

Comprehensive Civil Rights Plan

January 2025



Beltrami County Health and Human Services

616 America Ave NW Suite 220
Bemidji, MN 56601

218-333-8300 Economic Assistance
218-333-4223 Social Services
218-333-8140 Public Health
218-333-8200 Employment Services

Civil Rights Coordinator: **Anne Lindseth, Health and Human Services Director**
218-333-4195

ADA Coordinator: **Anne Lindseth, Health and Human Services Director**
218-333-4195

Limited English Proficiency Coordinator: **Marten Schrage, Economic Assistance Program Manager**
218-333-8134

The Comprehensive Civil Rights Plan is posted in the Public Health lobby on the 1st floor of the Community Services Center and the Consolidated Intake Lobby on 2nd floor of the Community Services Center.

Americans with Disabilities Act Advisory

This information is available in accessible formats to individuals with disabilities. For information about equal access to services call 218-333-8300 or 218-333-4199.

Dial 711 for relay services or use your preferred relay service.

Purpose

As a recipient of federal financial assistance, Beltrami County Health and 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. Beltrami County Health and Human Services has a civil rights plan 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. The civil rights plan also serves as a source of information for county agency staff and the general public. The plan sets out the agency's 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.

Legal Authority

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)
6. Community Service Assurance Provisions of the Hill-Burton Act (health facilities receiving Hill-Burton Funds)
7. Section 1557 of the Patient Protection and Affordable Care Act
8. Nondiscrimination Provisions of the Omnibus Budget Reconciliation Act of 1981 (Federal Block Grants):
 - 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
14. FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, Food and Nutrition Service, U.S. Department of Agriculture (2005)
15. Equal Opportunity for Religious Organizations Regulation

State

Minnesota Human Rights Act, Chapter 363A

Civil Rights Contact Person

Anne Lindseth
Health and Human Services Director
Beltrami County Health and Human Services
218-333-4195 or use your preferred relay service
Anne.lindseth@co.beltrami.mn.us

1. Equal Opportunity Policy and Procedure

It is the policy of Beltrami County Health and 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. Beltrami County Health and 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.

This policy covers Beltrami County Health and 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 Beltrami County Health and Human Services. The Minnesota Human Rights Act also applies to the work of Beltrami County Health and Human Services and those agencies carrying out its programs.

Program Accessibility for People with Disabilities

Beltrami County Health and 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, Beltrami County HHS 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 parking designated specifically for people with disabilities
- Curb cuts and ramps between parking areas and the Beltrami County buildings
- Level access into the first floor of all Beltrami County buildings with elevator access to all other floors

Reasonable Modifications to Policies, Procedures or Practices

Beltrami County HHS will make reasonable modifications to its policies, procedures or practices when necessary to avoid discrimination on the basis of disability, unless Beltrami County can demonstrate that

making the modifications would fundamentally alter the nature of the services, programs or benefits.

Effective Communication and Auxiliary Aids and Services

Beltrami County 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, Beltrami County Health and 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, Beltrami County Health and Human Services will give primary consideration to the requests of people with disabilities. Beltrami County Health and 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, Beltrami County will find another equally effective auxiliary aid or service.

2. Complaint Resolution Procedure

Beltrami County Health and Human Services Civil Rights Complaint Procedure

Every individual has the right to equal access to services, whether they are an applicant, client or member of the public trying to gain access to human services program information or benefits. Beltrami County Health and Human Services has a civil rights complaint procedure that provides prompt and thorough resolution of civil rights complaints.

Civil rights complaints allege discrimination. Individuals have a right to file a civil rights complaint if they believe they or an individual they care for has been discriminated against because of their race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability, or public assistance status.

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

Everyone has a right to file a civil rights complaint, even if the complaint does not appear to involve discrimination. If the complainant believes that the complainant has been discriminated against by someone providing human services, then a civil rights complaint packet will be provided. Each packet must include the Agency's equal opportunity policy, complaint resolution procedure and complaint form. To file a complaint, ask for Beltrami County Human Services' equal opportunity policy, complaint procedure and complaint form. Use the contact information below to file a complaint. You can also review the law and regulations that outlaw discrimination in the Civil Rights Contact's office at Beltrami County Health and Human Services:

Anne Lindseth,
Health and Human Services Director
Beltrami County HHS
616 America Ave NW Suite 220
Bemidji, MN 56601
Voice: 218-333-4195
FAX: 218-333-4150

Or use your preferred relay service

Complaint Procedure:

- A. Civil rights complaints **must** be submitted to the Civil Rights Contact within 180 days of the date the alleged discrimination occurred.
- B. A complaint **must** be in writing and contain the name and address of the person filing it. Attachment B in the Appendix may be utilized. Complainant should also provide a telephone number or relay service number if deaf or hard of hearing. Provide an email address if it helps get in touch with the complainant. 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.
- C. Beltrami County Human Services **must** conduct an investigation of the complaint, if it is a true civil rights 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. The investigation shall include interviews with individuals involved in the complaint and review of all relevant documents. Beltrami County Health and Human Services will issue a written decision on the complaint within 120 days after its filing and shall notify the complainant of its decision. Beltrami County Health and Human Services will maintain the complaint records and files for three years from the date of the decision. Complaints about program rules are not civil rights complaints and will be resolved through a different complaint process.
 - a. **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
- D. The person filing the complaint may appeal the Agency's 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.
- E. The person filing the complaint will 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. 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)

Ocrmail@hhs.gov

- (b) Supplemental Nutrition Assistance Program (SNAP) and Food Distribution Program on Indian Reservations (FDPIR) state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

F. 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
540 Fairview Avenue North
Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.mdhr@state.mn.us

- (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. 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

G. Arrangements for People with Disabilities:

Beltrami County Health and Human Services **will** make appropriate arrangements to ensure that people with disabilities are provided reasonable modifications or effective communications, if needed, to participate in the complaint process. Reasonable modifications or effective communications 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.

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

H. Complaint Notification Form

Beltrami County Health and Human Services will use the *Complaint Notification Form*, Attachment F, to notify DHS in writing of all service delivery discrimination complaints filed against Beltrami County Health and Human Services and resolved on the county agency level. Beltrami County Health and 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;

3. Disability Compliance

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.

Beltrami County 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.

ADA Contact

Beltrami County 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.

Disability Complaints

People filing disability complaints will use Beltrami County Health and Human Services' civil rights complaint procedure.

ADA Notice Document

Beltrami County Health and 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 Beltrami County 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.

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

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

Disability Policy Prohibiting Discrimination

The Beltrami County Health and Human Services' Equal Opportunity Policy and Procedure includes provisions which prohibit disability discrimination in human services programs. This policy is located in the agency's lobby and is located in the Appendix; Attachment E.

4. Annual Civil Rights Training for the Supplemental Nutrition Assistance Program (SNAP)

Beltrami County Health and Human Services will conduct annual SNAP civil rights training for all staff who administer the SNAP program. Beltrami County Health and Human Services will use DHS' PowerPoint presentation to train staff, document the date of the training each year and document who attends the training.

5. Civil Rights Assurance of Compliance

The Beltrami County Health and Human Services Division Manager and county attorney representative have signed the *2019-2021 State-County Civil Rights Assurance Agreement*. A copy is located in the Appendix; **Attachment D**.

6. CCRP Administration

Beltrami County Health and Human Services will:

- Post a copy of its CCRP in the agency's lobbies where members of the public can review it and in the employee copy rooms and have it available online on the Beltrami County Health and Human Services Intranet 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 each 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 each 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. Beltrami County Health and Human Services will document the date of the training each year and document who attends the training.

1. Appendix

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)
6. Community Service Assurance Provisions of the Hill-Burton Act (health facilities receiving Hill-Burton Funds)
7. Section 1557 of the Patient Protection and Affordable Care Act (the 2020 Final Rule)
8. Nondiscrimination Provisions of the Omnibus Budget Reconciliation Act of 1981 (Federal Block Grants):
 - 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
14. FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, Food and Nutrition Service, U.S. Department of Agriculture (2005)
15. Equal Opportunity for Religious Organizations Regulation

State

Minnesota Human Rights Act, Chapter 363A

Attachment B – Complaint Form
Beltrami County Health and Human Services Civil Rights Complaint Form: Discrimination in Service Delivery

Client Information:

Name: _____
Address: _____
Telephone number(s): _____
Name, Address and Telephone number of someone who will know how to reach you (optional)

Agency Information

Agency: _____
Person in Agency (if known): _____
Agency Address: _____
Agency Telephone: _____

Information about Discrimination Complaint (check as many as apply):

☐ Race ☐ Color ☐ National Origin ☐ Sex ☐ Creed ☐ Religion
☐ Age ☐ Disability ☐ Public Assistance Status ☐ Sexual Orientation ☐ Political Beliefs ☐
If you filed this complaint with any other agency, please give the name, address and telephone number of the agency and the name of the investigator assigned to the case: _____

Details of Discrimination Claim:

Explain what happened to you and please include the following points:
Explain why you believe you were treated differently; 2) Explain how you were treated differently from other people; 3) Give the date(s) of the incident(s) 4) Give the name(s) of the people who were directly involved; 5) If there were any witnesses, give their names(s) and explain what they saw or heard.
If you need more space, attach additional pages:

Signature: _____ **Date:** _____

Equal Opportunity and Access
This information is available in accessible formats for individuals with disabilities by calling 218-333-4199 or by using your preferred relay service. For other information on disability rights and protections, contact the agency’s ADA Coordinator.
Contact: Civil Rights Coordinator
218-333-4199 (voice)
218-333-4150 (fax)
Use preferred relay service



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 county or Tribal Nation human services benefits and services.

What medical conditions may be disabilities?

A disability is a physical, sensory, or mental impairment that substantially limits a major life activity.

Types of disabilities may include:

- Diseases like diabetes, [epilepsy](#) or cancer
- Learning disorders like dyslexia
- Developmental delays
- Mental health conditions
- Hearing loss or low vision
- Movement restrictions like trouble with walking, [reaching](#) or grasping
- History of substance use disorder, 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 a Tribal Nation, that office will let you know if you have a disability based on information from you and your doctor.

What help is available?

If you have a disability, your county or Tribal Nation can help you by:

- Calling 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 provide help
- Helping you to appeal agency decisions 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 or Tribal Nation will help you access [all](#) of the programs that are available to you.

▲ Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex
- political beliefs

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Civil Rights Coordinator
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

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice) 800-657-3704 (toll free)
711 or 1-800-627-3529 (MN Relay)
651-296-9042 (fax)
mail to: info.mdhr@state.mn.us

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion

Contact the **OCR** directly to file a complaint:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue Suite 240
Chicago, IL 60601
Customer Response Center:
Toll-free: 800-368-1019
TDD Toll-free: 800-537-7697
Email: ocrmail@hhs.gov

U.S. Department of Agriculture

Do Not Send Applications Here

In accordance with federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a [Form AD-3027, USDA Program Discrimination](#).

[Complaint Form](#) which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. mail:
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: FNCSIVILRIGHTSCOMPLAINTS@usda.gov

Do Not Send Applications Here

**Please return to your
local county or tribal human services office.**

This institution is an equal opportunity provider.

agency



For accessible formats of this information, ask your county worker.
For assistance with additional equal access to human services, contact
your county's ADA coordinator. ADA4 (2-18)

NO ENGLISH



Attention. If you need free help interpreting this document, call the number in the box above.

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انتباه. إذا احتجت إلى مساعدة مجانية في ترجمة هذه الوثيقة، اتصل بالرقم الموجود في المربع أعلاه. Arabic

মেমনােযোগ িদিন। িষদ আপন িবনামেলয এই িনথটির বযাযার েজনয সহায় চান তােহল ডেপরাকত বােকস থাকা নম্বরটিতে কল করুন। Bengali

သတိပို့ချရန်။ ကျ်စာတမ်းကိ်ဘာသာပြန်ဆိုရန်အတွက် အခမဲ့အကူအညီ လိုအပ်ပါက, အထက်ဖော်ပြပါ အကက်ရှို်နံပါတ်ကိ် ော်ခေါ်ဆိုပါ။ Burmese

ការយកចិត្តទុកដាក់។ របស់នេះនឹងជួយការងារយុត្តិធម៌នៃតុលាការ ុងការ បកស្រាយឯកសារនេះ ស មេរៀនរួមមានទាំងទីតាំងនៃឯកសារ ុងរបបបំបាត់ដី។ Cambodian

注意！如果您需要免費的口譯支持，請撥打上方方框中的電話號碼。 Cantonese (Traditional Chinese)

wán. hécínhàn niyé wáchínyAn wayúiyeska ki de wówapi sutá, ečíyA kin wóiyawa ed ophíye wán. Dakota

Paunawa. Kung kailangan mo ng libreng tulong sa pag-unawa sa kahulugan ng dokumentong ito, tawagan ang numero sa kahon sa itaas. Filipino (Tagalog)

Attention. Si vous avez besoin d'aide gratuite pour interpréter ce document, appelez le numéro indiqué dans la case ci-dessus. French

સાવધાન. જો તમને આ દસ્તાવેજને સમજવા માટે િન:શુલ્ક મદદની જરૂર હોય, તો ઉપરના બોક્સ પેકીના નંબર પર કોલ કરો. Gujarati

ध्यान दें। यदि आपको इस दस्तावेज़ की व्याख्या में िन:शुल्क सहायता की आवश्यकता है, तो ऊपर बॉक्स में िदए गए नंबर पर कॉल करें। Hindi

NO ENGLISH



Lus Ceeb Toom. Yog tias koj xav tau kev pab txhais lus dawb ntawm cov ntaub ntawv no, ces hu rau tus nab npawb xov tooj nyob hauv lub npov plaub fab saum toj no. Hmong

ဟဲသျှဉ်ဟဲသး. နမ့ၢ်လဲၣ်ဘဲ တၢ်မၤစၢၤကလိၤလၢ ကက့ၢ်ထံလံာ်တံၢ်မိၤတဖၣ်အဃံ, ကဲးနီၣ်ဂံၢ်လၢ အအံၣ်ဖဲတၢ်လံာ်ၣ်န့ၢ် လၢတၢ်ဖဲခဲအပူၤတက့ၢ်. Karen

이 문서의 내용을 이해하는 데 도움이 필요하시면 위에 있는 전화번호로 연락해 무료 통역 서비스를 받으실 수 있습니다. Korean

تکایه سه‌رنج بده. ئەگەر بۆ وەرگیرانی ئەم بەلگەنامەیە پێویستت بە یارمەتی بێ‌بەرامبەرە، ئەوا پەیوەندی بەو ژمارەیەوه بکە کە لە بۆکسەکەی سەرەو هەیە. Kurdish Sorani

Baldarî. Ger ji bo wergerandina vê belgeyê hewcedariya we bi alîkariya belas hebe, ji kerema xwe bi hejmara li qutiya jorîn re telefon bikin. Kurdish Kurmanji

Hoǰpín. Tóhán wanǰí thí wíyukčanpi kin yuhá níyunspe hécha čhéya, lé tkíčhun kin k'é nánpa opáwinyan. Lakota

ເອົາໃຈໃສ່. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອພຣີໃນການຕື່ຄວາມເອກະສານນີ້, ໃຫ້ຂໍທາເບີທີຢູ່ໃນປ່ອງຂ້າງເທິງ. Lao

注意！如果您需要免费的口译帮助，请拨打上方方框中的电话号码。 Mandarin (Simplified Chinese)

Pale ro piny: Mi gööri luäk lörä ke luoc kä memε, yotni nämbär εmo tää nhial guäth εμε. Nuer

Mah Biz'sin'dan.

Keesh'pin nan'deh'dam'mun chi'wee'chi'goo'yan chi'nis'too'ta'man oo'weh ooshii'be'kan.

Ishi'kidoon ah'kin'das'soon ka'ooshi'bee'kadehk ish'peh'mik ka'shi ka'ka'kak. Ojibwe

NO ENGLISH



Hubachiisa:-Yoo barreeffama kana hiikuuf gargaarsa bilisaa barbaaddan,
lakkoofsa saanduqa armaan olii keessa jirun bilbilaa Oromo

Atenção. Se você precisar de ajuda gratuita para interpretar este
documento, ligue para o número na caixa acima. Portuguese

Внимание! Если Вам нужна бесплатная помощь в переводе этого
документа, позвоните по телефону, указанному в рамке выше. Russian

Pažnja. Ukoliko vam je potrebna besplatna pomoć u tumačenju ovog
dokumenta, pozovite broj naveden u kvadratu iznad. Serbian

Fiiro gaar ah. Haddii aad u baahan tahay caawimo bilaash si laguugu
turjumo dukumiintigan, wac lambarka ku jira sanduuga sare. Somali

Atención. Si necesita ayuda gratuita para interpretar este documento,
llame al número que aparece en el recuadro superior. Spanish

Zingatia. Iwapo unahitaji msaada usio na malipo wa kutafsiri hati hii, piga
simu kwa namba iliyo kwenye kisanduku hapo juu. Swahili

ልቢ በሉ፡ ነዚ ሰነድ ንምትርጓም ነፃ ሓገዝ እንተ ደልዮም፣ በቲ ኣብ ላዕሊ ኣብ ውሽጢ ሰደፉ
ተቐጣጥኡ ዘሎ ቁጽረ ይደውሉ። Tigrinya

Увага! Якщо Вам потрібна безкоштовна допомога в перекладі цього
документа, зателефонуйте за номером, вказаним у рамці вище. Ukrainian

Xin lưu ý: Hãy liên hệ theo số điện thoại trong ô trên nếu bạn cần bất kỳ
sự hỗ trợ miễn phí nào để hiểu rõ về tài liệu này. Vietnamese

Àkíyèsí. Tí o bá nílò ìrànlówó pèlú tí tú mò àkòólẹ̀ yí, pe nóm̀bà tó wà
nínú àpótí tí wà ló kẹ̀. Yoruba



2024-2026 STATE-COUNTY CIVIL RIGHTS ASSURANCE AGREEMENT

The County Agency, Beltrami County Health and Human Services, agrees to act in accordance with the provisions of the Food and Nutrition Act of 2008, as amended, implementing regulations and any applicable provisions of the FNS approved State Plan of Operation with the State of Minnesota. The County Agency and the State agency further agree to fully comply with any changes in Federal law and regulations. This agreement may be modified with the mutual consent of the County Agency, the State agency, and FNS USDA.

The County Agency agrees to comply with the State-County Civil Rights Assurance Agreement as a condition of receiving Federal financial assistance provided to the State of Minnesota by the USDA under the authority of the Food and Nutrition Act of 2008, as amended.

The State-County 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 from the State of Minnesota by the USDA under the authority of the Food and Nutrition Act of 2008, as amended.

The State of Minnesota may enforce all parts of the Civil Rights Assurance Agreement as a condition of the County Agency's receipt of Federal funds from the State of Minnesota by the USDA under the authority of the Food and Nutrition Act of 2008, as amended.

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 State of Minnesota 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; and to follow the FNS-approved State Plan of Operation.
2. Assurance of Civil Rights Compliance: Comply with Title VI of the Civil Rights Act of 1964 ([42 U.S.C. 2000d et seq.](#)), Title IX of the Education Amendments of

1972 ([20 U.S.C. 1681 et seq.](#)), Section 504 of the Rehabilitation Act of 1973 ([29 U.S.C. 794](#)), the Age Discrimination Act of 1975 ([42 U.S.C 6101 et seq.](#)), section 11(c) of the Food and Nutrition Act of 2008, as of amended (7 U.S.C 2020), Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendments Act of 2008 ([42 U.S.C. 12131-12189](#)) as implemented by Department of Justice regulations at [28 CFR part 35](#) and [36](#), Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000), and all requirements imposed by the regulations issued by the Department of Agriculture to the effect that, no person in the United States shall, on the grounds of sex, including gender identity and sexual orientation, race, color, age, political belief, religious creed, disability, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under SNAP. This includes program-specific requirements found at [7 CFR part 15 et. seq.](#) and [7 CFR 272.6](#).

This assurance is given in consideration of and for the purpose of obtaining any and all Federal assistance extended to the State by the USDA under the authority of the Food and Nutrition Act of 2008, as amended. Federal financial assistance includes grants, and loans of Federal funds; reimbursable expenditures grants or donations of Federal property and interest in property; the detail of Federal personnel; the sale, lease of, or permissions to use Federal property or interest in such property; the furnishing of services without consideration, or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient; or any improvements made with Federal financial assistance extended to the State by USDA. This assistance also includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

By accepting this assurance, the County agency agrees to compile data, maintain records, and submit records and reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review and copy such records, books, and accounts, access such facilities and interview such personnel as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the State agency, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the County agency, its successors, transferees and assignees as it receives assistance or retains possession of any assistance from USDA. The person or persons whose signatures appear below are authorized to sign this assurance on behalf of the County agency.

3. (For States with Indian Reservations only). Implement the program in a manner that is responsive to the special need of American Indians on reservations and

consult in good faith with tribal organizations about that portion of the State's Plan of Operation pertaining to the implementation of the Program for the members of the tribe on reservations.

4. FNS agrees to: 1. Pay administrative cost in accordance with the Food and Nutrition Act of 2008, implementing regulations, and an approved Cost Allocation Plan.
2. Carry out any other responsibilities delegated by the Secretary in the Food and Nutrition Act of 2008, as amended.

By signing on behalf of the County Agency, I state that I am authorized to bind the County Agency to the terms of the 2024-2026 Civil Rights Assurance Agreement and commit it to the above provisions.


Signature of agency representative

Anne Lindseth
Print Name

Beltrami County Health and Human
Services
Name of County Agency

616 America Ave NW Bemidji, MN
56601
Street Address, City, State, Zip Code

Unless amended or rescinded, this 2024-2026 Civil Rights Assurance Agreement is valid through December 31, 2026.

Attachment E

BELTRAMI COUNTY HEALTH AND HUMAN SERVICES EQUAL OPPORTUNITY POLICIES AND PROCEDURES INCLUDING EQUAL ACCESS FOR PEOPLE WITH DISABILITIES

Equal Opportunity Policy

It is the policy of Beltrami County Health and Human Services (Beltrami County) 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.

Beltrami County 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 Beltrami County's 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 Beltrami County. The Minnesota Human Rights Act also applies to the work of Beltrami County and those agencies carrying out the work of Beltrami County.

Program Accessibility Policy for People with Disabilities

Beltrami County 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, Beltrami County will:

- Notify the public about the rights and protections for people with disabilities under the Americans with Disabilities Act.
- Designate an ADA Coordinator 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 parking designated specifically for people with disabilities.
- Curb cuts and ramps between parking areas and the Beltrami County buildings.

Level access into the first floor of all Beltrami County buildings with elevator access to all other floors.

Reasonable Modifications to Policies, Procedures or Practices

Beltrami County will make reasonable modifications to its policies, procedures or practices when necessary to avoid discrimination on the basis of disability, unless Beltrami County can demonstrate that making the modifications would fundamentally alter the nature of the services, programs or benefits.

Effective Communication and Auxiliary Aids and Services

Beltrami County 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, Beltrami County 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, Beltrami County will give primary consideration to the requests of people with disabilities. Beltrami County 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, Beltrami County will find another equally effective auxiliary aid or service.

Attachment F

County Human Service Agency Complaint Notification Form of Complaints Alleging Discrimination in Service Delivery

REQUIREMENT: Beltrami County Human Services must complete this form to notify the DHS Civil Rights Coordinator within 120 days of all service delivery discrimination complaints (i.e., civil rights complaints) filed against them.

1. Complainant Name: _____
2. Complainant Address: _____
3. Complainant telephone numbers: _____
4. Complainant e-mail: _____

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

6. Type of discrimination alleged: _____
7. Description of the alleged discrimination, including dates of occurrence and names and contact information for any witnesses: _____

8. Summary of the investigative findings, including any corrective action ordered: _____

Include with this report 1) the complaint provided by the Complainant, 2) the investigative decision provided to the complainant and 3) any appeal of that decision by the complainant.

Send completed packet to:

DHS Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
PO Box 64997
St. Paul, MN 55164-0097
651-431-3034 (voice) or preferred relay service
651-431-7444 (fax)

Attachment G

Limited English Proficiency (LEP) Plan Beltrami County Health and Human Services

1. Purpose

The purpose of this plan is to document the policies and procedures as it applies to providing meaningful access (language access) to individuals with Limited English Proficiency (LEP) while accessing services and information at Beltrami County Health and Human Services in Bemidji, MN.

2. Authorities

- Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000 et seq.; 45 CFR §80, Nondiscrimination Under Programs Receiving Federal Financial Assistance through the U.S. Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964.
- Section 1557 of the Affordable Care Act (ACA) (Section 1557). <https://www.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf>
- Office for Civil Rights Policy Guidance, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68FR 47311 (2003).
<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html>
- Department of Justice regulation, 28 CFR §42.405(d)(1), Department of Justice, Coordination of Enforcement of Non-discrimination in Federally Assisted Programs, Requirements for Translation.
http://www.justice.gov/crt/grants_statutes/corregt6.txt
- Bilingual requirements in the Food Stamp program, 7 CFR §272.4 U.S. Department of Agriculture, Food and Consumer Service. <http://www.gpo.gov/fdsys/pkg/CFR-1998-title7-vol4/pdf/CFR-1998-title7-vol4-sec272-4.pdf>
- Communications Services, Minnesota Statute § 15.441, subd (1), (2), (3), (4).
<https://www.revisor.leg.state.mn.us/statutes/?id=15.441&format=pdf>
- Information for persons with limited English language proficiency, Minnesota Statute §256.01 subd 16.
<https://www.revisor.mn.gov/statutes/?id=256.01>
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. <https://thinkculturalhealth.hhs.gov/clas>

3. Definitions

- **Culturally appropriate services** – Is the utilization or application of services, testing, and any other methodology that does not have the effect of subjecting individuals with LEP, and/or their families to discrimination because of their race, color, or national origin, or do not have the effect of defeating or substantially impairing accomplishment of the objectives of the program with respect to individuals of a particular race, color, or national origin.- 45 CFR 80.3(b)(2).
- **Effective communication** - In a healthcare and social services delivery settings such as County Programming, effective communication occurs when provider staff have taken the necessary steps to make sure that a person with Limited English Proficiency is given adequate information to understand the

services and benefits available and receives the information and services for which they are eligible. Effective communication also means that a person with Limited English Proficiency (LEP) is able to communicate the relevant circumstances of their situation to the provider, and for the provider has access to the adequate information to do their job.

- **I Speak Cards** - “I Speak” Cards say both in English and target language “I need a (target language) interpreter.”
- **Individual with Limited English Proficiency (LEP)** – A person with Limited English Proficiency or “LEP” is not able to speak, read, write or understand the English language well enough to allow them to interact effectively with healthcare, social services agencies, and other providers.
- **Interpreting** - Interpreting means the oral, verbal or spoken transfer of a message from the source language into the target language. There are different modes of interpreting such as consecutive, simultaneous, sight-translation, and summarization.
- **Language Block (LB)** – Is a block of text that informs readers, in ten different languages, how they can get free help interpreting the information on a particular document or included as an insert in appropriate documents.
- **LEP Implementation Team** (*or responsible individuals for compliance*) - Individuals appointed by Beltrami County HHS Director to review LEP Implementation activities within Beltrami County Health and Human Services.
- **Meaningful access** - Meaningful access to programs, information, and services is the standard of access required of federally funded entities to comply with language access requirements of Title VI of the Civil Rights Act of 1964. To ensure meaningful access for individuals with Limited English Proficiency, service providers must make available to clients and their families language assistance that is free of charge and provided without undue delay resulting in accurate and effective communication.
- **Office for Civil Rights (OCR)** - The Office for Civil Rights is the civil rights enforcement agency of the U.S. Department of Health and Human Services. OCR Region V is the regional office that enforces Title VI in Minnesota for health and human services agencies and providers.
- **Primary languages** - Primary languages are the languages other than English that are most commonly spoken by clientele as identified by Beltrami County collection of demographic data. Currently statistics show that less than 1% of the population of Beltrami County are LEP with the primary languages of Chinese, American Sign Language, and native languages.
- **Qualified Bilingual staff** - Is the person who has met and demonstrated the minimum linguistic proficiency and fluency requirements in both languages (target and source languages), AND has demonstrated cultural responsiveness, AND Beltrami County has documented the above.

If the bilingual staff is going to act as interpreter for others, the above criteria are required, AND at least 8 hours annually of interpreting Continuing Education (CE), AND at least one of the following documented by Beltrami County:

The bilingual staff:

- i. Is a Healthcare Certified Interpreter (CHI, or CoreCHI), Certified Medical Interpreter (CMI), Federal or State Court certified interpreter
 - ii. has received healthcare interpreting training (minimum of 40 hours)
 - iii. has received community interpreting training (minimum of 40 hours)
 - iv. has developed skills and abilities as an interpreter
 - v. understands boundaries and roles as an interpreter
 - vi. abides by the National Code of Ethics and Standards of Practice for Healthcare Interpreters by NCIHC, or Canons and professional code of ethics
 - vii. (Beltrami County) keeps documentation of the above readily available upon request, audits, or in the process of investigations
- **Qualified Interpreter** - A person who either has met training and competency requirements, or who is a certified healthcare, certified federal or state court interpreter and in good standing before their certifying body, AND adheres to the interpreter National Code of Ethics and Standards of Practice for Interpreters in Health Care (National Council on Interpreting in Health Care –NCIHC), the canons of ethics or the conduct for court interpreters, etc.
 - **Sight translation** - The verbal translation (transfer) of a written document from the source language into the target language.
 - **Translation** - Translation means the written transfer of a message from the source language into the target language.

4. Methods of Providing Services to individuals with LEP

The primary methods used are: Telephone interpreter services, Department of Administration Contracted interpretation services, ASL Interpreting Services.

Contracted Qualified Interpreters: Beltrami County has no direct contracts with service providers but will develop one time service contracts with qualified interpreters as needed.

Telephone Interpreter Services: Language Line Services, 800-367-9559

Video Remote Interpreting (VRI) Services: Contracted providers accessed through the Department of Administration

Bilingual staff: (N/A)

LEP Liaison & Coordinator: Marten Schrage, Economic Assistance Program Manager, 218-333-8134, marten.schrage@co.beltrami.mn.us

LEP Liaison Back-up: Anne Lindseth, Health and Human Services Director, 218-333-4195, anne.lindseth@co.beltrami.mn.us

5. Interpreter Services

Beltrami County, without undue delay and at no cost to individuals with LEP and/or their families, provides meaningful access to information and service to all individuals with LEP and/or their families receiving services.

6. Translation of Documents

Beltrami County through the state of MN contracts qualified translators or translating agencies to assist individuals with LEP in translating all vital documents, or documents needed to perform services.

7. Dissemination and Mandatory Training to Agency Staff, Volunteers, and Others

Beltrami County is committed to providing LEP training to:

- All staff at new employee orientation, AND
- At least once a year to all staff, volunteers, and contractors

Beltrami County will keep record of those training sessions and individual record of attendance to training will be part of personnel files. Record of this training will be kept for a minimum of five years and readily available during DHS audits, investigations, or any proceeding and as required by the law.

This training is to include at least the following:

- Title VI of the Civil Rights Act of 1964
- How to work effectively with interpreters, and
- Any other cultural issues related to delivery of information and services to individuals with LEP served by Beltrami County.

This policy is added to the Manual of Policies and Procedures of Beltrami County.

Dissemination of Language Access Information in Public Areas

Beltrami County makes available to individuals with LEP:

- Notice of language access services by posting in public areas the “[Language Poster](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4739-ENG)”, available through DHS public Web site (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4739-ENG>)
- “[I need an interpreter](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4374-ENG)” card available in ten languages and from DHS public Web site (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4374-ENG>)
- Catalogue of Languages (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4059-ENG>)

8. Annual Review of LEP Plan

Beltrami County reviews annually its LEP plan to adjust or modify its contingencies based on demographic data collected by Beltrami County during its delivery of information and services to individuals with LEP throughout the year.

Beltrami County upon DHS request will complete and submit DHS LEP Plan review on an annual basis or as often as requested by DHS.

9. Collection of Data & Its Analysis

Beltrami County is committed to monitor and make reasonable adjustments to comply with Title VI requirements.

Beltrami County will collect:

- Beltrami County will collect demographic data on preferred spoken language, preferred written language, need of interpreter on an annual basis.
- This data will be used to ensure service delivery to all individuals

10. Complaint Process:

Individuals with LEP have the right to file a formal complaint with:

- Beltrami County Health and Human Services:
 - Anne Lindseth
218-333-4195

616 America Ave NW Suite 220, Bemidji MN 56601
anne.lindseth@co.beltrami.mn.us

- Minnesota Department of Human Services (DHS), Limited English Proficiency (LEP) Coordinator:
 - Alejandro Maldonado
651-431-4018
P.O. Box 64997
Saint Paul, MN
55164-0997
alejandro.maldonado@state.mn.us
Fax 651-431-7444
MN Relay 711 or 1-800-627-3529
- Office for Civil Rights (OCR), Region V – Chicago, IL
 - Celeste Davis, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone (800) 368-1019
FAX 312-886-1807
TDD 800- 537-7697
 - <http://www.hhs.gov/ocr/civilrights/complaints/index.html>

This LEP Plan is available in public areas of Beltrami County Health and Human Services, to all staff, volunteer, and contractors, and to members of the community.

Revisions to this LEP Plan

<i>Creation</i>	9/2020	By Anne Lindseth
	No changes made at this time as this is the creation of the LEP plan.	
<i>First Revision</i>	12/2023	
<i>Second Revision</i>	1/2025	
...		

Attachment H

Beltrami County Directions for Interpreter Services

Inform lead/supervisor when utilizing these services or received a call from the language line, for billing purposes.
Supervisors- inform Danielle Johnson in payroll when one of your staff use the language line.

Language Line

Language Line Services, formerly known as AT&T Language Line, provides telephone interpretation in over 140 languages, 24 hours a day, seven days a week. The Minnesota Department of Administration's InterTechnologies Group manages a statewide contract with Language Line Services for use by state and county agencies.

Staff should use Language Line Services when qualified bilingual staff are not available, when the language is one not commonly encountered at Beltrami County or when staff are not sure what language a client speaks.


To access Language Line Services, follow the instruction below:

Dialing instructions to Language Line


- 1) Call Language Line Services **9-1-800-367-9559** a
Press 1 for Spanish or 2 for all other languages (Speak the name of the language at the prompt).
*If you don't know the language, press 0 and you will be transferred to an expert in language identification.
Client ID: **509052**
Organization name: **State of Minnesota**
Personal Access Code: **028781** followed by the "pound key" (#)
- 2) When an interpreter is on the phone and the language is identified:
 - a. State your name
 - b. the organization you are calling from
 - c. a brief description of what you need from your client.
 - d. When the interpreter says "Go ahead, please," the call begins.
- 3) When the conversation is completed, thank both the client and the interpreter and say "Interpreter, end of call" and the call ends.

Receiving a call from Limited English Proficiency (LEP) Client

When you answer a call and determine you need language assistance.

- 1) Ask the caller what language they prefer, then ask the caller to hold and do not hang up.
- 2) Create a 3-way conference call using the transfer/conference button  on your telephone.
- 3) Place the call to the Language Line Services (according to the dialing instructions above) to bring the interpreter on the line.
- 4) Add the caller back to the call by hitting the transfer/conference button again so that all three parties are connected.

To generate a call to a LEP Client

- 1) Place the call to the Language Line Services (according to the dialing instructions above) to bring the interpreter on the line.
- 2) Create a 3-way conference call using the transfer/conference button on your telephone. 
- 3) Hit transfer then dial the client. Once the client is on the line hit transfer/conference again and all parties will be connected.

Helpful hints for using telephone interpreters.

- Enunciate clearly; avoid contractions (e.g., "can't" vs. "cannot").
 - Use short sentences, one idea at a time.
 - Speak slower, pausing after each phrase.
 - Avoid double negatives (e.g., "If you don't appear in person, you won't get your benefits."
 - Avoid colloquialisms and acronyms (e.g., "MFIP"), or explain them.
 - Speak in the first person. Avoid the "he said/she said."
 - Briefly explain technical terms (e.g., "Spend-down").
 - Pause to check understanding and your pace. Confusion for the interpreter means confusion for the client.
 - Ask the interpreter if the client understands. Rephrase if needed.
 - Above all, be patient with everyone. Thank the interpreter.
-
- To hear a demonstration of over-the-phone interpretation, call Language Line Services at (800) 996-8808 or visit their website <https://www.language.com/client-support-center>

Contract interpretation services (in person or video conference)

The Department of Administration maintains statewide master contracts with qualified vendors of spoken language interpreter services. All state agencies and Cooperative Purchase Venture (CPV) members (cities, counties, etc.) can use these contracted vendors. The vendors offer in-person, videoconferencing, and telephone interpreting. Availability and rates vary by vendor and the urgency of the request.

Sign Language Interpretation Services:

<https://mn.gov/deaf-hard-of-hearing/communication-access/interpreter/find/vri.jsp>

ASL Interpreting Services Inc. (ASLIS)

5801 Duluth St Suite 106
Golden Valley, MN 55422
Ph. 763-478-8963 | 1-866-ASL(275)-DEAF(3323)
EIN: 41.1778428
info@aslis.com

Keystone Interpreting Solutions

1799 Hillcrest Ave
St. Paul, MN 55116
Ph: 651-454-7275
info@kisasl.com

Middle English Interpreting

310 4th Ave S Suite 5010 #92710
Minneapolis, MN 55415
Ph: 612-747-2813
schedule@middle-english.com

Reference:

DHS Bulletin #16-89-01
DHS LEP Plan #4210
MN DHS LEP Coordinator