



SHIAWASSEE COUNTY COMMUNITY  
**Mental Health Authority**

# **Accessibility Plan**

**Multi-Year**

**FY2016 to FY2017**

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## The Organizations Mission Statement:

Improve the overall health and quality of life for the community and individuals we serve by inspiring hope, supporting self-determined lives, encouraging recovery, promoting prevention and effectively integrating care.

## We Value

- ◆ Dignity, Respect and Courtesy (Consistency caps here & not elsewhere) for all individuals,
  - ◆ Upholding the public trust with integrity and accountability,
  - ◆ Opportunities for individuals to reach their potential,
- ◆ Fiscal responsibility, regulatory compliance and efficiency of resources,
  - ◆ A well trained and culturally sensitive workforce,
  - ◆ The use of Evidence Based Practices.

## The Organizations Vision

To provide compassionate and effective treatment that is responsive to the needs and values of the community and individuals we serve, and



To offer these quality services in a welcoming environment, supportive of the cultures, traditions, and values of our community, and



To ensure these easily accessible services are offered in a timely manner and are comprehensive and individually tailored to each individual we serve, and



Present as an organization that is valued as a collaborative resource, establishing relationships with individual and community stakeholders, and



Who creates comprehensive, innovative, and effective services in partnership with these stakeholders, and



Through these efforts encourages community inclusion by combating stigma and promoting prevention programs that support total health and quality of life.

## Statement of Commitment

Shiawassee County Community Mental Health Authority (SCCMHA) welcomes and provides equitable access to all services, programs and opportunities to persons with disabilities. We are committed to promoting, providing and maintaining an environment where dignity, respect and courtesy are demonstrated at all times equally to all consumers.

## Purpose of the Accessibility Plan

The purpose of the Accessibility Plan is to ensure that all programs and services will be optimally accessible for all individuals. This plan is not to be construed as a prescriptive procedure on how accessibility will be implemented. Individual Policies, Procedures and Technical Requirements will be used to identify the exact methodology for implementation. This plan will act as a governing document to identify, minimize and/or remove barriers that might limit or impede the ability of individuals to access services or employment. The plan addresses accessibility to services and equal job opportunities for all individuals with disabilities in accordance with Title I, Title II, and Title III of the Americans with Disabilities Act (ADA) of 1990 as well as Title VI of the Civil Rights Act of 1964.

This Two-Year plan will:

- Describe the Special Needs and Impact Areas to be addressed with this plan,
- Describe the process by which SCCMHA identifies, removes, and prevents barriers;
- Identify methods to review the progress that SCCMHA has made in removing and preventing barriers that were identified in the past planning cycle in its facilities, policies, programs, practices and services,
- Describes the measures SCCMHA will take in the coming years to identify, remove and prevent barriers;
- Describes the method by which SCCMHA determines the effectiveness of those interventions used to eliminate or reduce accessibility barriers.
- Describe the ways that SCCMHA will make this accessibility plan available to the public.

While it is the intent that the Accessibility Plan encompasses a two (2) year duration, the plan will be reviewed annually by the organizations Performance Improvement Committee (PIC) to ensure that it remains a viable response to address compliance to regulatory statutes and meets the intent of organizations Mission, Vision and Values to individuals accessing services.

## Description of the Organization

**The Shiawassee County Community Mental Health Authority** is a public service agency established and operated under Public Act 258 of 1974, as amended. The intent of the Michigan legislation is that all Michigan residents have access to quality, professional, and comprehensive mental health services located in their community.

As a Community Mental Health Authority, SCCMHA primarily serves individuals with serious mental illness, serious emotional disturbance and developmental disabilities in compliance with PA 258, the Michigan Mental Health Code. SCCMHA also provides screening services for individuals with substance

use disorders. SCCMHA owns and operates 2 two clinic sites, and contracts with a number of external organizations for various Medicaid covered services. Additionally, SCCMHA participates in a collaborative agreement with the local Federally Qualified Health Clinic (FQHC) to provide onsite integrated health care. In addition, SCCMHA contracts out the operations of several homes and types of non-clinic based services, including specialized residential, community living supports and respite. SCCMHA employs approximately 225 full, part time and contract staff. It serves approximately 1650 consumers per year.

## Organizational Objectives

1. Enhance the quality of life for those served in programs and services.
2. Monitor and implement nondiscriminatory employment practices.
3. Meet contractual, legal and accreditation requirements.
4. Meet or exceed the expectations of consumers and stakeholders in the area of accessibility
5. To be consistent with the Mission, Values and Vision of the organization.

## Special Needs and Impact Areas

To fulfill its commitment to support the recovery of individuals with serious mental illness, serious emotional disturbance, developmental disabilities and those screened for substance use disorders, SCCMHA strives to promote accessibility and remove barriers for clients, families, employees, stakeholders and community. To this end, the organization adopts an on-going evaluation of accessibility needs and removal of barriers. The following Special Needs and Impact Areas are addressed in this process.

Special needs areas include but are not limited to;

- Mobility
- Sensory Impairment
- Limited English Proficiency
- Cultural Awareness and Sensitivity

In the effort to reasonably accommodate these needs, Impact Areas are continually assessed.

The Impact Areas identified include:

- Communication/Cultural Competence
- Employment
- Architecture
- Environmental
- Attitudinal
- Financial
- Transportation
- Community Integration
- Technology
- Other Barriers

Every effort will be made to grant requests for reasonable accommodation; however, this may not be possible in all instances. Individual situations are assessed through consultation with the persons served, all organizational staff/employees, and when appropriate, the parent, family member, legal guardian/representative or stakeholders. Decisions are made on a case by case basis. Consideration will be given to alternative arrangements to meet the needs of specific individual or unique circumstances.

## Barrier Identification, monitoring and reporting.

The Performance Improvement Committee (PIC) assumes responsibility for the oversight and accountability of the Accessibility Plan. When a barrier is identified, it will be assessed for relevance to one of the identified Impact Areas. The PIC will scope and validate the barrier, the action necessary to effectively address the barrier. If deemed suitable it will be identified for performance improvement by the PIC. Barriers that are determined to be prioritized as Critical or High may require implementation of an Ad Hoc remediation due to impact and urgency. The PIC will still review to determine if more thorough and finite interventions are required moving forward. The PIC will establish a method to:

- track the barrier to be addressed as a PI intervention,
- identify the responsible parties/party,
- identify the level of priority (\*based on identified criteria-see figure #1),
- within the priority level, establish a realistic target date for the reduction and/or removal of the barrier,
- monitor the progress made in resolving the identified barrier, and
- track the resolution/completion date.

SCCMHA uses three metrics for determining the order in which the PIC will process identified accessibility barriers. SCCMHA advocates that priority be made dependent on impact and urgency. Only the Priority value is tracked.

- **Impact:** The effect an incident has on the consumer/s or the organization both positive and negative.
- **Urgency:** The extent to which the incident's resolution can bear delay. Is it an emergency event vs non-urgent? Does it impact access to services, such as during a crisis versus a routine request for service? Can the barrier be addressed based on *foreseeably need do to pending* changes in legislation, contract, etc. .
- **Priority:** How quickly the will this need to be resolved, how many staff will be required to be involved.

**Figure 1: Prioritization of Identified Accessibility Barriers**

Impact	Urgency	Priority
1 - High	1 - High	1 - Critical
1 - High	2 - Medium	2 - High
1 - High	3 - Low	3 - Moderate
2 - Medium	1 - High	2 - High
2 - Medium	2 - Medium	3 - Moderate
2 - Medium	3 - Low	4 - Low
3 - Low	1 - High	3 - Moderate
3 - Low	2 - Medium	4 - Low
3 - Low	3 - Low	5 - Planning

The PIC may choose to use a time limited workgroup to assess, validate and implement remediation efforts of identified barriers. The status of each PI initiative related to an Accessibility Impact Area will be reviewed no less than every three months. Summary information regarding the Performance

Interventions created under the Accessibility Plan will be addressed in the Annual Performance Improvement Summary Report.

## Evaluation of Effectiveness

As the Accessibility Plan is under the auspices of the organizations Performance Improvement Program, SCCMHA will evaluate the impact of interventions implemented to address accessibility barriers. To that end, various methods will be employed to evaluate the effectiveness of those interventions.

As part of the departmental reporting of indicators, every six months the SCCMHA Leadership Team will review and provide input on Agency activities undertaken to meet the above listed Accessibility Plan objectives.

Additionally:

- ◆ The SCCMHA Consumer Advisory Council will review and provide input on agency accessibility activities
- ◆ Focus group interviews will be utilized to assist in the needs assessment process. The primary population groups interviewed should include persons as specified in the mental health code or as outlined in the annual submission. Primary topics might include: access, diversity, training, education s services, outreach and prevention.
- ◆ Customer satisfaction surveys.
- ◆ Review of the grievances, appeals and customer service requests during the year to provide analysis of any systemic problems or barriers that need to be resolved,
- ◆ Utilization Management will review Access Screenings and processes to ensure that individuals are not inappropriately denied services. This may include compliance with notification requirements. If necessary, Performance Improvement initiatives will be implemented to remedy identified areas of concern.
- ◆ Ongoing review of agency media sites as well as annual review of the Consumer Handbook to ensure accuracy of information conveyed.

## Impact Areas.

The items listed below categorically reflect the areas to be addressed.

**Communication/Cultural Competence:** (Lack of material in a language or format that is understood, lack of systems not meeting the needs of those that are sensory impaired, etc.) The agency recognizes that in fulfilling its mission, communication occurs through various modalities. Having the ability to effectively communicate with consumers enhances the mutual understanding of needs and services. The agency values open, direct communication with integrity, both inside and outside the organization.

SCCMHA Behavioral Health leadership is committed with supporting mechanisms to effectively communicate with persons served, companions, families, employees, and stakeholders. The preferred necessary aids should be the primary consideration and be provided, as appropriate, to ensure effective communication when clinical services are being provided during clinical sessions, meetings, seminars, trainings, and conferences. This includes but is not limited to the use of sign language or LEP interpreter services. This will include language-appropriate health educational materials to meet the needs for individuals with limited English proficiency.

No communication aid or service should be denied and are provided at no cost to persons served.

The supports and services provided by the SCCMHA (both directly and through contracted providers) shall demonstrate an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area. Such commitment includes acceptance and respect for the cultural values, beliefs and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services.

SCCMHA values a framework of culturally competent interventions, including the need for minority recruitment into the health professions. Within this framework, provider education on cross-cultural issues assists in the creation of strategies to address racial/ethnic disparities in both physical and health and mental health care.

**Employment:** (Lack of applicants, efficient systems to effectively hire, etc.) It is the policy of SCCMHA to obtain the best-qualified applicants available for each vacancy as it occurs, without regard to sex, race, color, religion, national origin, age, disability or other non-merit or non-job-related factors. SCCMHA values a workforce that reflects the community it serves. SCCMHA leadership are committed to employing skilled team members and support team member training, reasonable accommodations, diversity, recognition, and growth.

**Architecture:** (Steps that prevent access to facilities, no light alarms, signage in Braille, etc.) SCCMHA recognizes that architectural barriers impact the quality of life for individuals with disabilities. The agency engages in reasonable accommodations to ensure that participation in employment and clinical services occur. SCCMHA Leadership and Facilities Manager ensure new construction or future alterations of all owned or leased facilities provide public accommodation that conforms to ADA Accessibility Guidelines and are responsible for evaluating Remodeling / Renovation Projects so as not to compromise, hinder, or impede service delivery.

**Environmental:** (Facilities in areas that team members/persons served feel unsafe or confidentiality may be breached.) SCCMHA Leadership and Facility Manager assure consumers served, visitors, and staff feel safe while in facilities and team members ensure confidentiality measures are taken to prevent breaches. Promoting and providing a healthy and safe environment for consumers and staff is part of the Agency's values for providing quality services. Monitoring the quality of the environment contributes to the provision of excellent services and provides a work setting that promotes optimal production.

**Attitudes:** (Lack of input from person served; inappropriate/outdated literature; denying access, etc.) SCCMHA strives to be faithful to the Mission, Vision and Values of the agency and to demonstrate consistency between beliefs and actions. The Agency and the Board are structured and staffed to reflect the diverse needs of its individuals served, including providing services that are geographically responsive and available during evening and weekend hours. The commitment to cultural and linguistic competency is ongoing—and enhances learning and promotes responsiveness in the treatment delivery to our diverse population. Understanding the needs of the consumer served, seeking innovative ways to better meet their needs, and keeping abreast in the field, shapes the way staff provide individualized quality services.

The reduction of stigma associated with mental illness and substance abuse and their services are keys to the accessibility of behavioral health services. SCCMHA participates in community education and awareness outreach activities aimed at reducing stigma and provides training and education to employees and the community to promote this attitude.

**Financial:** (Lack of resources for basic services, fiscal inefficiencies, etc.) SCCMHA practices financially sound procedures to ensure funds received and funds managed are safeguarded and in compliance with applicable regulatory agencies. SCCMHA is accountable to its internal and external customers by implementing and coordinating administrative systems that support effective and efficient access to services

SCCMHA Behavioral Health strives to provide the resources in the most cost effective and affordable manner to individuals served.

SCCMHA seeks to reduce and/or eliminate financial constraints that may restrict the ability of all eligible consumers to access services consistent with their needs and preferences.

**Transportation:** (Persons served unable to reach facilities or to participate in the full range of services offered.) Transportation has been identified as a concern for a number of SCCMHA consumers. Developing transportation options for the individuals that utilize our services within the county continues to be an area of focus. SCCMHA Behavioral Health programs are located in Owosso. *Programs consider persons served transportation needs as some rural locations and post discharge integration activities include limited transportation. Additionally, Medicaid covers the cost of clinic services for Primary Care.*

**Community Integration:** (Any barrier that would prevent the person served from returning to full participation in the community.) Participation in all community areas is important for the individuals served. SCCMHA strives to help individuals participate in their community by offering opportunities/access to their community. SCCMHA strives to identify and address any barriers to community integration that would prevent persons served from returning to full participation in their community of choice.

**Technology:** (Any barrier that would prevent the necessary transmission and receipt of essential data to provide person served care, operational sustainability, and organizational efficiencies.) SCCMHA Information Services (IS) provides and supports the use of technology for SCCMHA in the effort to provide efficient services and business practices to our staff, contracted providers and consumers.

**Other Barriers:** Other barriers beyond the key elements listed above often occur. These may impact team members, individuals served, companions, and stakeholders.

## Approval of the Plan

During a renewal year the new multi-year Accessibility Plan will be reviewed by the Consumer Advisory Council and the Leadership team with final approval by the CEO. The Performance Improvement Council will review and revised as needed during the carry over year

## Communication of the Plan

The Accessibility Plan is posted on the SCCMHA external website, on the agency Group Drive as well as SharePoint. Copies are available to the public on request. The Accessibility Plan will be presented to the Board as part of ongoing Training. If an individual has any questions regarding the plan, they should contact SCCMHA Customer Services or request to speak to the Director of Strategic Services.

## Notice of Temporary Service Disruption

SCCMHA will provide consumers with notice in the event of a planned or unexpected disruption of any of its facilities or to services customarily accessed by people with disabilities. This notice will include information about the reason for the disruption, its anticipated duration, and a description of alternative facilities or services, if available.

The notice will be posted at all public entrances and reception areas on the premises. In addition, the telephone message at each site will indicate the temporary service disruption. Local radio stations will be utilized when access to services will be disrupted for one program day or more.

#### Attachments:

- Accessibility Plan/Performance Improvement Tracking Table
- Barrier Resolution Request Form

#### Internal References:

- Clinical Policy and Procedure 71; “Accommodations for Cultural Competency, Limited English Proficiency and Communications”.
- Human Resources Policy and Procedure 20; “Employee Declination Request for Religious, Cultural or Ethical Reasons”.
- Human Resources Policy and Procedure 35; “Training Requirements”.
- Recipient Rights Policy and Procedure 39; “Accessibility of Services”.
- Recipient Rights Policy and Procedure 34; “Accommodations”.
- Recipient Rights Policy and Procedure 48; “Cultural Competence”.
- Recipient Rights Policy and Procedure 50; “Customer Service Structure and Operations”.
- Recipient Rights Policy and Procedure 33; “Services to Consumers with Limited English Proficiency”.

#### External References:

- Guidance Memorandum, January 29, 1998, Title VI Prohibition Against National Origin Discrimination – Persons with Limited-English Proficiency
- LEP Press Release, HHS News, US Department of Health and Human Services, Office for Civil Rights, 8/30/00
- Federal Register, volume 67, No. 115, part 438.206 – Availability of services.
- Policy Guidance, Title VI Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency
- Americans with Disabilities Act of 1990 - ADA - 42 U.S. Code Chapter 126, Titles I, II, and III.
- Title II, III and VI of the Civil Rights Act of 1964

