution of agency brochures
year	☑ Expand the distribution of agency brochures☑ Post the Nondiscrimination Public Notices to the following locations:
year [✓ Expand the distribution of agency brochures ✓ Post the Nondiscrimination Public Notices to the following locations: ☐ Within transportation vehicles
year [☑ Expand the distribution of agency brochures ☑ Post the Nondiscrimination Public Notices to the following locations: ☐ Within transportation vehicles ☐ Lobby of agency
year [[☑ Expand the distribution of agency brochures ☑ Post the Nondiscrimination Public Notices to the following locations: ☐ Within transportation vehicles ☐ Lobby of agency ☑ Partner with other local agencies and Health plans to advertise services provided.
year [☑ Expand the distribution of agency brochures ☑ Post the Nondiscrimination Public Notices to the following locations: ☐ Within transportation vehicles ☐ Lobby of agency ☑ Partner with other local agencies and Health plans to advertise services provided. ☑ Create social media presence to communicate schedule changes or activities.
year	 ☑ Expand the distribution of agency brochures ☑ Post the Nondiscrimination Public Notices to the following locations:

Limited English Proficiency Plan

Hope Lives Vive la Esperanza has developed the following Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to Hope Lives Vive la Esperanza services as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

This plan details procedures on how to identify a person who may need language assistance, the ways in which assistance may be provided, training to staff, notification to LEP persons that assistance is available, and information for future plan updates. In developing the plan while determining the **Hope Lives Vive la Esperanza**'s extent of obligation to provide LEP services, the **Hope Lives Vive la Esperanza** undertook a U.S. Department of Transportation four-factor LEP analysis which considers the following:

 The number or proportion of LEP persons eligible in the Hope Lives Vive la Esperanza Flagstaff service area who may be served or likely to encounter by Hope Lives Vive la Esperanza program, activities, or services;

	Coconino County, Arizona				
Label		Total	Percent		
	Estimate	Margin of Error	Estimate	Margin of Error	
Population 5 years and over	138,037	±200	(X)	(X)	
Speak only English	105,211	±2,873	76.2%	±2.1	
Speak a language other than English SPEAK A LANGUAGE OTHER THAN ENGLISH	32,826	±2,828	23.8%	±2.1	
Spanish	9,825	±1,744	7.1%	±1.3	
5 to 17 years old	1,318	±913	1.0%	±0.7	
18 to 64 years old	7,573	±1,244	5.5%	±0.9	
65 years old and over Other Indo-European languages	934 1,474	±708 ±801	0.7% 1.1%	±0.5 ±0.6	
5 to 17 years old	148	±187	0.1%	±0.1	
18 to 64 years old	1,275	±735	0.9%	±0.5	
65 years old and over Asian and Pacific Island languages	51 1,584	±87 ±741	0.0% 1.1%	±0.1 ±0.5	
5 to 17 years old	34	±55	0.0%	±0.1	
18 to 64 years old	1,383	±716	1.0%	±0.5	
65 years old and over Other languages	167 19,943	±200 ±2,393	0.1% 14.4%	±0.1 ±1.7	
5 to 17 years old	3,493	±1,372	2.5%	±1.0	
18 to 64 years old	13,082	±1,672	9.5%	±1.2	
65 years old and over CITIZENS 18 YEARS AND OVER	3,368	±448	2.4%	±0.3	
All citizens 18 years old and over	111,729	±1,474	(X)	(X)	
Speak only English Speak a language other than English	87,468 24,261	±2,199 ±2,319	78.3% 21.7%	±2.0 ±2.0	
Spanish	6,001	±1,208	5.4%	±1.1	
Other languages	18,260	±1,961	16.3%	±1.7	

 The frequency with which LEP individuals come in contact with an Hope Lives Vive la Esperanza services;

Hope Lives Vive la Esperanza's staff reviewed the frequency with which office staff and drivers have, or could have, contact with LEP persons for **2022**. **Hope Lives Vive la Esperanza** averages **0**contacts per **YEAR.**

- 3) The nature and importance of the program, activities or services provided by the Hope Lives Vive la Esperanza to the LEP population. Hope Lives provides Forensic peer support services, education, and social activities that benefit the LEP as well as the English speaking population of adults with mental illness and/or substance use disorders. Most of our members have justice involvement making reentry into the community difficult but it is even more difficult if you are working with if staff and other members that do not speak your language or understand your culture. Hope Lives has an ethnically diverse staff with many being bilingual to help overcome those challenges.
- 4) The resources available to Hope Lives Vive la Esperanza and overall costs to provide LEP assistance. A brief description of these considerations is provided in the following section. There is no additional cost for Hope Lives to provide LEP assistance. We have bilingual staff and could create materials in Spanish if requested. If someone needs translation services in a language other than Spanish, free services are available from AKORBI.

Hope Lives Vive la Esperanza provides a statement in Spanish and will for additional languages specific to the LEP community make up that will be included in all public outreach notices. Every effort will be made to provide vital information to LEP individuals in the language requested.

Safe Harbor Provision for written translations

Hope Lives Vive la Esperanza complies with the Safe Harbor Provision, as evidenced by the number of documents available in the Spanish language. With respect to Title VI information, the following shall be made available in Spanish:

- (1) Non Discrimination Notice
- (2) Discrimination Complaint Procedures
- (3) Discrimination Complaint Form

In addition, we will conduct our marketing (including using translated materials) in a manner that reaches each LEP group. Vital documents include the following:

- (1) Notices of free language assistance for persons with LEP
- (2) Notice of Non-Discrimination and Reasonable Accommodation
- (3) Outreach Materials

- 1) Hope Lives Vive la Esperanza provides language assistance services through the below methods:
 - Staff is provided a list of what written and oral language assistance products and methods the agency has implemented and how agency staff can obtain those services.
 - ☐ Instructions are provided to **Hope Lives Vive la Esperanza** staff who regularly take phone calls from the general public on how to respond to an LEP caller.
 - ☑ Instructions are provided to vehicle operators and others who regularly interact with the public on how to respond to an LEP customer.
- 2) **Hope Lives Vive la Esperanza** has a process to ensure the competency of interpreters and translation service through the following methods:

Hope Lives Vive la Esperanza will ask the interpreter or translator to demonstrate that he or she can communicate or translate information accurately in both English and the other language. Hope Lives Vive la Esperanza will train the interpreter or translator in specialized terms and concepts associated with the agency's policies and activities. Hope Lives Vive la Esperanza will instruct the interpreter or translator that he or she should not deviate into a role as counselor, legal advisor, or any other role aside from interpreting or translator. Hope Lives Vive la Esperanza will ask the interpreter or translator to attest that he or she does not have a conflict of interest on the issues that they would be providing interpretation services.

- 3) **Hope Lives Vive la Esperanza** provides notice to LEP persons about the availability of language assistance through the following methods:
 - ☑ Posting signs in intake areas and other points of entry
 - ☑ Statements in outreach documents that language services are available from the agency.
 - Working with community-based organizations and other stakeholders to inform LEP individuals of the Recipients' services, including the availability of language assistance services
 - □ Announcements at community meetings
 - ☑ Information tables at local events
 - ⊠ Signs available in vehicles
 □
 - □ Agency websites

4) **Hope Lives Vive la Esperanza** monitors, evaluates and updates the LEP plan through the following process:

Hope Lives Vive la Esperanza will monitor the LEP plan by conducting an annual Four-Factor analysis, establishing a process to obtain feedback from internal staff and members of the public and conducting internal evaluations to determine whether the language assistance measures are working for staff. Hope Lives Vive la Esperanza will make changes to the language assistance plan based on feedback received. Hope Lives Vive la Esperanza may take into account the cost of proposed changes and the resources available to them. Depending on the evaluation, Hope Lives Vive la Esperanza may choose to disseminate more widely those language assistance measures that are particularly effective or modify or eliminate those measures that have not been effective. Hope Lives Vive la Esperanza will consider new language assistance needs when expanding transit service into areas with high concentrations of LEP persons will consider modifying their implementation plan to provide language assistance measures to areas not previously served by the agency.

5) Hope Lives Vive la Esperanza trains employees to know their obligations to provide meaningful access to information and services for LEP persons and all employees in public contact positions will be properly trained to work effectively with in-person and telephone interpreters. Hope Lives Vive la Esperanza will implement processes for training of staff through the following procedures:

Hope Lives Vive la Esperanza will identify staff that are likely to come into contact with LEP persons as well as management staff that have frequent contact with LEP persons in order to target training to the appropriate staff. Hope Lives Vive la Esperanza will identify existing staff training opportunities, as it may be cost-effective to integrate training on their responsibilities to persons with limited English proficiency into agency training that occurs on an ongoing basis. Hope Lives Vive la Esperanza will include this training as part of the orientation for new employees. Existing employees, especially managers and those who work with the public may periodically take part in re-training or new training sessions to keep up to date on their responsibilities to LEP persons. Hope Lives Vive la Esperanza will implement LEP training to be provided for agency staff. Hope Lives Vive la Esperanza staff training for LEP to include:

- A summary of the **Hope Lives Vive la Esperanza** responsibilities under the DOT LEP Guidance;
- A summary of the **Hope Lives Vive la Esperanza** language assistance plan;
- A summary of the number and proportion of LEP persons in the Hope Lives Vive la Esperanza service area, the frequency of contact between the LEP population and the agency's programs and activities, and the importance of the programs and activities to the population;
- A description of the type of language assistance that the agency is currently providing and instructions on how agency staff can access these products and services; and
- A description of the **Hope Lives Vive la Esperanza** cultural sensitivity policies and practices.

Non-elected Committees Membership Table

Subrecipients who select the membership of transit-related, non-elected planning boards, advisory councils, or committees must provide a table depicting the membership of those organizations broken down by race. Subrecipients also must include a description of the efforts made to encourage participation of minorities on these boards, councils, and committees.

☑ **Hope Lives Vive la Esperanza** does <u>not</u> select the membership of any transit-related committees, planning boards, or advisory councils.

Monitoring for Subrecipient Title VI Compliance

Describe how you monitor your subrecipients. This can be through site visits, submissions of Title VI Plans annually, or training and surveys.

☑ **Hope Lives Vive la Esperanza** does <u>not</u> monitor subrecipients for Title VI compliance. Hope Lives does not have any 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.

There are many steps involved in the planning process prior to the actual construction of a facility. It is during these planning phases that attention needs to be paid to equity and non-discrimination through equity analysis. The Title VI Equity Analysis must be done before the selection of the preferred site.

Note: Even if facility construction is financed with non-FTA funds, if the subrecipient organization receives any FTA dollars, it must comply with this requirement.

☑ Hope Lives Vive la Esperanza has no current or anticipated plans to develop new transit facilities covered by these requirements

Fixed Route Transit Provider Analysis

Fixed Route: Public transit service (other than by aircraft) provided on a repetitive, fixed-schedule basis along a specific route, with vehicles stopping to pick up passengers.

A subrecipient providing fixed route service, as defined above, must determine the distribution of transit amenities or the vehicle assignments for each mode in a non-discriminatory manner. The subrecipient must develop policies to ensure service is not distributed on the basis of race, color, or national origin.

Effective practices to fulfill the Service Standards requirements include developing written policies covering each of the following service indicators: (can be expressed in writing or in table format – see Circular Appendix G & H pp. 87-91)

Board Approval for the Title VI Plan

*(INSERT A COPY OF THE BOARD MEETING MINUTES AFTER
CONDITIONAL CRO APPROVAL. BOARD MINUTES MUST BE FOR THE
YEAR OF THE GRANT APPLICATION CYCLE)

ATTACHMENTS

Title VI Plan Cover Page

Hope Lives Vive la Esperanza 2023

Title VI Contact: Debra Kurkoski, CEO
Title VI Contact Phone: 855-747-6522
Title VI Contact Email: dkurkoski@vivehopelives.org
TTY Number (If applicable): AKORBI 480-739-9233
Alternate Language Phone: 855-747-6522
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Web Address: https://www.hopelivesaz.org
Para Información en Español: Lydia Gutierrez 855-747-652

Last Updated: May-23

SUCCESS STARTS WITH A CHOICE... WHAT'S YOURS?

Obtain your State of Arizona Forensic Peer Recovery
Support Specialist Certification
Hope Lives: AHCCCS approved curriculum,
Graduates are credentialed with the state of Arizona
Trainings are offered
in Mohave, Coconino, and Maricopa County
statewide and offered in Mohave, Coconino, and
Maricopa County

MRT= Moral Reconation Therapy IN-House NA Meetings PSSG=Peer Suicide Survivors Group Forensic Family and Peer Support

Reducing Recidivism and transforming lives by removing barriers

What makes us unique?

- Culturally appropriate, comprehensive, wrap-around service
- Pre-release planning during incarceration
- Jail release pick-up
- Connect to community resources: DES, MVD, Health home, shelter/housing
- Justice system navigation in courts, probation/parole
- Support transitioning from residential treatment to the community

Complete referral Packet must contain all of the following items:

- Individual Service Plan (ISP)
- 2) Assesment (Part E)
- 3) EA1013 (demographics)

All forms must include a valid signature for both clinical team and member, including signature date. Packets must be complete within 72 hours

Benefits Specialist on staff to assist you with applying for renewing, or answering questions regarding.... AHCCCS (DES/SSI) SSI/SSDI Ticket to Work Freedom to Work

AHCCCS Health Plan
United Health Care
Molina Healthcare
Mercy Care
Banner Health
Care 1st
American Indian
Health Plan
Blue Cross Blue Shield

AHCCCS

Hope Lives Vive la Esperaza



1551 W. Van Buren St. Phoenix, AZ 85007 Phone: 855-747-6522

Fax: 602-388-1567

2308 N. 4th Street Flagstaff, AZ 86004 Phone: 928-440-5002

145 N. Lake Havasu Ave Lake Havasu City, AZ 86403 928-315-9189

www.hopelivesaz.org
Interested in becoming a member?

Have your Clinical Team contact us!

HOPE LIVES GROUP

Peer Support Group Attempt/Survivors of Suicide

The purpose of the group is to provide support service to those adult and families who have ideation/attempts and survivors of suicide.

This group will be facilitated on the Hope Lives campus. The group will remain consistent to the adherence of the Whole Health Model and the peer support continuum of care. Group dialogue and activities will be kept confidential: open agenda; all participants will be respected regarding their culture, values and beliefs. Journaling thoughts, emotions and feelings will be used as a learning tool. Facilitators will encourage peers to share imminent thoughts and/or negative thinking with their Counselors and/or Psychiatrist on a regular basis to monitor safety plans.

FORENSIC PEER SUPPORT

TRAINING AND CERTIFICATION

To provide individualized support services, education and skill building opportunities for individuals oarticipating in the criminal justice enviornment : that build upon current knowledge and involvement in meaningful daily activities, provide experiences to improve and develop necessary skills for higher levels of engagement and independence the community, identify needed resources and assist the independent use of community resources. Support the individual through their re/adjustment to new or re-entered communinites and social integration activities: assist the individual in navigating through the community and system processes, connection to evaluation/treatment resources, and SMI systems, and act as a mentor and to help the individual build the skill of self advocacy and communication skills. Thinking for a Change **Integrated Cognitive Behavior** Change Program. **Restoration of Civil Rights** MRT offered virtually

EDUCATION / AWARENESS / PREVENTION WORKSHOPS

- Interpersonal
 Communication
- Parenting
- Travel Training (ADOT)
- Family Psychoeducation
- Heart Math
- Multi-cultural activities
- General Education
 Diploma
- Financial Coaching: increasing financial stability
- Drama Workshop

El éxito comienza con una elección... ¿Lo que es tuyo?

Obtenga su Certificación de Especialista en Apoyo de Recuperación de Pares Forenses del Estado de Arizona Hope Lives: plan de estudios aprobado por AHCCCS, los graduados están acreditados con el estado de arizona Los entrenamientos se ofrecen en Mohave,
Coconino y el condado de Maricopa

TRM= Terapia de Reconciliación Moral Reuniones internas de NA PSSG=Grupo de sobrevivientes de suicidio entre pares Familia Forense y Apoyo de Pares

> Reducir la reincidencia y transformando vidas eliminando las barreras

> > ¿Qué nos hace únicos?

Servicio culturalmente apropiado, completa y envolvente
Planificación previa a la liberación durante el encarcelamiento
Recogida de liberación de la cárcel
Conéctese a recursos comunitarios: DES, MVD, hogar de salud, refuglo/vivienda
Navegación del sistema de justicia en los tribunales, libertad condicional/libertad condicional
Apoyar la transición del tratamiento residencial a la comunidad

El paquete de referencia completo debe contener todos los siguientes elementos:

Plan de Servicio Individual (ISP)
 Evaluación (Parte E)
 EA1013 (datos demográficos)

Todos los formularios deben incluir una firma válida tanto para el equipo clínico como para el miembro, incluida la fecha de la firma.

Los paquetes deben estar completos dentro de las 72 horas.

Especialista en beneficios en el personal
para ayudarle a solicitar
renovar o responder
preguntas sobre....
AHCCCS (DES/SSI)
SSI/SSDI
Boleto para trabajar
Libertod para trabajar

AHCCCS Health Plan
United Health Care
Molina Healthcare
Mercy Care
Banner Health
Care 1st
American Indian
Health Plan
Blue Cross Blue Shield

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Interesado en ser miembro? ¡Haga que su Equipo Clínico se comunique con nosotros!

GRUPO ESPERANZA VIVE

Grupo de apoyo entre pares Intento/Sobrevivientes de Suicidio

El propósito del grupo es brindar un servicio de apoyo a aquellos adultos y familias que tienen ideación/intentos y sobrevivientes de suicidio.

Este grupo será facilitado en el campus de Hope Lives. El grupo se mantendrá consistente con la adhesión al Modelo de Salud Integral y la continuidad de atención de apoyo entre pares. El diálogo y las actividades del grupo se mantendrán confidenciales: agenda abierta; todos los participantes serán respetados en cuanto a su cultura, valores y creencias. Los pensamientos, emociones y sentimientos se utilizarán como una herramienta de aprendizaje. Los facilitadores alentarán a los compañeros a compartir pensamientos inminentes y/o pensamientos negativos con sus consejeros y/o psiquiatras de manera regular para monitorear los planes de seguridad.

APOYO DE PARES FORENSES

ENTRENAMIENTO Y CERTIFICACIÓN

Brindar servicios de apoyo individualizados, educación y oportunidades de desarrollo de habilidades para las personas que participan en el entorno de la justicia penal: que se basan en el conocimiento actual y la participación en actividades diarias significativas, brindan experiencias para mejorar y desarrollar las habilidades necesarias para niveles más altos de participación e independencia en la comunidad., identificar los recursos necesarios y ayudar al uso independiente de los recursos de la comunidad. Apoyar al individuo a través de su re/adaptación a comunidades nuevas o reingresadas y actividades de integración social: ayudar al individuo a navegar a través de la comunidad y los procesos del sistema, conexión con recursos de evaluación/tratamiento y sistemas SMI, y actuar como mentor y para ayudar al individuo a desarrollar la habilidad de autodefensa y habilidades de comunicación.

Talleres de educación / sensibilización / prevención

- · Comunicación interpersonal
- Crianza de los hijos
- · Entrenamiento de viaje (ADOT)
- · Psicoeducación familiar
- · Matemáticas del corazón
- · Actividades multiculturales
- Diploma de Educación General (GED)
- Asesoramiento Financiero:
 aumento de la estabilidad financiera
- · Taller de Teatro
- · Terapia de Reconstrucción Moral (TRM)
- Programa Integrado de Cambio de Comportamiento Cognitivo (T4C)
- · Restauración de los Derechos Civiles