

# Title VI Plan Cover Page

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## West Yavapai Guidance Clinic dba Polara Health 2023

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**Web Address: [www.Polara Health.com](http://www.PolaraHealth.com)**

**Para Información en Español: Diane Onofrio, 928-445-5211 x3669**

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# Executive Summary

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West Yavapai Guidance Clinic dba Polara Health is a 501(c)3 nonprofit organization established in 1966 to provide mental health, crisis and addiction services for children and adults. The geographic area of focus for POLARA HEALTH is the western portion of Yavapai County, Arizona, to include Prescott, Chino Valley, and Prescott Valley and beyond. Approximately 85 percent of POLARA HEALTH 's currently-enrolled clients are receiving an AHCCCS/Medicaid and/or Medicare benefit, which makes them categorically low/moderate income. We have approximately 3200 clients opened in services at any one time and serve approximately 7300 unduplicated clients per year.

Since its founding in 1966, POLARA HEALTH has grown and has expanded its service array to offer the following: Outpatient counseling for adults, children and families; Support services for persons with serious mental illness; Psychiatry services for children and adults; 24-bed psychiatric hospital, 12-bed unit for Court Ordered Evaluation/Treatment and 8 bed/10 observation chair crisis stabilization unit for adults; 24/7 Crisis walk in center; Vocational services for individuals with disabilities; Senior peer prevention program; Chemical dependency/substance abuse outpatient and 23-bed residential transitional program. POLARA HEALTH remains the largest local provider of mental health, crisis and addiction treatment services in western Yavapai County, serving primarily those who have low to moderate income and/or no income.

The POLARA HEALTH mission is to provide high quality behavioral health services in a professional environment which is sensitive to individual and community needs and resources. POLARA HEALTH exercises a leadership role in providing accessible and affordable services to individuals, families, organizations and the community. Our organizational values include: community participation through an active and committed Board of Directors; maintaining an efficient and effective organization through sound business practices and creative, prudent use of public, private and charitable resources; Interdisciplinary, strength and community-based care using the bio-psychosocial approach in the least restrictive and least intrusive setting possible; Adoption of the Recovery Model based on principles of hope, personal responsibility, empowerment, and a meaningful role in life; Sensitivity to culture, faith, primary language, and other differences and unique features of clients and their families; Partnering with clients and family members to advocate on behalf of individuals and client groups in need of behavioral health resources; Customer service and continuous improvement as foundations of organization strength; A culture of compliance that is integrated into the organization's mission and guided principles.

A 12-member volunteer board leads POLARA HEALTH currently. Its membership is representative of the community. Additionally, the unique insights of family members with persons in the behavioral system are represented, as well as persons who have benefited directly from the behavioral health system. The POLARA HEALTH Board meets bi-monthly, with a related schedule of monthly committee meetings (finance, community relations, program, board nominating and development, human resources, and executive).

The Board has one employee. That is the CEO, Tamara Player. The next in charge is Erin Kantor, Chief Clinical Operations Officer. Additional Senior Leadership includes: Chief Physician Executive Officer, Chief Financial and Administrative Officer/Compliance Officer, and Chief Strategy Officer. We have a Leadership team that consist of Directors and Managers of various Clinical and Operational areas whom run the day to day operations of the organization. The Manager of Housing and Transportation, Ellen Siegfried-Dodd, oversees our transportation department that utilizes the vehicles provided by the 5310 grant funds. She manages the day-to-day operations. For many of the clients we serve, POLARA HEALTH transportation is their only means of transportation to medically necessary behavioral health services.

Specific impacts of POLARA HEALTH in the past fiscal year include: Expansion of service locations to expand an outpatient site in Verde Valley and relocated the only specialty psychiatric hospital in western Yavapai County to a more modern facility increasing the service capacity to 24 adults; Double the number of patients receiving primary care at POLARA HEALTH utilizing 2 locations (Prescott Valley and Prescott), thereby enhancing their health care through provision of an integrated service approach; and continuation of the JumpStart Program which provides 3 to 5 free counseling sessions via locally raised donations for persons who have neither public nor private insurance. It's important to note that impacts on individuals and families occur every day, within every program, of POLARA HEALTH. Whether it is the suicidal person who walks through the door seeking the counsel of a POLARA HEALTH crisis team member, or the foster child who finds consistency and stability with his team of case managers and therapists, the impacts are life changing and occur daily.

**What type of program fund(s) did you apply for?**

- 5310
- 5311
- Other (please explain) \_\_\_\_\_

**Type of Funding Requests? (Check all that apply)**

- Vehicle Funds
- Operating Funds
- Other (please explain) \_\_\_\_\_

**Is your agency receiving direct funds from FTA?**

- If yes, please attach a copy of your FTA letter of approval of Title VI Plan.
- No

# Non Discrimination Notice to the Public

## Notifying the Public of Rights Under Title VI and ADA West Yavapai Guidance Clinic dba Polara Health

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

For more information on the **West Yavapai Guidance Clinic dba Polara Health's** civil rights program, and the procedures to file a complaint, contact **Diane Onofrio, Director of Quality Management & Title VI Coordinator, 928-445-5211 x3669, (TTY 928-445-5211 x1); email [d.onofrio@PolaraHealth.com](mailto:d.onofrio@PolaraHealth.com)**; or visit our administrative office at **3343 N. Windsong Drive, Prescott Valley, AZ 86314**. For more information, visit **[www.PolaraHealth.com](http://www.PolaraHealth.com)**.

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

If information is needed in another language, contact **928-445-5211 x1**. \*Para información en Español llame: **Diane Onofrio, 928-445-5211 x3669**

# Non Discrimination Notice to the Public - Spanish

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## Aviso Público Sobre los Derechos Bajo el Título VI Y ADA West Yavapai Guidance Clinic dba Polara Health

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

Para obtener más información sobre el programa de Derechos Civiles de **West Yavapai Guidance Clinic dba Polara Health**, y los procedimientos para presentar una queja, contacte **Diane Onofrio, Director of Quality Management & Title VI Coordinator 928-445-5211 x3669, (TTY 928-445-5211 x1)**; o visite nuestra oficina administrativa en **3343 N. Windsong Drive, Prescott Valley, AZ 86314**. Para obtener más información, visite **[www.Polara Health.com](http://www.Polara Health.com)**

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

The above notice is posted in the following locations: **Online at POLARA HEALTH 's website, at front desk of all licensed clinics, and in clinic vehicles granted by Title VI.**

This notice is posted online at **[www.Polara Health.com](http://www.Polara Health.com)**

# Non Discrimination ADA/Title VI Complaint Procedures

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These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by **West Yavapai Guidance Clinic dba Polara Health** including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- (1) Any person who believes he and/or she has been discriminated against on the basis of race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency's Title VI Complaint Form.
- (2) Formal complaints must be filed within **180** calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- (3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The ADA/Title VI contact person will assist the complainant with documenting the issues if necessary.
- (4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- (5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.
- (6) Once submitted **West Yavapai Guidance Clinic dba Polara Health** will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the **West Yavapai Guidance Clinic dba Polara Health** or submitted to the State or Federal authority for guidance.

- (7) **West Yavapai Guidance Clinic dba Polara Health** will notify the ADOT Civil Rights Office of ALL Discrimination complaints within 72 hours via telephone at 602-712-8946; or email at [civilrightsoffice@azdot.gov](mailto:civilrightsoffice@azdot.gov).
- (8) **West Yavapai Guidance Clinic dba Polara Health** has 15 business days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 15 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 15 business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
- (9) After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Discrimination violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.
- (10) A copy of either the closure letter or LOF must be also be submitted to ADOT within **72** hours of that decision. Letters may be submitted by hardcopy or email.
- (11) A complainant dissatisfied with **West Yavapai Guidance Clinic dba Polara Health** decision may file a complaint with the Arizona Department of Transportation (**ADOT**) or the Federal Transit Administration (**FTA**) offices of Civil Rights: **ADOT**: ATTN ADA/Title VI Program Coordinator 206 S. 17<sup>TH</sup> Ave MD 155A RM: 183 Phoenix AZ, 85007 **FTA**: Attention Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (12) A copy of these procedures can be found online at: **www.Polara Health.com**.

If information is needed in another language, contact **928-445-5211 x1**. \*Para información en Español llame: **Diane Onofrio, 928-445-5211 x3669**



# Discrimination ADA/Title VI Complaint Form

|   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| <b>Section I:</b>   |                                      |                                     |
| Name:   |                                      |                                     |
| Address:  |                                      |                                     |
| Telephone (Home):   | Telephone (Work):                    |                                     |
| Electronic Mail Address:  |                                      |                                     |
| Accessible Format Requirements?   | <input type="checkbox"/> Large Print | <input type="checkbox"/> Audio Tape |
|   | <input type="checkbox"/> TDD         | <input type="checkbox"/> Other      |
| <b>Section II:</b>  |                                      |                                     |
| Are you filing this complaint on your own behalf?   | <input type="checkbox"/> Yes*        | <input type="checkbox"/> No         |
| <i>*If you answered "yes" to this question, go to <b>Section III</b>.</i>   |                                      |                                     |
| If not, please supply the name and relationship of the person for whom you are complaining.                               |                                      |                                     |
| Please explain why you have filed for a third party:  |                                      |                                     |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. | <input type="checkbox"/> Yes         | <input type="checkbox"/> No         |
| <b>Section III:</b>   |                                      |                                     |

I believe the discrimination I experienced was based on (check all that apply):

- Race       Color       National Origin       Disability

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section VI:**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you previously filed a Discrimination Complaint with this agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If yes, please provide any reference information regarding your previous complaint.

\_\_\_\_\_  
\_\_\_\_\_

**Section V:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

- Yes       No

If yes, check all that apply:

- Federal Agency: \_\_\_\_\_  
 Federal Court: \_\_\_\_\_       State Agency: \_\_\_\_\_  
 State Court : \_\_\_\_\_       Local Agency: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

|                                      |
|--------------------------------------|
| <b>Section VI:</b>                   |
| Name of agency complaint is against: |
| Name of person complaint is against: |
| Title:                               |
| Location:                            |
| Telephone Number (if available):     |

You may attach any written materials or other information that you think is relevant to your complaint.  
 Your signature and date are **required** below:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Please submit this form in person at the address below, or mail this form to:**

**West Yavapai Guidance Clinic dba Polara Health**  
**Diane Onofrio, Director of Quality Management & Title VI Coordinator**  
**3343 N. Windsong Drive, Prescott Valley, AZ 86314**  
**928-445-5211 x3669**  
**d.onofrio@PolaraHealth .com**

A copy of this form can be found online at **www.Polara Health.com**

If information is needed in another language, contact **928-445-5211 x1**. \*Para información en Español llame: **Diane Onofrio, 928-445-5211 x3669**

**Formulario de queja por discriminación conforme al Título VI  
y la Ley sobre Estadounidenses con Discapacidades**

|  |  |   |
|--|--|---|
| <b>Sección I:</b>  |  |   |
| Nombre:  |  |   |
| Dirección:   |  |   |
| Teléfono (hogar):  |  | Teléfono (trabajo):   |
| Dirección de correo electrónico:   |  |   |
| ¿Tiene requisitos de formato accesible?  | <input type="checkbox"/> Letra grande                                      | <input type="checkbox"/> Cinta de audio                                     |
|  | <input type="checkbox"/> Dispositivo de telecomunicación para sordos (TDD) | <input type="checkbox"/> Otro   |
| <b>Sección II:</b>   |  |   |
| ¿Está presentando esta queja en su nombre?   | <input type="checkbox"/> Sí*   | <input type="checkbox"/> No   |
| <i>*Si su respuesta a esta pregunta es "Sí", diríjase a la Sección III.</i>  |  |   |
| De lo contrario, indique el nombre de la persona para quien está presentando la queja y su relación con ella.  |  |   |
| Indique el motivo por el cual está presentando esta queja en nombre de un tercero:   |  |   |
| Confirme que obtuvo el permiso de la persona perjudicada en caso de estar presentando esta queja en nombre de un tercero.  | <input type="checkbox"/> Sí  | <input type="checkbox"/> No   |
| <b>Sección III:</b>  |  |   |
| Considero que la discriminación que experimenté se basó en (marque todas las opciones que correspondan):   |  |   |
| <input type="checkbox"/> Raza  | <input type="checkbox"/> Color   | <input type="checkbox"/> Nacionalidad <input type="checkbox"/> Discapacidad |
| Fecha de la supuesta discriminación (mes, día, año): _____   |  |   |
| Explique de la manera más clara posible qué sucedió y por qué cree que le discriminaron. Mencione a todas las personas involucradas. Incluya el nombre y la información de contacto (si tiene estos datos) de la o las personas que le discriminaron, así como los nombres y la información de contacto de los testigos. Si necesita más espacio, utilice el reverso de este formulario. |  |   |
|  |  |   |
|  |  |   |
| <b>Sección IV:</b>   |  |   |
| ¿Ha presentado una queja por discriminación ante este organismo anteriormente?   | <input type="checkbox"/> Sí  | <input type="checkbox"/> No   |
| En caso afirmativo, proporcione cualquier información de referencia con respecto a su queja anterior.  |  |   |
|  |  |   |

|   |
|---|
| <p><b>Sección V:</b></p> <p>¿Ha presentado esta queja ante otro organismo federal, estatal o local, o ante un tribunal federal o estatal?</p> <p><input type="checkbox"/> Sí    <input type="checkbox"/> No</p> <p>En caso afirmativo, marque todas las opciones que correspondan:</p> <p><input type="checkbox"/> Organismo federal: _____</p> <p><input type="checkbox"/> Tribunal federal: _____    <input type="checkbox"/> Organismo estatal: _____</p> <p><input type="checkbox"/> Tribunal estatal: _____    <input type="checkbox"/> Organismo local: _____</p> <p>Proporcione la información de alguna persona de contacto en el organismo/tribunal ante el cual se presentó la queja.</p> |
|---|

|  |
|--|
| Nombre:                                      |
| Cargo:                                       |
| Organismo:                                   |
| Dirección:                                   |
| Teléfono:                                    |
| <b>Sección VI:</b>                           |
| Nombre del organismo mencionado en la queja: |
| Nombre de la persona mencionada en la queja: |
| Cargo:                                       |
| Ubicación:                                   |
| Número de teléfono (de haber alguno):        |

Puede adjuntar cualquier documentación escrita u otra información que considere importante para su queja. Es necesario que firme y coloque la fecha a continuación.

Firma \_\_\_\_\_

Fecha \_\_\_\_\_

Presente este formulario personalmente en la dirección que se indica a continuación, o envíelo por correo postal a:

West Yavapai Guidance Clinic  
A/A: Alisa Montgomery, Chief Quality Officer & Title VI Coordinator  
3343 N. Windsong Drive  
Prescott Valley, AZ 86314  
928-445-3671  
Correo electrónico: [a.montgomery@wygc.org](mailto:a.montgomery@wygc.org)

Puede encontrar una copia de este formulario en línea en [www.wygc.org](http://www.wygc.org)

# Discrimination ADA/Title VI Investigations, Complaints, and Lawsuits

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

**West Yavapai Guidance Clinic dba Polara Health** has not had any ADA nor Title VI Discrimination complaints, investigations, or lawsuits in **2022**.

| Complainant           | Date<br>(Month,<br>Day, Year) | Basis of<br>Complaint<br>(Race, Color,<br>National<br>Origin or<br>Disability) | Summary of<br>Allegation  | Status   | Action(s) Taken  | Final<br>Findings? |
|-----------------------|-------------------------------|--|---|----------|--|--------------------|
| <b>Investigations</b> |                               |  |   |          |  |                    |
| 1)                    |                               |  |   |          |  |                    |
| <b>Lawsuits</b>       |                               |  |   |          |  |                    |
| 1)                    |                               |  |   |          |  |                    |
| <b>Complaints</b>     |                               |  |   |          |  |                    |
| 1)                    | 10/23/22                      | Caucasian  | Sister of client complained that it is difficult to sign in and allow her brother to have privacy in his sessions due to poor connectivity and staff not set up for the appointment. As a result, she feels they are being punished for needing interpreter services. | Resolved | Looked into the current contract for interpreter service w/ Cyacom to update our contract and services available for clients needs sign language services. There was an update to their system, we signed a contract, and trained our staff as well as updated the information on our agency Intranet. | Resolved           |

# Public Participation Plan

**West Yavapai Guidance Clinic dba Polara Health** is engaging the public in its planning and decision-making processes, as well as its marketing and outreach activities. The public will be invited to participate in the process whether through public meetings or surveys.

As an agency receiving federal financial assistance, **West Yavapai Guidance Clinic dba Polara Health** made the following community outreach efforts and activities to engage minority and Limited English Proficient populations since the last Title VI Plan submittal to ADOT CRO.

**\*Please note the following activities are not a “to do” list for sub-recipients, these are examples of best practices for outreach activities to engage minority and LEP populations.**

**\*CHECK ALL THAT APPLY AND REMOVE THOSE THAT ARE NOT APPLICABLE:**

- Expanded the distribution of agency brochures
- Advertised public announcements through newspapers, fliers, or radio
- Posted the Nondiscrimination Public Notices to the following locations:
  - Within transportation vehicles
  - Pick up and drop off stations
  - Lobby of agency
- Partnered with other local agencies to advertise services provided
- Hosted public information meetings and or hearings (Please insert the dates these meetings occurred below)
- Added public interactive content to the agency’s webpage for the public e.g. social media, to communicate schedule changes or activities (Please provide a web link here)
- Hosted an information booth at a community event (Please insert the date of the event below)
- Updated agency documents/publications to make them more user-friendly e.g. comment forms or agency brochures
- List other \_\_\_\_\_

**West Yavapai Guidance Clinic dba Polara Health** will make the following community outreach efforts for the **upcoming year**:

We partner with many local agencies to create outreach and provide information to our communities :ie United Way of Yavapai County, Mental Health Coalition of Yavapai County, Arizona Community Foundation, Yavapai County Suicide Coalition (just to name a few)

Events: Family Advocacy (April) Autism Awareness (April) Mental Health Awareness (May), Pride Month (June), BIPOC (July) Back to School Events County Wide (August – September), Hopefest (August), VA Stand Down (September), Recovery Day (September). Walk out of Darkness/ Suicide Awareness (September) , Senior Referral Network (Bi-Monthly)

# The Daily Courier

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Polara Health / Courtesy

## Polara Health expanding, relocating facilities around Prescott area

By NANCY HUTSON  
The Daily Courier

Polara Health is expanding and relocating facilities into Prescott as part of a focused effort to broaden its whole-health model to more people who require combined mental health and primary care services.

Come February, Polara Health Executive Director Tamara Player expects to host an open house for its relocated Windhaven Psychiatric Hospital that will move from Prescott Valley into a new, leased space on Whipple Street in downtown Prescott. The new hospital — to be now referred to as Polara Health Psychiatric Hospital — is now under an interior redesign to make it a warm, welcoming atmosphere for the men and women who will be treated so within a short time they are prepared to resume life in the community with extended resources and outpatient care, Player said. The facility will expand from 16 to 24 beds, she noted.

"Our environments need to match our compassionate care," Player said. "Our current hospital has served us well, and was designed to be state-of-the-art in 2005, but there has been a lot more innovation in how to design psychiatric hospitals."

She said the new hospital will have a fireplace, lots of natural light and open air spaces, including a courtyard. The other new facilities will have similar aesthetically pleasing designs, she added.

See POLARA, page 5

### Polara

Page 1

"We want people to come in and feel relaxed," Player said. "They need to feel comfortable when they come in to be by themselves, they can."

"We have no happy walk-in to be in the room, we are meeting and sharing how the support of the community and our family of directors is what these services exist for," she said.

In addition to expansion of the space and equipment, Player anticipated an increase in the number of mental health care providers in Prescott Valley will be relocating to Polara Health. She said she expects to see an increase in the number of providers in Prescott Valley in 2023.

In the past year, the agency has been planning to open a new, expanded facility in Prescott Valley. The new facility will be a 24-bed inpatient psychiatric hospital that will also offer primary care services in its patients. The agency will still maintain its outpatient services, including its addiction services, in its Prescott Valley location.

"We are excited to see the expansion of our services into Prescott Valley," Player said. "We are excited to see the expansion of our services into Prescott Valley, and we are excited to see the expansion of our services into Prescott Valley."

to provide the expansion of integrated services with combined primary care services in Prescott Valley. The agency will also be expanding its services to Prescott Valley in 2023.

Player said the agency will be expanding its services to Prescott Valley in 2023. She said she expects to see an increase in the number of providers in Prescott Valley in 2023. She said she expects to see an increase in the number of providers in Prescott Valley in 2023.

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and additional services, including counseling and primary care. Polara Health expects to see an increase in the number of providers in Prescott Valley in 2023.

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also expand Polara Health's efforts for Active Adult care services. At this time, she said the agency is working to expand its services to Prescott Valley in 2023.

Player said the agency will be expanding its services to Prescott Valley in 2023. She said she expects to see an increase in the number of providers in Prescott Valley in 2023.

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to focused on providing the care of Polara Health. Player said the agency is working to expand its services to Prescott Valley in 2023.

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## May is Mental Health Awareness Month

It's important to recognize that our mental health is closely linked to our physical health, and taking care of both is essential for overall wellbeing.



Join us for **Mental Health Moments in May**  
Quick ideas on prioritizing self-care, creating connection and educating ourselves on the importance of whole body care.

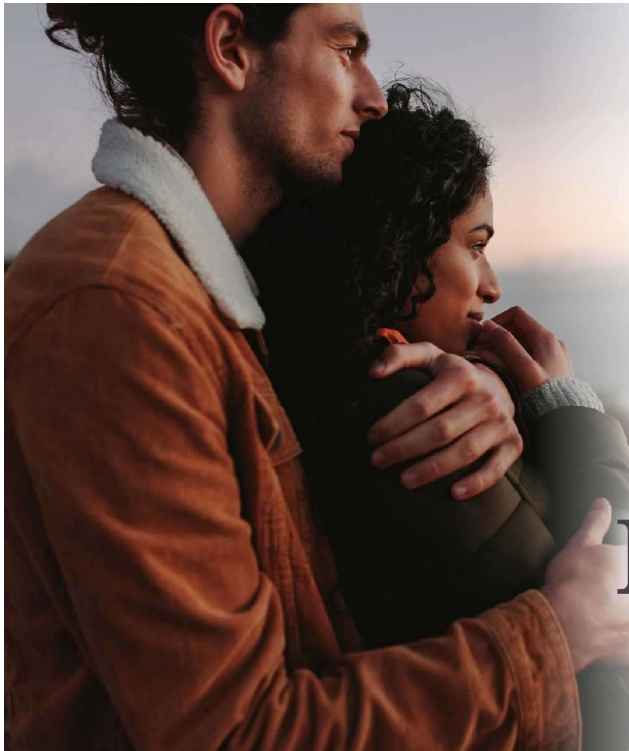


# Polara Health

GUIDING YOUR WAY TO WELLNESS SINCE 1966

Polara Health Crisis Stabilization Unit | 8655 E Eastridge Drive  
Prescott Valley AZ 86314  
[www.polarahealth.com](http://www.polarahealth.com) (928) 445-5211

Polara Health is a qualifying Arizona Charitable Tax Credit Organization.



## Black, Indigenous and People of Color – BIPOC Mental Health Awareness Month

When we reach out for help we begin to heal ourselves and our communities.

If you or a loved one are in need of services or are in crisis, please reach out to us.



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# Helping Children Develop at the Birth to Five Center of Excellence

JULY 28, 2023 BY QUADCITIES — LEAVE A COMMENT



**By empowering parents, we help in creating a strong foundation for a child's lifelong well-being.**

Polara Health's Birth to Five Program is designated as a Center of Excellence. This means we are able to demonstrate:

- Excellent service with high patient satisfaction.
- Proven leadership in the healthcare industry.
- Dedication to preparedness, research and education.
- Focused, evidence-based and outcome-based approach to care.
- Innovative methods for improving quality.
- Strong emphasis on relationships.

Polara Health's Birth to Five Center of Excellence understands that your children develop within a network of relationships and communities. Our highly trained Birth to Five team provides services that are targeted to strengthen these networks from an integrated approach that is developmentally and trauma informed.

Birth to Five programs are essential for supporting children and families during the critical early years of a child's development. These early years set the foundation upon which all subsequent development happens. Our program encompasses a wide range of services and interventions that aim to promote the well-being and healthy growth of young children. By providing comprehensive support to families, Polara Health's Birth to Five program plays a crucial role in fostering optimal child development, enhancing parenting skills and promoting school readiness.

Birth to Five programs recognize the significance of the early years in shaping a child's overall development. During this period, the brain undergoes rapid growth, and children acquire essential cognitive, social, emotional and physical skills that form the foundation for future learning and success. Our program offers a wellness approach to support a child's development by addressing various aspects of his/her well-being, including health, nutrition, early education and social-emotional development.

Another critical component of our Birth to Five program is the support offered to families. Our program recognizes that parents are a child's first and most influential teachers. We provide parents with resources, information and guidance to enhance their parenting skills and promote positive parent-child relationships. Parenting education programs, classes and support groups offer strategies for nurturing a child's development, managing behavior and fostering a supportive home environment. By empowering parents, we help in creating a strong foundation for a child's lifelong well-being.

Additionally, our Birth to Five program fosters social-emotional development, recognizing the importance of emotional well-being in a child's overall growth. Teaching parents to create opportunities for a child to develop social skills, build relationships and regulate their emotions. Through activities such as playgroups, peer interactions and emotional support, a child learns to express feelings, develop empathy and build resilience, which are crucial for his/her social and emotional competence.

It is also important to foster community engagement and collaboration, bringing together families, educators, healthcare providers and community organizations to create a comprehensive support system for the child. By coordinating services and sharing resources, together, we can provide families with a network of support that addresses their diverse needs. Collaboration ensures a seamless transition for children as they move from one stage to another, such as transitioning from early intervention services to preschool.

By offering high-quality early education, health care, parenting support and community engagement, Polara Health's Birth to Five program contributes to ensuring that children have a strong foundation for future success. Birth to Five programs are crucial for creating a community where all children have the opportunity to thrive and reach their full potential.

**Polara Health's Birth to Five services include:**

- A specialized team of therapists and family involvement specialists with expertise in ages 0-5
- Assessment and screening
- Therapeutic intervention
- Trauma-informed parenting classes
- Child skills groups
- Respite services
- Home-based family and direct support services
- Therapy
- Assessment and coordination of care with OT/PT/ST, AZEIP and community resources
- Collaboration with community partners
- Family Involvement Center
- DCS/Court teams
- Healthy Families
- Yavapai County Public Health Nurse
- Kidabilities

For more information about our Children's Services and the Birth the Five Center of Excellence Program, please go to our website: [www.polarahhealth.com](http://www.polarahhealth.com), call us at 928-445-5211, or reach out to one of us. QCBN

**By Leah May and Leah Webb**

Leah May MS, LCSW, IMH-E is the director of Outpatient Behavioral Health Services. Leah Webb M.Ed, LMSW, IMH-E is the clinical site supervisor of the Children's Clinic on Cortez St.

# Limited English Proficiency Plan

**West Yavapai Guidance Clinic dba Polara Health** has developed the following Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to **West Yavapai Guidance Clinic dba Polara Health** services as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

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

- 1) The number or proportion of LEP persons eligible in the **West Yavapai Guidance Clinic dba Polara Health** service area who may be served or likely to encounter by **West Yavapai Guidance Clinic dba Polara Health** program, activities, or services;

| <b>Language Spoken At Home By Ability to Speak English for the Population 5 Years and Over</b> |                                |                        |
|--|--------------------------------|------------------------|
| <b>2021: ACS 5-Year Estimates Detailed Table</b>   |                                |                        |
|  | <b>Yavapai County, Arizona</b> |                        |
| <b>Label</b>   | <b>Estimate</b>                | <b>Margin of Error</b> |
| Total:   | 224547                         | 83                     |
| Speak only English   | 200454                         | 1472                   |
| Spanish:   | 19055                          | 1319                   |
| Speak English "very well"  | 12449                          | 1089                   |
| Speak English less than "very well"  | 6606                           | 998                    |
| French, Haitian, or Cajun:   | 657                            | 206                    |
| Speak English "very well"  | 599                            | 200                    |
| Speak English less than "very well"  | 58                             | 47                     |
| German or other West Germanic languages:   | 1115                           | 275                    |
| Speak English "very well"  | 919                            | 226                    |
| Speak English less than "very well"  | 196                            | 130                    |
| Russian, Polish, or other Slavic languages:  | 286                            | 139                    |
| Speak English "very well"  | 151                            | 87                     |
| Speak English less than "very well"  | 135                            | 94                     |
| Other Indo-European languages:   | 691                            | 217                    |

|   |     |     |
|---|-----|-----|
| Speak English "very well"                 | 451 | 159 |
| Speak English less than "very well"       | 240 | 125 |
| Korean:                                   | 181 | 159 |
| Speak English "very well"                 | 48  | 48  |
| Speak English less than "very well"       | 133 | 134 |
| Chinese (incl. Mandarin, Cantonese):      | 220 | 145 |
| Speak English "very well"                 | 120 | 96  |
| Speak English less than "very well"       | 100 | 86  |
| Vietnamese:                               | 261 | 163 |
| Speak English "very well"                 | 141 | 113 |
| Speak English less than "very well"       | 120 | 98  |
| Tagalog (incl. Filipino):                 | 303 | 160 |
| Speak English "very well"                 | 274 | 155 |
| Speak English less than "very well"       | 29  | 44  |
| Other Asian and Pacific Island languages: | 502 | 159 |
| Speak English "very well"                 | 263 | 117 |
| Speak English less than "very well"       | 239 | 112 |
| Arabic:                                   | 217 | 273 |
| Speak English "very well"                 | 15  | 27  |
| Speak English less than "very well"       | 202 | 259 |
| Other and unspecified languages:          | 605 | 210 |
| Speak English "very well"                 | 511 | 185 |
| Speak English less than "very well"       | 94  | 76  |

- 2) The frequency with which LEP individuals come in contact with an **West Yavapai Guidance Clinic dba Polara Health** services;

**West Yavapai Guidance Clinic dba Polara Health's** staff reviewed the frequency with which office staff, dispatchers and drivers have, or could have, contact with LEP persons for **2022** . **West Yavapai Guidance Clinic dba Polara Health** averages **45** contacts per **YEAR**.

- 3) The nature and importance of the program, activities or services provided by the **West Yavapai Guidance Clinic dba Polara Health** to the LEP population.

Upon intake, or prior to when clients call, clients are asked for their primary language and their preference language in receiving individual, group, case management, hospital, psychiatric and counseling services. We then arrange for interpreters to be present for client for all medically necessary services provided. Clients right to

interpreter services are explained through their health plan information, all member services website information is given to clients upon intake to our facility, and through this plan posted on our intranet and internet.

- 4) The resources available to **West Yavapai Guidance Clinic dba Polara Health** and overall costs to provide LEP assistance. A brief description of these considerations is provided in the following section.

Types of interpreter services provided are:

| Name                                   | Language               |
|--|------------------------|
| Karelia Garcia – Staff                 | Spanish                |
| Mariana Hortin – Staff                 | Spanish                |
| Martiza D’Angelo-Staff                 | Spanish                |
| Marie Gallegos – Contract Staff        | American Sign Language |
| Arizona Freelance Interpreting Service | American Sign Language |
| Cyracom Contract Services              | All Languages          |

**West Yavapai Guidance Clinic dba Polara Health** provides a statement in Spanish and will for additional languages specific to the LEP community make up that will be included in all public outreach notices. Every effort will be made to provide vital information to LEP individuals in the language requested.

**Safe Harbor Provision for written translations**

**West Yavapai Guidance Clinic dba Polara Health** complies with the Safe Harbor Provision, as evidenced by the number of documents available in the Spanish language. With respect to Title VI information, the following shall be made available in Spanish:

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

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

- (1) Notices of free language assistance for persons with LEP
- (2) Notice of Non-Discrimination and Reasonable Accommodation
- (3) Outreach Materials
- (4) Bus Schedules
- (5) Route Changes
- (6) Public Hearings

**\* Please use the “List other” option to indicate activities your agency conducts if they are not included as options.**

1) **West Yavapai Guidance Clinic dba Polara Health** provides language assistance services through the below methods:

**\*CHECK ALL THAT APPLY AND REMOVE THOSE THAT ARE NOT APPLICABLE:**

- Staff is provided a list of what written and oral language assistance products and methods the agency has implemented and how agency staff can obtain those services.
  - Instructions are provided to customer service staff and other **West Yavapai Guidance Clinic dba Polara Health** staff who regularly take phone calls from the general public on how to respond to an LEP caller.
  - Instructions are provided to customer service staff and others who regularly respond to written communication from the public on how to respond to written communication from an LEP person.
  - Instructions are provided to vehicle operators, station managers, and others who regularly interact with the public on how to respond to an LEP customer.
  - Use of "I Speak" cards.
  - Bilingual or multilingual versions of:
    - "How to ride" brochures
    - System maps and timetables
    - Safety and security announcements
    - Service change announcements
  - List other
- 

2) **West Yavapai Guidance Clinic dba Polara Health** has a process to ensure the competency of interpreters and translation service through the following methods:

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

3) **West Yavapai Guidance Clinic dba Polara Health** provides notice to LEP persons about the availability of language assistance through the following methods:

**\*CHECK ALL THAT APPLY AND REMOVE THOSE THAT ARE NOT APPLICABLE:**



- Posting signs in intake areas and other points of entry
- Statements in outreach documents that language services are available from the agency.
- Working with community-based organizations and other stakeholders to inform LEP individuals of the Recipients' services, including the availability of language assistance services
- Announcements at community meetings
- Information tables at local events
- Signs and handouts available in vehicles and at stations
- Announcements in vehicles and at stations
- Agency websites
- Customer service lines
- List other \_\_\_\_\_

4) **West Yavapai Guidance Clinic dba Polara Health** monitors, evaluates and updates the LEP plan through the following process:

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

5) **West Yavapai Guidance Clinic dba Polara Health** trains employees to know their obligations to provide meaningful access to information and services for LEP persons and all employees in public contact positions will be properly trained to work effectively with in-person and telephone interpreters. **West Yavapai Guidance Clinic dba Polara Health** will implement processes for training of staff through the following procedures:

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

LEP persons. **West Yavapai Guidance Clinic dba Polara Health** will implement LEP training to be provided for agency staff. **West Yavapai Guidance Clinic dba Polara Health** staff training for LEP to include:

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

# Derechos y Responsabilidades del Cliente

West Yavapai Guidance Clinic, 642 Dameron Drive, Prescott, AZ, 86301, (928) 445-5211

Los clientes del sistema de cuidado de la West Yavapai Guidance Clinic tienen los derechos y las responsabilidades definidas en las normas del Estado de Arizona, del gobierno federal, y del JCAHO (Comisión de la Acreditación de Organización del Tratamiento de Salud.) Esos derechos incluyen lo siguiente:

## Responsabilidades del Cliente

- Proveer información.* Usted y su familia, según el caso, deben proveer información correcta y completa, lo mejor que sepan, con relación a quejas o dolencias actuales, enfermedades pasadas, hospitalizaciones, medicamentos u otros asuntos relacionados con su salud física y mental. Si usted y su familia notan algún riesgo en su cuidado, tratamiento y servicios o algún cambio inesperado en su condición, deben reportarlo. Usted puede ayudar al personal de WYGC a entender mejor su medio ambiente mediante retroalimentación respecto a las necesidades y expectativas de servicios.
- Hacer preguntas.* Si usted y su familia, según el caso, no comprenden su cuidado, tratamiento o servicios o si no comprenden lo que se espera de ustedes, deben preguntar.
- Seguir las instrucciones.* Usted, su familia y otras personas que usted designe estarán involucrados con el personal de WYGC para determinar su cuidado, tratamiento y plan de servicios. Ustedes deben expresar cualquier inquietud acerca de su habilidad para seguir el plan de cuidado propuesto o el curso del cuidado, tratamiento, o servicios. El personal de WYGC les informará a usted y a su familia sobre el cuidado, tratamiento y servicios propuestos, así como de las alternativas. Se les informará a Usted y a su familia sobre las posibles consecuencias si no se sigue el curso recomendado de tratamiento. Cuando estén de acuerdo con el plan de cuidado desarrollado, tratamiento y servicios, Ustedes serán responsables de seguirlo.
- Aceptar las consecuencias.* Usted y su familia son responsables de las consecuencias si no siguen el plan de cuidado, tratamiento y servicios.
- Respetar las reglas y reglamentos.* Tanto usted como su familia, visitantes y sistema de apoyo, deben respetar las reglas y los reglamentos de WYGC. Estas reglas y reglamentos están disponibles en los programas de cuidado interno y residencial y se le puede dar una copia si lo solicita.
- Mostrar seguridad, respeto, y consideración.* Usted y su familia deben seguir los lineamientos de seguridad y tratar al personal y las instalaciones de WYGC con consideración, así como también a los otros clientes y sus pertenencias. WYGC se reserva el derecho de iniciar procesos legales, civiles y/o penales por daños, perjuicios, y/o intentos de interferir con nuestra operación.
- Cumplir con los compromisos económicos.* Usted y su familia deben cumplir con puntualidad cualquier obligación económica o pago acordado entre ustedes y la organización.
- Comunicación.* Le pedimos de manera muy atenta a Usted y a su familia que nos hagan llegar sus comentarios positivos, inquietudes o quejas a todos los que trabajamos con ustedes, para poder trabajar en conjunto y fomentar la comunicación.

## Derechos del Cliente

- El derecho del acceso de tratamiento sin tener en cuenta la raza, la religión, el género, la orientación sexual, la etnicidad, la edad, o la incapacidad.
- El derecho del acceso de información sobre las reglas correspondientes a la conducta del cliente y sus responsabilidades, específicamente cualquiera que pudiera limitar la libertad personal.
- El derecho a comenzar el tratamiento en una manera oportuna, razonable, y apropiada a las necesidades del cliente.
- El derecho de la privacidad personal incluso el derecho de que no se le tome huellas digitales o fotografías sin consentimiento excepto como mandado por ARS 36-507(2) y que se mantenga confidencial la información sobre los clientes y sus familias.

- El derecho a dar consentimiento general y, si es pertinente, consentimiento informado para el tratamiento, rehusar el tratamiento o retirar el consentimiento general o informado; excepto cuando el tratamiento sea mandado por una corte según ARS 36-5, cuando sea necesario para salvar la vida o la salud del cliente, o cuando sea proporcionado de acuerdo con ARS 36-512.
- El derecho de un tratamiento individualizado, incluso: servicios adecuados y humanos sin tener en cuenta el apoyo económico del cliente o incentivos económicos para WYGC o NARBHA.
- El derecho de un tratamiento que respete la cultura, los valores, y las creencias del cliente y de su familia.
- El derecho de la comunicación de todos los derechos con respeto y con atención al idioma, las necesidades visuales y auditorias, y los valores culturales de la persona.
- El derecho del acceso de servicios de apoyo para entender, ejercer, y proteger los derechos del cliente.
- El derecho de la información sobre los métodos para resolver conflictos y quejas de los clientes, incluyendo el acceso a los procedimientos de quejas formales y apelaciones.  
*Me han explicado las políticas y los procedimientos para quejarse y las comprendo.*
- El derecho a ejercer todos los otros derechos mandados por la ley incluso aquellos para los consumidores de servicios para la salud mental indicados en ARS 36-504 a 514 y para las personas quienes sufren Enfermedad Mental Seria (SMI), indicados en ARS 9-21-201 a 209.
- El derecho ser un participante en las decisiones sobre el tratamiento y los servicios, incluso la resolución de los conflictos, para fomentar la dignidad, autonomía, auto-determinación, y la elección de decisiones informadas.
- El derecho del acceso, sobre una petición, a sus propios archivos según la ley del Estado.
- El derecho a incluir los parientes o guardianes en la planificación de decisiones del tratamiento y del cuidado, como lo crea apropiado y lo desee el cliente.
- El derecho a designar un sustituto para llevar a cabo decisiones (un representante designado) si es que el cliente no es capaz de comprender el tratamiento propuesto o no puede comunicar sus deseos con respeto al tratamiento.
- El derecho para los clientes y sus familias a recibir asistencia para determinar la necesidad de la tutela que asegure que el cliente sea el beneficiario principal.
- El derecho de información sobre las credenciales o habilidades de los empleados quienes participen en el cuidado del cliente.
- El derecho de información precisa sobre el costo de servicios y cargos exactos para los servicios ya recibidos.
- El derecho de la protección de los derechos del cliente durante cualquiera investigación, experimentación, o pruebas clínicas en las que el cliente decide participar.
- El derecho a negar los servicios según ARS 36-512 y 36-513.
- El derecho de un ambiente sin humo.
- Mientras estén internados en el hospital y en tratamiento residencial, los clientes tienen el derecho de los servicios pastorales.
- El derecho de la evaluación y del tratamiento apropiado del dolor.
- El derecho del reembolso de pago cuando los servicios no se han recibidos o si se hace un pago excesivo.

Los clientes recibirán una copia de sus derechos en un idioma comprensible. También, recibirán el libreto

"Northern Arizona Regional Behavioral Health Authority Member Handbook". La documentación del recibo

de estos derechos y de éste libreto (*Handbook*) se pondrá en el archivo del cliente.

*He leído los derechos y las responsabilidades del cliente. Está a mi disposición una copia de estos derechos. Comprendo mis derechos ya declarados. También, he recibido una copia del libreto de miembros (*Handbook*) mencionado anteriormente.*

\_\_\_\_\_  
Firma del Cliente/Guardián

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre del Cliente

\_\_\_\_\_  
Número de identificación

\_\_\_\_\_  
Firma del Guarda (si es aplicable)

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Testigo

\_\_\_\_\_  
Fecha

Lo siguiente es requerido por el Acto Federal De Auto-determinación del Cliente (Federal Patient Self-Determination Act) para todos los clientes adultos. West Yavapai Guidance Clinic no honora ni Asignaciones Avanzadas (Advanced Directives) que tiene que ver con Testamentos Vivos (Living Wills), tampoco reconoce Poderes de Tratamiento de Salud (Health Care Powers of Attorney).

Asignaciones Avanzadas (Advanced Directives)

¿Tiene una Asignación Avanzada (Advanced Directive)?

\_\_\_\_ Sí

\_\_\_\_ No

Si la tiene, favor de proveer una copia para su archivo.

¿Quiere información sobre Asignaciones Avanzadas

(Advanced Directives)?

\_\_\_\_ Sí

\_\_\_\_ No

¿Se dio la información?

\_\_\_\_ Sí

\_\_\_\_ No

# Non-elected Committees Membership Table

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

**West Yavapai Guidance Clinic dba Polara Health** does not select the membership of any transit-related committees, planning boards, or advisory councils.

# Monitoring for Sub-recipient Title VI Compliance

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

**West Yavapai Guidance Clinic dba Polara Health** does not monitor sub-recipients for Title VI compliance.

# Title VI Equity Analysis

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A sub-recipient planning to acquire land to construct certain types of facilities must not discriminate on the basis of race, color, or national origin, against persons who may, as a result of the construction, be displaced from their homes or businesses. “Facilities” in this context does not include transit stations or bus shelters, but instead refers to storage facilities, maintenance facilities, and operation centers.

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

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

**West Yavapai Guidance Clinic dba Polara Health** has no current or anticipated plans to develop new transit facilities covered by these requirements



# Fixed Route Transit Provider Analysis

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

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

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

**West Yavapai Guidance Clinic dba Polara Health** is not a Fixed Route Transit Provider

# Board Approval for the Title VI Plan

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