



Policy # C-107
Title VI Program

Corresponding TJC Standard(s)	Origination and Revision Dates: 10/4/2024
Other Authority: Title VI, Civil Rights Act of 1964	Review Dates:
	Responsible Dept.: Corporate Compliance

The Matheny School and Hospital, Inc.
65 Highland Avenue, P.O. Box 339
Peapack, New Jersey 07977
Contact: Compliance Officer
www.matheny.org

Title VI Program

Table of Contents

- Statement of Policy
- Non-Discrimination Policy
- Title VI Complaint Procedure
- Title VI Complaint Form
- List of Transit-Related Title VI Investigations, Complaints, Lawsuits
- Assistance for Individuals with Limited English Proficiency
- Language Assistance Plan
- Minority Representation on Decision-Making Body
- Title VI Public Participation Plan Element
- Board Resolution

Statement of Policy

Policies are principles and rules adopted by the Matheny Board of Trustees in furtherance of its mission, vision, and goals. All activities shall be in full compliance with Matheny policies.

Philosophy

Every human being is a unique person who deserves to be treated with respect and dignity, and each individual must be allowed to determine the course of his/her life to the greatest possible degree.

It is the Matheny philosophy that every person has a capacity for self-actualization and that people who are disabled are entitled to equal opportunities in the pursuit of a meaningful existence. To assume responsibility for self-direction, people with disabilities must have a realistic understanding of their abilities and limitations. This includes honest evaluations by medical, therapeutic, and educational professionals, as well as a wide variety of personal experiences.

All organizations providing services for disabled individuals should focus on fostering the individual's capabilities for self-fulfillment and preparation for an effective role in society when possible. Family involvement should be encouraged and facilitated. Services should be integrated with the community to ensure that a maximal amount of vocational, avocational, and living options are available to disabled patients/students. Throughout Matheny's history, community integration has always been a cornerstone of its philosophy and actions; Matheny continues to support the integration of the disabled into the community to the fullest extent possible.

Mission

Matheny is committed to providing exceptional healthcare and education and high quality of life for its patients/students, while simultaneously working with the State of New Jersey to do so in the least restrictive and most cost-effective manner possible.

Mission Statement

“To provide exceptional care and optimal quality of life for children and adults with special needs and medically complex developmental disabilities.”

The Matheny School and Hospital, Inc.
Title VI Program

Non-discrimination Statement

Discrimination is against the law.

The New Jersey Department of Human Services, Division of Aging Services (Matheny), complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Matheny does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

In order for you to effectively communicate with Matheny, Matheny:

- Provides free aids and services to people with disabilities to communicate, such as:
 - ✓ Qualified sign language interpreter
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services to communicate with Matheny, please contact 1-844-577-7223.

If you believe that Matheny has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, NJ Department of Human Services, Office of Legal and Regulatory Affairs, 222 South Warren Street, PO Box 700, Trenton, New Jersey 08625-0700, 1-888-347-5345 (telephone), or email: DHS-CO.OLRA@dhs.state.nj.us. You can file a grievance in person or by mail, or email.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>.

If you speak any other language, language assistance services are available at no cost to you. Call 1-844-577-7223.

ACS-39
SEP 18

Language Assistance Services Available

ARABIC	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-577-7223
CHINESE	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-577-7223
FRENCH	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-577-7223.
GUJARATI	સુચન: જો તમે ગુજરાતી બોલતા હો, તો ભિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-577-7223.
HAITIAN	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-577-7223.
HINDI	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-577-7223 पर कॉल करें।
ITALIAN	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-577-7223.
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-577-7223 번으로 전화해 주십시오.
POLISH	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-577-7223.
PORTUGUESE	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-577-7223.
RUSSIAN	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-577-7223.
SPANISH	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-577-7223.
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-577-7223.
URDU	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-844-577-7223
VIETNAMESE	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-577-7223 .

Non-Discrimination Policy

The Matheny School and Hospital, Inc. (“Matheny”) operates its programs and services without regard to race, color, national origin, disability or any other basis protected by Title VI of the Civil Rights Act of 1964, as amended, (“Title VI”) and other federal, state and local laws. Persons who believe that they have been aggrieved by any unlawful discriminatory practice under Title VI or other law may file a complaint in writing to Matheny.

To file a complaint, or for more information on Matheny obligations under Title VI, the ADA or other laws, write to or call:

The Matheny School and Hospital, Inc.
65 Highland Avenue, P.O. Box 339
Peapack, New Jersey 07977
Attn: Compliance Officer
1-877-631-0014
Or visit: www.matheny.org

Transportation services provided by Matheny are in whole or part funded through federal funds received through NJ TRANSIT and as an individual you also have the right to file your complaint under Title VI by writing to:

Federal Transportation Administration
FTA Office of Civil Rights
1200 New Jersey Avenue SE
Washington DC 20590

If information is needed in another language, contact 908-234-0011 x1238.
Si necesita información en otro idioma, comuníquese al 908-234-0011 x1238.

Dissemination

The above language is posted by Matheny in the following areas:

- On the Matheny website: www.matheny.org under the “Transportation Policies” tab
- At the Matheny facilities in Peapack and Hillsborough and all of its Group Homes
- All Matheny vehicles

La escuela y el hospital Matheny, Inc. Programa Título VI

Política de no discriminación

La Escuela y Hospital Matheny, Inc. ("Matheny") opera sus programas y servicios sin distinción de raza, color, origen nacional, discapacidad o cualquier otra base protegida por el Título VI de la Ley de Derechos Civiles de 1964, según enmendada ("Título VI") y otras leyes federales, estatales y locales. Las personas que crean que han sido perjudicadas por alguna práctica discriminatoria ilegal bajo el Título VI u otra ley pueden presentar una queja por escrito a Matheny.

Para presentar una queja, o para obtener más información sobre las obligaciones de Matheny bajo el Título VI, la ADA u otras leyes, escriba o llame a:

La escuela y el hospital Matheny, Inc.
65 Highland Avenue, P.O. Recuadro 339
Peapack, Nueva Jersey 07977 Attn:
Oficial de Cumplimiento
compliance@matheny.org
(908) 234-0011 x257
Línea Directa de Cumplimiento: (877) 631-0014

O visite: www.matheny.org

Los servicios de transporte proporcionados por Matheny se financian en su totalidad o en parte a través de fondos federales recibidos a través de NJ TRANSIT y, como individuo, usted también tiene derecho a presentar su reclamo bajo el Título VI escribiendo a:

Administración Federal de Transporte
Oficina de Derechos Civiles del TLC
1200 New Jersey Avenue SE
Washington DC 20590

Si necesita información en otro idioma, comuníquese al 908-234-0011 x1238.

Diseminación

El lenguaje anterior es publicado por Matheny en las siguientes áreas:

- En el sitio web de Matheny: www.matheny.org en la pestaña "Políticas de transporte"
- En las instalaciones de Matheny en Peapack y Hillsborough y en todas sus casas grupales •
Todos los vehículos Matheny

Title VI Complaint Procedure

Any person who believes she or he has been discriminated against by Matheny based on race, color, or national origin in violation of Title VI may file a Title VI complaint by completing and submitting Matheny's Title VI Complaint Form. Matheny investigates complaints received no more than 180 days after the alleged incident. Matheny will process complaints that are complete.

Once the complaint is received, the complainant will receive an acknowledgment letter. Matheny has thirty (30) days to investigate the complaint. If more information is needed to

resolve the case, Matheny may contact the complainant. The complainant has five (5) 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 five (5) business days, Matheny can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator completes its review of 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 Title VI violation and that the case will be closed. A LOF summarizes the allegations and the interviews regarding the alleged incident and indicates whether any disciplinary action or training will occur. If the complainant wishes to appeal the decision, she/he has seven (7) days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

Procedimiento de queja del Título VI

Cualquier persona que crea que ha sido discriminada por Matheny por motivos de raza, color u origen nacional en violación del Título VI puede presentar una queja del Título VI completando y enviando el Formulario de Quejas del Título VI de Matheny. Matheny investiga las quejas recibidas no más de 180 días después del presunto incidente. Matheny procesará las quejas que están completas.

Una vez que se recibe la queja, el demandante recibirá una carta de reconocimiento. Matheny tiene treinta (30) días para investigar la queja. Si se necesita más información para resolver el caso, Matheny puede contactar al demandante. El demandante tiene cinco (5) días hábiles desde la fecha de la carta para enviar la información solicitada al investigador asignado al caso. Si el demandante no se pone en contacto con el investigador o no recibe la información adicional dentro de los cinco (5) días hábiles, Matheny puede cerrar administrativamente el caso. Un caso puede ser cerrado administrativamente también si el demandante ya no desea continuar con su caso.

Después de que el investigador completa su revisión de la queja, él / ella emitirá una de dos cartas al demandante: una carta de cierre o una carta de hallazgo (LOF). Una carta de cierre resume las alegaciones y establece que no hubo una violación del Título VI y que el caso se cerrará. Un LOF resume las acusaciones y las entrevistas sobre el presunto incidente e indica si se realizará alguna acción disciplinaria o capacitación. Si el demandante desea apelar la decisión, tiene siete (7) días después de la fecha de la carta o LOF para hacerlo.

Una persona también puede presentar una queja directamente con la Administración Federal de Tránsito, en la Oficina de Derechos Civiles del TLC, 1200 New Jersey Avenue SE,

Title VI Complaint Form

Note: The following information is needed to assist in processing your complaint.

A. Complainant's information:

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Email Address: _____

Accessible Format Requirements? (Select One or More)

- Large Print
- TDD
- Audio Recording
- Other

B. Person discriminated against (if someone other than complainant):

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Email Address: _____

Relationship to the person for whom you are complaining: _____

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes

No

C. Which of the following best describes the reason you believe the discrimination took place?

Race

Color

National Origin

Other:

D. On what date(s) did the alleged discrimination take place?

Date: _____

Date: _____

Date: _____

Date: _____

Other:

E. Please describe the alleged discrimination. Explain what happened and whom you believe was responsible. 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 additional space is needed, add a sheet of paper.

F. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Check all that apply.

Federal Agency _____

Federal Court _____

State Agency _____

State Court _____

Local Agency _____

If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Address: _____

City/State/Zip Code: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

Email Address: _____

G. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature _____ Date _____

Attachments: Yes _____ No _____ H.

Submit form and any additional information to:

The Matheny School and Hospital, Inc.
65 Highland Avenue, P.O. Box 339
Peapack, New Jersey 07977
Attention: Compliance Officer

Formulario de queja del Título VI

Nota: La siguiente información es necesaria para ayudar a procesar su reclamo.

A. Información del demandante:

Nombre: _____
Dirección: _____ Ciudad
(*): Estado (*): Código postal:

Número de teléfono (casa): _____ Número
de teléfono (trabajo): _____ Dirección de
correo electrónico:

Requisitos de formato accesible? (Seleccione uno o más)
o letra grande o TDD
o cinta de audio o
Otro

B. Persona discriminada (si alguien que no sea el demandante):

Nombre: _____
Dirección: _____ Ciudad
(*): Estado (*): Código postal:

Número de teléfono (casa): _____ Número
de teléfono (trabajo): _____ Dirección de
correo electrónico:

Relación con la persona por la que se está quejando: _____ 6
Explique por qué ha solicitado un tercero: _____

Confirme que ha obtenido el permiso de la parte perjudicada si está presentando una demanda en nombre de un tercero. Oh si o No

C. ¿Cuál de las siguientes opciones describe mejor la razón por la que cree que se produjo la discriminación?

____ Race ____ Color ____ Nacional de origen

Otro:

D. ¿En qué fecha (s) tuvo lugar la supuesta discriminación?

Fecha: _____

Fecha: _____

Fecha: _____

Fecha: _____ Otro:

E. Describa la supuesta discriminación. Explica qué sucedió y quién crees que fue el responsable. Describe a todas las personas que estuvieron involucradas. Incluya el nombre y la información de contacto de la persona (s) que lo discriminó (si lo conoce), así como los nombres y la información de contacto de los testigos. Si se necesita espacio adicional, agregue una hoja de papel.

F. ¿Ha presentado esta queja ante cualquier otra agencia federal, estatal o local, o ante cualquier tribunal federal o estatal? Enumera todos los que aplican.

Agencia Federal _____

Corte federal _____

Agencia del estado _____

Tribunal Estatal _____

Agencia local _____

Si ha marcado arriba, brinde información sobre una persona de contacto en la agencia / tribunal donde se presentó la queja.

Nombre: _____
Título: _____
Dirección: _____ Ciudad
(*): Estado (*): Código postal: _____
Número de teléfono (casa): _____ Número
de teléfono (trabajo): _____ Dirección de
correo electrónico: _____

G. Por favor firme abajo. Puede adjuntar cualquier material escrito u otra información que considere relevante para su reclamo. Fecha de firma _____

Adjuntos: Sí _____ No _____

H. Envíe el formulario y cualquier información adicional a:

La escuela y el hospital Matheny, Inc.
65 Highland Avenue, P.O. Recuadro 339
Peapack, Nueva Jersey 07977
Atención: Oficial de Cumplimiento

List of Transit-Related Title VI Investigations, Complaints and Lawsuits

Matheny shall prepare and maintain a list of any of the following that alleges discrimination based on race, color, or national origin:

- Active investigations conducted by the Federal Transit Administration (“FTA”) and entities other than the FTA;
- Lawsuits; and
- Complaints naming Matheny.

This list shall include the date that the transit-related Title VI investigation, lawsuit, or complaint was filed; a summary of the allegation(s); the status of the investigation, lawsuit, or complaint; and actions taken by the recipient in response, or final findings related to the investigation, lawsuit, or complaint.

	Date (Month, Day, Year)	Summary (include the basis of complaint: race, color, or national origin)	Status	Action(s) Taken
Investigations				
1.				
2.				
Lawsuits				
1.				
2.				
Complaints				
1.				
2.				

Assistance for Individuals with Limited English Proficiency

Under the law, patients have the right to receive, as soon as possible and free of charge, the services of a translator or interpreter to facilitate communication between the patient and health care personnel. Matheny shall take all reasonable steps to ensure meaningful access to its programs and activities by Limited English Proficient (“LEP”) patients, families, and guardians.

Matheny shall determine as to the appropriate mix of LEP services to be available by balancing the following four factors:

1. The number or proportion of LEP persons likely to be encountered.
 - Matheny currently has 101 residents and 43 adult day program participants. 100% of residents comprehend English as a primary language.
2. The frequency with which LEP persons come in contact with Matheny.
 - Matheny residents and program participants come in contact with Matheny Transportation services daily.
3. The nature and importance of the program, activity, or service to people’s lives.
 - Matheny transportation services are provided to ensure that each individual is provided an opportunity to maximize his/her quality of life which includes regular outings for various programs and recreational activities.
4. The resources are available to Matheny.
 - Matheny provides an abundant number of services for all residents who may require LEP assistance including, on-site Speech Therapy and the necessary technology. Matheny also has involvement in a various number of organizations which can provide feedback on the needs of the DD community.
 - Matheny will monitor the effectiveness of its LAP and the outreach activities to the LEP population by requesting regular feedback from service users and meeting with advocacy groups.

LANGUAGE ASSISTANCE PLAN

Possible translator and interpreter services include the use of Matheny staff who is competent healthcare translators and interpreters, outside contracting of translators and interpreters, telephone interpreter lines, community volunteers, and family members and friends as interpreters.

If language services are needed, Matheny shall make the LEP person aware that he/she has the option of having Matheny provide an interpreter for him/her without charge or using his/her interpreter. Except as noted below, Matheny shall respect an LEP person's desire to use an interpreter of his/her choosing (e.g., a professional interpreter, family member, or friend) instead of the free language services offered by Matheny. Matheny shall never require an LEP person to use a family member or friend as an interpreter.

With the use of non-professional interpreters, Matheny shall consider issues of competence, appropriateness, conflicts of interest, and confidentiality in determining whether it should respect the desire of an LEP person to use an interpreter of his/her choosing. Matheny shall take reasonable steps to ascertain whether family, legal guardians, caretakers and other informal interpreters are not only competent in the circumstances, but are also appropriate in light of the circumstances and subject matter of the service, program or activity, and Matheny's need to protect its interest due to inaccurate interpretation.

Communication at Matheny

Of the 144 users of Matheny Transportation services (101 residents and 43 Adult Day Program) with NJ Transit Vehicles, 100% comprehend English as a first language (as documented on each resident/clients FACE sheet).

Of those 144 users, 25% are capable of verbally communicating with necessary members of the organization to address any issues with transportation services. 75% of our residents are nonverbal and can utilize other means of communicating any issues with transportation services.

An individual who is "verbal" can utilize speech-language to communicate comprehensively.

An individual who is "non-verbal" uses other means of communication other than speechlanguage to share their thoughts, concerns, and ideas.

Some of the ways an individual may communicate in ways other than using speech-language are:

- Gestures
- Sign Language
- Body Language
- A.A.C (Augmentative and Alternative Communication) devices
 - Manual communication boards with pictures, numbers, symbols
 - Electronic (Dynavox) communication devices

Matheny provides new hire orientation for all newly hired staff which provides opportunities for employees to gain an understanding of how to work with Matheny's population. Also, the staff is mandated to attend annual training on various aspects of Matheny's services. Matheny Transportation staff is required to participate in annual Title VI training, provided by the compliance officer.

Minority Representation on Decision-Making Body

Body	Caucasian	Latino	African American	Asian	Native American
Matheny Board of Trustees	93%	0%	7%	0%	0%

Body	Caucasian	Latino	African American	Asian	Native American
Resident Advocacy Group	81%	5%	14%	0%	0%

Matheny actively seeks out participation from minority groups for membership on the Board of Trustees and the Resident Advocacy Group.

Title VI Plan – Public Participation Plan Element

- Are our Board/Advocacy Group meetings open to the public?
 - Matheny’s Board meetings and Resident Advocacy Meetings are not open to the public.

- How do you publicize the dates, times, and locations of Board/Advocacy Group meetings?
 - Resident Advocacy Meetings are scheduled with the residents in coordination with our Social Services department.

- Where are Board/Advocacy Group meetings held?
 - Matheny Board meetings and Resident Advocacy meeting are held at the Matheny Campus.

- Is the location accessible to persons with disabilities?
 - Yes.

- Is the location served by your agency’s transportation services during the hours Board/Advocacy Group meetings held? If yes, please describe. If not, do you offer transportation to the meetings upon request?
 - Transportation will be offered if requested.

- What other efforts do you undertake to ensure that transportation riders or clients can attend Board/Advocacy Group meetings?
 - Accommodations to schedules will be made to provide access to individuals wishing to attend Resident Advocacy meetings.

- Do you rely on any counties or cities for funding? If yes, please describe how interested parties can comment on your budget and services at city and town council meetings.
 - No. Matheny does not rely on any counties or cities for funding transportation.

- Discuss any other outreach efforts, including transportation advisory committees, procedures for soliciting comments for service changes, passenger surveys, public involvement for transportation services, presentations, etc.
 - Matheny residents/day program attendees evaluate program services, and transportation to be included in future evaluations.