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MEN AND WOMEN FOR HUMAN EXCELLENCE INC. (MWFHE)

ACCESSIBILITY PLAN

PREPARED BY: DR. JUANITA STORY-JONES, DIRECTOR OF PROGRAMS OPERATION
DAVE SIMPSON
COMPLIANCE OFFICER

APPROVED BY: KEITH JOHNSON
PRESIDENT/CHIEF EXECUTIVE OFFICER

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SECTION I: INTRODUCTION

Introduction:
The Accessibility Plan was developed in an effort to unify agency/community mechanisms and methods into one integrated plan and to describe the processes that are involved for the organization, consumers, and other stakeholders (i.e., families, referral sources, etc.) when attempting to identify and eliminate barriers to treatment services. In addition, this plan addresses architectural, environmental, attitudinal, financial, employment, communication, transportation and other agency "identified" barriers to the person served. Through the agency's performance improvement and annual strategic planning processes/initiatives, the organization's leadership has a working knowledge of what must be done to promote an accessible setting. The agency is dedicated to accomplishing this goal, continues to monitor all aspects of the items set forth in this plan to ensure that it is maintained and that there is action taken with follow through with those barriers identified. As a direct result of this process, the agency identifies key goals and objectives to monitor. These goals and objectives are reviewed by leadership, mid-management, relevant committees, and program staff in order to sustain achieved goals and to prepare for the future. This plan is reviewed at least annually and updated as needed.

It is the intention of the agency to eliminate all barriers, actual or perceived, when the consumer is trying to access services. This not only includes architectural barriers, but also those barriers that can present when a client is trying to access the service itself. Barriers are defined as obstacles that keep people apart or hinder communication. If this should occur, client progress or success will not occur. The easy accessibility of services to our clients and their families is of the utmost importance. MWFHE is committed to do everything in its power to ensure that every program offers expedient delivery of service(s), or will immediately assist the client and family in finding a service that best meets their needs. It is critical to meet these demands during times of crisis and high stress and afford the client/family the opportunity to seek services that will help bring a balance in all life areas that can restore the family and all of its values. No MWFHE client, on the basis of race, color, religion, national origin, ethnic background, citizenship status, sex, gender, sexual orientation, gender expression, gender identity, pregnancy status, HIV/AIDS status, Sickle Cell trait, genetic information, marital status, age or disability is excluded from the opportunity to participate in our services.

In 1978, Congress passed the Rehabilitation Act of 1978 which specifically states in Section 504 that "no otherwise qualified handicapped individual in the United States…shall solely by reason of its handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity." In 1990, President Bush signed the Americans with Disabilities Act (ADA), which guaranteed federal civil right protection to 43 million disabled Americans. This law made not only programs, but also physical location accessible to the disabled. According to the ADA, discrimination of programs and services provided by the state and local governments, goods and services provided by private companies and in commercial facilities is prohibited. Integration of individuals with disabilities into the mainstream of society is fundamental to the purpose of the Americans with Disabilities Act. While the ADA has five separate titles, Title II is the section specifically applicable to "public entities" (state and local governments) and the programs, services, and activities they deliver. Title II of the Americans with Disabilities Act provides comprehensive civil rights protections for "qualified individuals with disabilities." An "individual with a disability" is a person who has a physical or mental impairment that substantially limits a "major life activity", or has a record of such an impairment, or is regarded as having such an impairment. DATA recognizes these standards and runs its business accordingly.

Recovery Oriented Language:
Our language represents the meanings we have constructed from experience, prompts attitudes, expectations and actions, and should always reflect unconditional positive regard for people. We may be unaware of the impact our words have on our attitudes as well as upon those around us. The words we choose reflect our attitudes; that we do (or

do not) truly value people, believe in and genuinely respect them. None of us should be defined by our difficulties or diagnoses, or by any single aspect of who we are; we are people first and foremost.

Our language needs to be respectful, non-judgmental, clear and understandable, free of jargon, confusing data, and speculation, and carrying a sense of commitment, hope and presenting the potential for opportunity. We need to give thought to how our language is read/heard by the person to whom we are referring, and could positively contribute to their health and wellbeing (or otherwise), and what meanings we present to people to live by.

Recovery Oriented Language	Outdated Language
Pedro does not have an illness/disability.	Pedro is normal.
Lucy lives with/has a mental illness.	Lucy is schizophrenic.
Pedro is having a rough time.	Pedro is decompensating.
Lucy is having difficulty with her recommended medication.	Lucy is resistant/non-compliant with her medication.
Pedro is trying really hard to get his needs met.	Pedro is manipulative.
Lucy is choosing not to…	Lucy is non-compliant.
Pedro is really good at…	Pedro is high functioning.
Lucy has a tough time taking care of herself.	Lucy is low functioning.
Pedro is experiencing co-occurring mental health and substance use problems.	Pedro is dually diagnosed/addict.
Lucy has a lot of energy right now.	Lucy is manic.
Pedro is experiencing a lot of fear.	Pedro is paranoid.
Lucy has experienced depression for many years.	Lucy is chronic.
It is challenging for me to work with Pedro.	Pedro is very difficult/won't engage in services.

Solicitation of Input by Staff, Clients, and Stakeholders (Person Centered Philosophy):
It is essential to gain continuous input from the person served, personnel and other stakeholders in order to determine if services and sites are easily accessible and to assist the agency in the identification of any other barrier. MWFHE makes every effort to respect the client's and/or companion's preference in selecting the appropriate auxiliary device or service. However, issues such as cost and timely availability of resources may result in the client's and/or companion's first choice of aid or service not being fulfilled. The agency obtains such information from client questionnaires, satisfaction and follow up surveys, suggestion boxes, etc. and reviews all on a monthly basis at the Consumer Care/Satisfaction Committee Meetings. These mechanisms provide all a way to inform the agency of what problems/barriers, if any, they may have encountered while trying to access our services or throughout the course of treatment. This, in turn, allows the agency to make necessary changes to policies and procedure and provide the client with the best possible care.

Staff Training:
MWFHE strongly believes that a trained staff is productive staff. Therefore, the training plan below mirrors that of the training requirements of the Department of Drugs and Alcohol Programs (DDAP), Office of Mental Health & Substance Abuse Programs (OMHSAS), Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), and Commission on Accreditation of Rehabilitation Facilities (CARF). New employee orientation will include training on CFOP 60-10 (Auxiliary Aids and Services for People Who are Deaf or Hard of Hearing), Chapters 1, 3 and 4, Title II of the Americans with Disabilities Act of 1990, CFOP 60-16 (Methods of Administration: Equal Opportunity in Service Delivery), and Section 504 of the Rehabilitation Act of 1973. This is done primarily through the DHBDD/BHTEN online training modules. Annually, all staff will receive training on how to provide assistance to persons with disabilities and persons who are Limited English Proficient. Documentation is maintained in the Litmos platform or the human resources file. At a minimum, this training will consist of:

- Procedures for serving customers and companions who are deaf, hard of hearing, low vision, blind, and person who have mobility limitations.
- Procedures for serving clients who are Limited English Proficient.

- Awareness of deaf or hard of hearing; speech limitations; low vision and blindness; reading limitations and dyslexia; and mobility limitations.

- Available communication options.
- How to provide reasonable accommodations for customers and potential customers, i.e., how to access or purchase auxiliary aids, interpreter services and physical modifications.
- Requirements for making meetings, conferences and services accessible.
- Awareness of the Auxiliary Aids and Service Plan, including how to access the Plan.

Record Retention:
Records relating to the auxiliary aids and services provided shall be retained by the Single Point of Contact and the original document shall be retained in the client's file. All files are kept for a minimum of seven years prior to document destruction.

Administrative Offices: (4282 Memorial Drive, Suite #C, Decatur, Ga 30032)
The building structure at MWFHE's Administrative Offices (Decatur, Philadelphia) lends itself to an environment that allows easy access to persons with disabilities. Handicap parking spaces are allotted near doorways and the entry ways are equipped with required ramps into the interior of the building allowing easy access if the person served, personnel or other stakeholder is in a wheelchair/mobility aid. The route of travel does require the use of stairs in Philadelphia, however, in Decatur there are no stairs at the entrance way, No elevator is not available in the lobby of the buildings. In addition, the route of travel is stable, firm, and slip-resistant. The interior of the facility is free from clutter and/or protruding objects that would prohibit the passage of an individual using a mobility aid. Waiting rooms are large and hallways and offices are wide enough to accommodate the disabled to move about comfortably without restriction. The restrooms located in the building are handicap accessible with at least one restroom dedicated for persons with disabilities. The restrooms are large with the appropriate grab bars for transfer from mobility aid, if necessary. Sinks and soap dispensers are at appropriate heights to accommodate persons with disabilities.

Intensive Outpatient: 4282 Memorial Drive, Suite #C, Decatur, Ga 30032
The building structure at the intensive outpatient facility lends itself to an environment that allows easy access to persons with disabilities. Disabled parking spaces are allotted near doorways and the entry ways are equipped with required ramps into the interior of the facility allowing easy access if the client/staff member is in a wheelchair/mobility aid. The route of travel does not require the use of stairs and is stable, firm, and slip-resistant. The interior of the facility is free from clutter and/or protruding objects that would prohibit the passage of a client/family/staff member using a mobility aid. Waiting rooms are large, and hallways and counselor offices are wide enough to accommodate the person served/staff member to move about comfortably without restriction. The restroom located in the outpatient facility is primarily utilized for clients, however, it is not handicap accessible nor equipped with the appropriate grab bars for transfer from mobility aid, if necessary. The building, however, does have male and female handicap accessible restrooms that are located in the hallway right next to the office. In the event that an individual (a client, family member, and/or staff member) was in need of these restrooms they are readily available at all times. Sinks and soap dispensers are at appropriate heights to accommodate persons with disabilities.

Outpatient (Circuit 19): 2600 W. Cecil B. Moore Avenue, Philadelphia, Pa 19121

The building structure at the outpatient facility lends itself to an environment that allows easy access to persons with disabilities. Handicap parking spaces are allotted near doorways and the entry ways are equipped with required ramps into the interior of the facility allowing easy access if the client/staff member is in a wheelchair/mobility aid. The route of travel does require the use of stairs and is stable, firm, and slip-resistant. The interior of the facility is free from clutter and/or protruding objects that would prohibit the passage of a client/family/staff member using a mobility aid. Waiting rooms are large, and hallways and counselor offices are wide enough to accommodate the person served to move about comfortably without restriction. The restrooms located in the outpatient facility are utilized for clients and staff and are handicap accessible with at least one restroom dedicated for persons with disabilities. The restrooms are large with the appropriate grab bars for transfer from mobility aid, if necessary. Sinks and soap dispensers are at appropriate heights to accommodate persons with disabilities.

★	According to the Americans with Disabilities Act, regulations require that architectural barriers must be removed in public areas of existing facilities when their removal is readily achievable, in other words, easily accomplished and able to be carried out without much difficulty or expense. The agency realizes that barrier removal is an ongoing obligation and is prepared to remove obstacles in the future as situations present and as resources become available. It is the agency's hope to continue to renovate agency facilities and provide an up to date accessible facility, as well as, a homelike, comfortable, and respectable atmosphere for the clients and families we serve. The agency acknowledges that these renovations are necessary in accommodating all populations requiring services.

SECTION III: ACCESS TO CARE BARRIERS

Client Services and Referrals Barriers:
Clients are able to access initial services through the agency's intensive outpatient programs Monday - Thursday from 9:00 A.M. - 6:00 P.M. and Fridays 9:00 A.M. - 5:00 P.M. The intensive outpatient programs screen all potential clients that are requesting treatment services. If they are found appropriate, attempts are made to offer assessment services within 48 hours of the client's first contact to the agency. Clients found to be inappropriate for our services and not meeting admission criteria will be assisted through the agency's referral process to a suitable provider. If the client is in need of residential services, they will immediately be referral. If intensive outpatient therapist caseloads are maximized, client waiting lists may be utilized. If the client is in immediate crisis, or wait lists are exorbitant, the agency will assist the client/family with an appropriate referral immediately.

★	**Dekalb County Crisis** provides Mobile Crisis services and can be reached at 404,294,0499. **All in One Solution** provides Detox services and can be reached at 855.467.5804. Beacon Recovery Center and can be reached at 866.517.3994.

MWFHE will extend every effort possible to accommodate those individuals with disabilities who meet the agency's admission criteria for services. Requests can be made to the agency's Single Point of Contact (Office Manage) via the Customer or Companion Communication Assessment and Auxiliary Aid and Service Record Form. This form identifies the need(s) of the client/family or personnel for accessing reasonable accommodations while accessing our services/or while employed. A reasonable accommodation is defined as a modification or adjustment that would assist the person served or personnel to access benefits and privileges that are equal to those enjoyed by others. When possible, accommodations will be made. However, in the event that we are unable to provide services to an individual, the agency will assist the client in every way possible and link them to an appropriate provider that could best meet their needs. Such providers include Dekalb County Crisis Center, Beacon Recovery Cente, and All in One Solution Center. In addition, staff and clients are encouraged to utilize 311 of Dekalb County by calling 311 or visiting their website at 311dekalbcounty.org. This services is free and regularly updated.

Architectural Barriers:
MWFHE offers a wide range of services that include prevention, intervention, intensive outpatient and outpatient programming. These services are offered to the client throughout Decatur, and Philadelphia Counties. Architectural or "physical" barriers are generally easy to identify. Individuals with disabilities must be able to arrive on the site, approach the building, and enter as freely as everyone else. Providing physical access to a facility from parking lots and sidewalks is basic to making goods and services available to people with disabilities. Having architectural barriers to your facility will prevent people from returning for that service. MWFHE continually assesses all sites and their surroundings to ensure that we eliminate as many architectural barriers as possible. The following areas have been thoroughly assessed at each of MWFHE's locations.

- **Parking:** Self-parking is provided at all facilities. According to the ADA Standard, total space versus accessible spaces required, each of MWFHE's facility parking allowances is adequate to meet this standard. In addition, parking allows for van accessibility for those who use lift-equipped vans or need room to transfer from vehicle to mobility aid (wheelchairs, walkers, crutches). All parking spaces are located on level ground, closest to the lobby entrance and are clearly marked with the appropriate signage.
- **Entryways/ Walkways:** All facilities have easy access for persons who use mobility aids. Facility grounds are neat and clean. Parking lots, walkways and entryways are consistently maintained and are clear and free from cracks, chips, potholes, and debris at all locations. If grounds become cluttered or need repair, (i.e., debris as a result of a severe storm/hurricane), the clinical director immediately notifies program director and has the items

cleared and/or repaired. Client's route of travel does not require the use of steps/stairs and is stable, firm, and slip-resistant. In addition, all facilities have easy access within facility locations (those areas that are not ADA compliant are outlined below). Residential facilities have ramp access into facility classrooms.

- **Light Alarms & Braille:** None of our sites are equipped with light alarms to assist the hearing impaired. Our facilities does not have Braille on signage.
- **Additional Access:** When amenities such as drinking fountains are provided, they are accessible to people with disabilities. There is at least one fountain with clear floor space. In addition, cup dispensers are available if needed.

Environmental Barriers:

Environmental barriers can be interpreted as any location or characteristic of the setting that compromises, hinders, or impedes service delivery and the benefits to be gained. When assessing environmental barriers at each location, consistent client and staff interviews are conducted in order to obtain such information. In addition, environmental barriers are assessed through ongoing facility inspections by the Safety/Risk Facility Management Committee. No trends were identified at any of our sites, however, occasionally information was obtained regarding the type of furnishings or décor, office size/utilization of space, etc. that may impact the comfort level of the person served and personnel. Significant work has been accomplished in this area during the last few years. Our goal is to continue in this general direction. Improvements have included new furnishings for various programs. Resources are also continuously assessed in order to best meet each facilities' needs. We are committed to this goal and feel that it is essential to keep the environment healthy, clean, up-to-date and respectful in order to promote a sense of well-being for our clients and staff. This, in turn, creates an accommodating, home-like environment that all are comfortable in and proud of.

Communication Barriers:

Communication barriers can arise for a number of reasons. The agency may be unable to accommodate a specific population because they do not have on-site access to certain assistive devices (i.e., TDD), they do not have staff members to accommodate those clients whose first language is not English, etc. MWFHE has established a single point of contact, (Human Resources Manager) responsible for arranging these services when needed. Program directors and director are required to submit the customer or companion waiver for free interpreter service form to DATA's single point of contact once the client/companion has completed the form (See Appendix A: Ensuring Accessibility for the Provision of Services Provided). As previously mentioned, MWFHE does not exclude any individual or their family treatment services solely based on their disability, culture, etc. MWFHE will afford every person served the opportunity to receive treatment services and will make every effort to assist the client and/or family to receive additional services that may benefit them while they are in treatment. Additionally, the agency will assist all clients with continuity of care services while attempting to integrate them back into their community. Program directors/designees will link clients to the most appropriate provider/services to assist them with this process. If the agency, however, is not able to meet the needs of a particular population or the needs of a client are beyond the scope of our programs, the agency will follow written policy and procedure regarding referral. One such referral source is the Dekalb Communication (404.294.2900). This program assists the client in a community-based, nonresidential center for independent living designed to maximize the quality of life for all people with disabilities. The agency provides a focal point to which all persons, agencies, and support groups can turn for such services as adaptive technology, outreach, ADA consulting, advocacy, information and referral, peer counseling, support groups and independent living skills training.

Expressive and receptive communication with or without the use of auxiliary aids provides clients and staff an equal opportunity to participate in or benefit from agency programs, services, and/or activities. As a part of this plan, how to access these devices is conveyed effectively and accurately. MWFHE will ensure that clients, applicants and employees who are deaf, hard of hearing, disabled and/or who are limited in English proficiency are notified of their right to submit a request for an accommodation for auxiliary aid(s) to ensure equal opportunity while involved in our services. In Dekalb County special accommodations training are available .

★	Any publicity or invitation for any of the above described events shall include a statement in bold print that states the following: "Persons needing special accommodations to attend this training, should contact the Human Resources at 404.294.2900 at least seven days in advance of the training so that appropriate arrangements can be made."

Limited English Proficiency – Translators and Interpreters:
It is agency policy to take reasonable steps to provide meaningful access to limited English proficient (LEP) individuals who may become clients in any of the agency programs. The policy is to ensure that language will not prevent staff from communicating effectively with LEP clients or their families and that limited English proficiency will not prevent them from accessing important programs and information.

LEP individuals do not speak English as their primary language and have a limited ability to read, write, speak, or understand English. Many LEP persons are in the process of learning English and may read, write, speak, and/or understand some English, but not proficiently. LEP status may be context-specific. For example, an individual may have sufficient English language skills to communicate basic information (name, address etc.) but may not have sufficient skills to communicate detailed information (e.g., medical information, eyewitness accounts, information elicited in an interrogation, etc.) in English.

★	**Federal Statutes and LEP:** Federal laws particularly applicable to language access include Title VI of the Civil Rights Act of 1964, and the Title VI regulations, prohibiting discrimination based on national origin, and Executive Order 13166 issued in 2000. Many individual federal programs, states, and localities also have provisions requiring language services for LEP individuals. Federal law prohibits national origin discrimination and requires meaningful access to LEP persons in federally assisted programs and activities.

Our client population is predominantly English speaking; however, we may encounter a client or family member whose sole language is Haitian Creole or Spanish. We have had to utilize interpretative services in these instances and have called upon MWFHE staff to assist in special situations. Some of our forms are translated into Spanish.

Deaf/Hard of Hearing Barriers:
Any client who may be seeking treatment services and who may be deaf and/or hard of hearing will be assisted any way possible to meet their needs while receiving treatment services and post discharge, if applicable (See Appendix A: Ensuring Accessibility for the Provision of Services Provided). All families are assisted by the program director/designee and will contact the agency's Single Point of Contact Human Resources), who will submit a request to the Department of Children and Families for communication assistance. Families residing in Dekalb County needing services are also referred to Deaf Service Center of DeKalb County (Telephone (404) - 294-2900) and those clients residing in DeKalb County are referred to Deaf Service Center, Telephone (404 –294-2900). This provider advocates for the equal rights of deaf and hard of hearing people with regard to laws such as the Americans with Disabilities Act. Client specialists meet with these individuals and/or their families to evaluate needs, identify appropriate services, provide guidance (including crisis intervention), make assisted referrals, and offer training to promote greater independence.

In approved circumstances, MWFHE will be able to provide a sign language interpreter for a client or companion who is deaf or hard of hearing. This must be arranged by the Single Point of Contact. Auxiliary aids, such as Ease of Access software installed on all agency computers, are available to ensure effective communications for individuals with visual and/or hearing impairments. Local providers that can help assist us with these resources include the Deaf Services Center. This agency provides TDD/TTY equipment (Telecommunication Devices for the Deaf), FAX, amplified telephones from the Dakalb County Telecommunications Relay, Inc. for eligible hearing-impaired individuals, sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts, or

a combination of these. Application and distribution by appointment are available through this provider. TTYs and closed-caption television decoders are available for a short term loan at a nominal fee to individuals or groups. These auxiliary aids are provided to individuals with impaired skills when necessary to afford such persons with an equal opportunity to participate in or benefit from our programs and services. Needs are assessed through consulting with the client and/or family to determine their preferred communication mode. The client's requested method of communication should be sought and considered first. Staff will notify the Single Point of Contact should they be unfamiliar with a requested auxiliary aid or service.

An additional service that can be utilized is the Florida Relay Service 711 (FRS). They can be contacted by dialing 711. The following numbers for FRS may also be of assistance:

- 1-800-955-8771 (TTY)
- 1-800-955-8770 (Voice)
- 1-800-955-1339 (ASCII)
- 1-877-955-8260 (VCO-Direct)
- 1-877-955-5334 (STS)
- 1-877-955-8773 (Spanish)

This service provides a dual party relay system which is an accessible telephone communication relay system that allows the deaf to talk to those with no hearing or speech problems and vice versa. Employers and service providers are able to telephone a job applicant or client who is hearing impaired; and applicants or clients who are hearing impaired are able to call and speak to Human Resource Officers or their counselors.

Visual Disability Barriers:
Consumers who may be visually impaired are assisted to receive necessary services that would benefit them while in treatment and post-discharge, if applicable. Training is provided for The Blind, Inc. - Telephone (4041) 294-2900. This provider offers individual training in daily living skills. Instructional areas include personal and home management, communication skills, counseling, and orientation to mobility techniques. Training in use of computers, technological and/or adaptive equipment for the blind/visually impaired is also available through this provider. Home instruction is provided when appropriate to assure proper use of skills and for individuals unable to attend classes. Services to family members, such as counseling, support, and training, are also available.

Community Integration Barriers:
Barriers to community integration include any barrier that would keep the person served from returning to full participation in their community. The most likely community integration barrier experienced by MWFHE clients is returning to their homes which are frequently in neighborhoods with elevated rates of drug sales and use. Therefore, clients are encouraged to participate in self-help groups or aftercare programs to maintain resilience in their sobriety.

Technology Barriers:
Technology barriers could include the evolving technology, the upkeep of equipment, assistive technology and issues more specific to the populations served. In order to address this barrier, MWFHE encourages clients to report when they are having issues with the use of technology such that a resolution can be collaboratively developed.

Cultural and Language Barriers:
MWFHE acknowledges the high degree of cultural and ethnic diversity in its employee and client base, which includes a myriad of customs, beliefs, languages, knowledge and values. The goal of MWFHE is to promote and support behavioral change to clients, to facilitate responsible behaviors and life styles that benefit the community and society as a whole. MWFHE exemplifies those high ideals which are supportive of an environment focused on cooperation, teamwork, respect and mutual understanding among all of its clients and staff. MWFHE's client base primarily includes: Caucasian, African-American, and Hispanic Cultures. The agency strives to recruit employees and board members who make up these cultures. It is our belief that by having a multi cultured staff composition helps to assist the client/family and staff with specific cultural/language barrier issues. By doing so, MWFHE recognizes individual differences and is sensitive to these

specific cultural differences. It is MWFHE's practice to maintain a list of employees who are bilingual so that they may be utilized if situations are presented and their services are needed throughout the agency. The Human Resources maintains all such lists. In addition, no client is turned away from any MWFHE Service solely based on their cultural background. Instead, the agency would strive to find all resources available, including utilization of current staff members, to assist them through the treatment process.

In addition, to the above identified language barriers/resources, MWFHE makes every attempt to communicate agency documents in people first languages and in a language that is age appropriate and understood by the client/family. When possible, we also attempt to obtain materials, surveys, signage, etc. that is communicated in multiple languages in order to meet the population base we serve.

Gender Barriers:
MWFHE recognizes that often the person served may have specific issues that would be more appropriate for a specific therapist (i.e., female client to female therapist). Also, it is recognized that clients may specifically request the same sex therapist because of situations they have experienced. MWFHE makes every attempt to make the client and therapist relationship as compatible as possible.

Transportation Barriers:

- **Not Applicable MWFHE does not provide**

Financial Barriers:
As a private, nonprofit organization, it is our intention to provide high quality/cost effective stimulant use and opioid use treatment. The cost of ALL services, as appropriate, are free or based on a sliding fee scale. No one is ever turned away due to the inability to pay for our services.

Attitudinal Barriers:
MWFHE has developed a range of treatment services that are designed to address the client as an integral part of his/her family and community. MWFHE does not exclude treatment services to any individual or their family solely based on race, color, religion, national origin, ethnic background, citizenship status, sex, gender, sexual orientation, gender identify, gender expression, pregnancy status, HIV/AIDS status, Sickle Cell trait, genetic information, marital status, age or disability, as well as, other classifications protected by applicable state or local laws. In addition, services are provided in an age and culturally appropriate setting.

- **Staff Barriers:** Attitudinal barriers consist of staff or others who show disregard or prejudice(s) against those persons with disabilities, cultural differences, etc. MWFHE is devoted to providing ongoing staff competency training and feels that it is necessary to provide ongoing communication, education and training to create awareness and understanding of these sensitive issues. In some instances, training may be centered on areas such as cultural barriers, disability awareness/education, and/or situational training. MWFHE recognizes that individuals come from a wide variety of backgrounds. As a result, some employees are often unaware of certain customs and rituals that take place in that setting. It is imperative to consistently educate staff so that they become aware of these differences and become culturally sensitive to the clients we serve. MWFHE provides our employees with ongoing education in this area to benefit our consumers and their careers. All employees are required to undergo mandatory cultural competency training on an annual basis. In addition, all clinical staff are required to meet with their supervisor on a regular basis to staff clients for appropriateness and/or to identify problematic treatment areas. This gives the employee an opportunity to discuss specific situations with their immediate supervisor and allows for ongoing feedback with difficult or unfamiliar situations. In addition, if a clinical situation arises and falls beyond the scope of the employee, they are required to immediately address this with their supervisor and obtain consultation to decide treatment direction and to provide treatment referrals as appropriate.

- **Community of Choice/Client Stigma Barriers:** Attitudinal barriers can also consist of the general public being

prejudice against the substance abusing population. The individual with a substance use issue is often stigmatized and to admit that one has a problem that is out of their control is not easy. Unfortunately, the public has taken on this prejudice which contributes to how these people feel. That is why it is imperative that substance use providers get out into their communities and educate the public about this disease and all that it entails. Our agency is committed to accomplish this goal and provides ongoing public interaction and positive relations within the communities we serves (i.e., community service projects, trainings and seminars to students, United Way meetings, tours, active in substance use coalitions, etc.). In addition, our programs may allow clients to attend these activities with staff if permission is approved. This exposure serves two purposes: (1) allowing the client to participate in positive community activities, and (2) allowing the community to observe clients in a favorable light despite their drug addiction. A community relations scrapbook is maintained in each location of all such activities.

It is our commitment to evaluate our accessibility plan(s) consistently and focus on integrating the persons served into their communities of choice whenever possible. This strongly correlates with the mission of the agency in that we are committed to provide program which foster the skills necessary for individuals to be responsible, productive members of their communities. A sense of community investment is essential for all persons because it creates purpose, responsibility and ownership for that individual in the areas where they live, work and play.

Employment Barriers:
MWFHE maintains an environment that is challenging based on freedom from discrimination and absence of cultural barriers. MWFHE fairly and equitably provides its entire staff with the opportunity to develop, participate, contribute and to exercise their full creativity and expertise directed toward MWFHE's goals. MWFHE's Board of Directors and Executive Staff work together to cultivate an environment which values differences and individuality and encourages the full development of all professional potentials. MWFHE promotes and encourages trust, enhances communication, encourages cooperation and teamwork and nurtures respect and concern for the welfare of MWFHE staff and clients. MWFHE feels that it best accomplishes this policy statement by its employee base. The organization's employees, including the Board of Directors, reflect the community it serves.

- **Goals:**
  - Encourage an environment and opportunity for all employees to develop and contribute to the agency by equitable distribution of resources and responsibilities.
  - Encourage career enhancement with all employees consistent with the individual's abilities, interest and the requirements of the agency.
  - Cultivate an attitude toward multiculturalism that will pervade all policies, processes, procedures, and practices where such an attitude is applicable.
  - The agency will nurture all employees and clients to have a clear understanding of diversity and multiculturalism.

- **MWFHE's Work Environment (Awareness and Sensitivity):**
  - All employees are trained in diversity and the concepts surrounding multiculturalism. Such training occurs as part of a new employee's orientation and annually thereafter.
  - Employees and supervisors are encouraged to become skilled in cultural competency and to use this knowledge in matching clients and employees, as well as, in interpersonal relationships.

- **Individual Involvement:**
  - MWFHE's board and staff work to cultivate an environment, which values differences and individuality, and encourages the full development of professional potentials and talents.
  - MWFHE's management has the responsibility to promote trust, enhance communication, encourage cooperation and constructive criticism, and nurture respect and concern for the welfare of all employees and clients.
  - All employees are encouraged to exercise their full creativity and expertise toward achieving their full

potential.
    - Encourage membership in organizations and attendance at meetings and workshops that have as their focus a better understanding of diversity and multiculturalism.
    - Seek out, identify and remove barriers that inhibit the full utilization and inclusion of all employees.

- **Management Accountability:**
    - MWFHE's management is expected to proactively foster any endeavors that enhance the cultural climate of the workplace. This includes assuring that employees feel valued, are allowed to participate fully and are provided the opportunity to develop his or her maximum potential.
    - In part, the above is accomplished by demonstrating a management style that accepts and appreciates the uniqueness of individuals.
    - MWFHE's management identifies and eliminates barriers that are perceived as prohibiting employees from participating fully in the organization.
    - MWFHE's management fosters open communication that builds trust between management and employees.
    - MWFHE's management includes employees in communication and deliberation processes, so that employees' views are heard without fear of retribution.
    - MWFHE's management encourages employees to treat co-workers, as individual's (not based on stereotypes) in day-to-day interactions and vigorously pursues any allegations that actions based on cultural differences are interfering with any employee or their ability to do their job. Any such allegations that are founded are dealt with through disciplinary processes.

MWFHE staff are encouraged to fully participate in agency activities that contribute to positive change and which foster communication among all levels of management. Examples include participation on agency Management/Performance Improvement Committees. This process has proven to be a unique opportunity for employees to fully participate in agency functions and development and for individuals to openly communicate, evaluate and develop processes for implementation, and build trust between management and program components.

Equal Employment Opportunity Barriers:
MWFHE maintains a strong policy of equal employment opportunity for all employees and applicants for employment. We hire, train, promote, and compensate employees on the basis of personal competence and potential for advancement without regard for race, color, religion, sex, sexual orientation, gender expression, gender identify, national origin, age, marital status, disability or citizenship, as well as, other classifications protected by applicable state or local laws. Our equal employment opportunity philosophy applies to all aspects of employment with MWFHE including recruiting, hiring, training, transfer, promotion, job benefits, pay, dismissal, and social and recreational activities. No person will be retaliated against, harassed, intimidated, threatened, coerced or discriminated against for making a charge, testifying, assisting or participating in any manner in an investigation, proceeding, or hearing or for opposing alleged unlawful discriminatory practices prohibited by the following federal laws:

- Titles VI and VII of Civil Rights Act of 1964, as amended.
- Titles IX of the Education Amendments of 1972, as amended.
- Section 504 of the Rehabilitation Act of 1973, as amended.
- Omnibus Budget reconciliation Act 1981.
- Age Discrimination Act of 1975, as amended.
- Age Discrimination in Employment Act of 1967, as amended.

Affirmative Action Barriers:
MWFHE recognizes the importance of eliminating employment barriers by establishing a nondiscriminatory policy for its employees and applicants for employment. It has been and will continue to be, the policy of DATA to be an equal employment opportunity employer. In keeping with this policy, the agency will continue to:

- Recruit, hire and train;
- Establish rates of pay in terms, conditions or privileges of employment;
- Promote, upgrade and transfer into all job levels the most qualifies persons, without regard to race, color,

religion, sex, sexual orientation, gender identity, gender expression, natural origin, age, veteran status, or qualifies individuals with disabilities. It is equally the practice and policy of this agency to comply with all applicable federal, state, and local labor laws.

An applicant or employee who feels that he or she has been discriminated against because of race, color, religion, national origin, ethnic background, citizenship status, sex, gender, sexual orientation, gender identify, gender expression, pregnancy status, HIV/AIDS status, Sickle Cell trait, genetic information, marital status, age or disability, or because due process has been denied them, may file a complaint with the Compliance Manager. Any such complaint must be filed in writing thirty (30) calendar days of the alleged incident of discrimination. The procedure is as follows:

1. The Compliance Manager resources will be responsible for conducting a fair and impartial investigation and making a finding of fact to all interested parties.
2. Should a complainant so request in writing, an appeal in the form of a hearing before the Executive Officer will be granted.
3. This request must be made within ten (10) calendar days of receipt of the Compliance Manager written decision.
4. If the complainant is dissatisfied, a request may be made to the Board of Directors for review of the grievance. This request must be made within ten (10) calendar days of receipt of the Chief Executive Officer's written decision.
5. Decisions of the Compliance Manager will be submitted to the Board of Directors for ratification.
6. Grievances against the Chief Executive Officer will be submitted to the Compliance Officer of the Board of Directors.

All Other Barriers:

MWFHE strongly encourages clients to report any barriers to accessing or maintaining treatment services, or barriers that they anticipate may affect their sobriety post-discharge. In addition, staff, clients, and stakeholders should notify a MWFHE's Single Point of Contact or any member of management should a barrier be identified such that it can be addressed appropriately.

SECTION IV: REQUEST FOR REASONABLE ACCOMMODATION AUXILIARY AIDS/OTHER DEVICES

A reasonable accommodation is a modification or adjustment that would assist the persons served or personnel to access benefits and privileges that are equal to those enjoyed by others. If at any time a client and/or personnel makes a request for a reasonable accommodation to be made, this is documented via the "Customer or Companion Communication Assessment and Auxiliary Aid and Service Record" form. This service is available to both our clients and personnel. All are oriented to this process upon admission/hire, as appropriate. In addition, the procedure for accessing this service is addressed in the client handbook and personnel practices manual, as appropriate. Clients requesting this service may obtain the form from the program director. Personnel may access these forms through the Human Resources Department.

The individual making the request is to list the identified need(s), services requested, equipment requested, etc. in the appropriate space on the form. The form is then submitted to the Agency's Single Point of Contact (Director of Human Resources). Because a request is made for a reasonable accommodation does not automatically require that the organization meet the request. We may be unable to do so because resources are not available at that time. If the organization is unable to fulfill a request, the agency is committed to assist each individual who may have a request and will follow written policy and procedure regarding referral for the use of other resources that are accessible in order to meet their needs.

★	It should be noted that because there are a variety of requests that can be made at any given time, decision making criteria is determined on a case by case basis. The organization will make every attempt to accommodate each and every request when possible. If the request is not able to be met, the reasons denying the request are thoroughly documented on the "Request for Auxiliary Aid/Other Assistance" form.

Status Reports, Action Plans, and Timelines:
When a barrier is identified, an "accessibility" status report/action plan is developed by the Risk Management/Safety Committee or designee that address the identified barrier(s), goal(s), an action plan to remove the barrier and realistic timelines for the removal of the barrier(s). A status report is completed by the Risk Management Committee and presented to the CEO addressing the progress or lack of progress made in the removal of the identified barrier and any area that needs improvement. In addition, this information may be communicated to the governance authority so that they are aware of what needs to be accomplished in order to promote an accessible setting. This information is communicated by the Chief Executive Officer. All reports are maintained in committee manuals and as an attachment to the current plan.

Client/Companion Feedback:
All clients and companions are provided the DCF Customer/Companion Feedback Form for completion following the initial assessment and all services thereafter. Included in this form is an opportunity for clients/companions to provide feedback on whether or not they felt the service (i.e. interpretive, auxiliary aid, etc.) was effective. If the client/companion was not satisfied with the quality of the service, other options for services are reviewed (i.e. a different translator, a different auxiliary aid device, etc.). As previously indicated, all attempts are made to honor the client/companion request, but cannot be guaranteed.

SECTION V: ACCESSIBILITY PLAN MONITORING

The Accessibility Plan was developed in an effort to unify agency/community mechanisms and methods into one integrated plan and to describe the processes that are involved for the organization, consumers, and other stakeholders (i.e., families, referral sources, etc.) when attempting to identify and eliminate barriers to treatment services. This plan addresses architectural, environmental, attitudinal, financial, employment, communication, transportation and other agency "identified" barriers to the person served. Through the agency's performance improvement and annual strategic planning processes/initiatives, the organization's leadership has a working knowledge of what must be done to promote an accessible setting. The agency is dedicated to accomplishing this goal, continues to monitor all aspects of the items set forth in this plan to ensure that it is maintained and that there is action taken with follow through with those barriers identified. As a direct result of this process, the agency identifies key goals and objectives to monitor. These goals and objectives are reviewed by leadership, mid-management, relevant committees, and program staff in order to sustain achieved goals and to prepare for the future. This plan is reviewed at least annually and updated as needed.

Monitoring Requirements:
DATA's Single Point of Contact (SPOC) is the agency's primary staff member responsible for ensuring that all policies and procedures regarding the use of auxiliary aids is up to date with local, state, and federal requirements and is being adhered to by staff. The Chief Compliance Officer assist the SPOC with this process when possible.

Frequency of Monitoring: The SPOC or designee is responsible for reviewing and updating the Accessibility Plan and Accessibility Monitoring Plan at least annually or more frequently should improvements be needed.

Position Description: The Chief Executive Officer or designee is responsible for reviewing the position description of the SPOC at least annually to ensure compliance with local, state, and federal requirements.

Review of Client Records: The Chief Compliance Officer is responsible for reviewing the records of all clients who have been administered a Customer/Companion Communication Assessment within 30 days of notification. They are responsible for ensuring the following documentation is completed accurately and within the required time limitations:

- Customer/Companion Communication Assessment and Auxiliary Aid Service Record;
- Customer/Companion Request for free Communication Assistance or Waiver of Free Communication Assistance;
- Entry in the client file about distribution of Customer/Companion Feedback Form (NOTE: The original is to be mailed by the client to Tallahassee);
- File entry about the auxiliary aid services provided; and
- Verification of the interpreter's certification.

Review of Personnel Files: The Director of Human Resources and/or Chief Compliance Officer will review a minimum of five (5) human resources files at least annually to ensure compliance with the following:

- Attestation of "Support to the Deaf and Hard-of-Hearing Form" is completed at time of hire;
- Certificate of Auxiliary Aids training within 60 days of hire; and
- Annual Auxiliary aids refresher training has been completed.

Review of Client Feedback: The SPOC is responsible for reviewing all complaints/grievances regarding the provision of auxiliary aids in a manner consistent with the agency's Grievance Policy and Procedures. This review and response shall be documented in an attached narrative to the complaint/grievance.

Grievance Form: The Grievance Form must contain the following contact information: Florida Department of Children and Families Office of Civil Rights, United States Department of Health and Human Services (HHS), and the United States Department of Justice (USDOJ).

Monthly Summary Reports: The Director of Human Resources or designee must review documentation that monthly summary reports were submitted on a monthly basis consistent with the timeframes determined by DCF. This review is to be completed at least annually.

Record Retention: All auxiliary aid documentation shall be kept a minimum of 10 years. The SPOC shall ensure that this requirement is included in the Auxiliary Aids Plan.

Notifications: The SPOC shall ensure that all notifications, brochures, announcements, handbooks, etc. shall include a statement, with contact information, regarding accommodations for individuals with disabilities are made.

Inspection of Equipment: The SPOC or designee shall inspect all auxiliary aid equipment at least annually to ensure they are in proper working order. If he/she identifies a problem, working equipment must be obtained promptly to ensure no disruption in services.

Facility Inspections: At least annually, the SPOC or designee shall ensure that all facilities have the following signage or information:

- Interpreter Services for the Hearing Impaired Poster;
- Department of Children and Families Non-Discrimination Poster; and
- Limited English Proficiency Poster;

In addition, the SPOC or designee must ensure that the agency's Accessibility Plan is posted on the agency's website.

Staff Interviews: The SPOC or designee shall complete at least two staff interviews annually to determine competence with the Accessibility Plan requirements.

Deficiencies:
If any deficiencies are noted in the annual monitoring reviews or random reviews, the SPOC and Chief Compliance Officer shall be notified, in writing, immediately so that corrections can be made. The SPOC shall maintain a file with all documented deficiencies and a detailed description of the corrections that were made to address the deficiencies.

Monitoring Tools:
Appropriate DATA staff shall utilize the following monitoring tools:

- Auxiliary Aids Plan Review;
- Auxiliary Aids Monitoring Plan Review;
- Auxiliary Aids File Review; and
- Auxiliary Aids Staff Interview.

For Persons who need Auxiliary Aids:

1. MWFHE staff will conduct an assessment, prior to services, to determine the customer or companion's preferred method of communication. If necessary, staff may use the approved Language Identification Flashcard. Staff shall consult with the customer to determine his or her preferred communication method, and if applicable, with assigned caseworkers, counselors, parents, family members, guardians or other representative. Staff shall accomplish this by first completing the Customer Companion Communication Assessment Form and the Request for or Waiver of Free Communication Assistance Form.

2. Staff will notify MWFHE's Single Point of Contact of the request for interpretive services. Staff will provide a copy of the completed Customer Companion Communication Assessment Form and the Waiver of Free Communication Assistance Form to the Single Point of Contact.
    a. The SPOC will determine, based on the documents submitted and a conversation with the referral sources (supervisor and/or staff) if (1) it is an emergency situation, and (2) if the auxiliary aid is essential.
    b. If the auxiliary aid is deemed essential, the SPOC will inquiry specifically what is being requested by the client (attempting to secure the client's preference), and what appointment times will be convenient to the client.
    c. The SPOC will then contact the ADA/Section 504 Coordinator for consultation if needed.
    d. The SPOC may also contact Dekalb County (311).

3. The communication options for persons who are deaf or hard of hearing may include but not limited to the CART, DeKalb Relay Service, TDDs (Telecommunication Devices for the Deaf), FAX (Telephone Facsimile Transmittal), phone amplifiers, qualified or certified sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts, signs or a combination of these, as appropriate.

4. If an interpreter is needed, the Single Point of Contact shall contact a certified interpreter from their listing of interpreter services. The Single Point of Contact shall obtain verification of the interpreter's certification. DATA uses Translations USA (404.294.2900). Translations USA is located in Decatur, Ga and centrally located to MWFHE's programs. They are contracted with DFCS and are in compliance with DFCS requirements.

5. MWFHE's Financial Officer (or designee) with budget approval has the responsibility for approving the request and obtaining the appropriate auxiliary aid and service.

6. The use of auxiliary aids, certified sign language interpreters, or translators will be at no cost to the customer or companion.

7. Documentation of Customer Companion Communication Assessment form shall be recorded in the case file or record. An initial communication assessment form must be completed and maintained for every deaf or hard of hearing customer even if the customer or companion completes the waiver form.

8. Each customer or companion who are deaf or hard of hearing shall be provided a Customer Companion Feedback form by the Single Point of Contact, or designee, following their visit. The Customer Companion Feedback form is provided to the customer or companion to determine the effectiveness and appropriateness of the auxiliary aid or service provided and the performance of the interpreter provided. Staff shall document in the case notes indicating the form was provided. Staff will provide assistance, if requested, in completing the form.

9. Department supervisors are to submit a completed Auxiliary Aid Service Record Monthly Summary Report (See Attachment E) to the Single Point of Contact by the 5th of every month detailing the use/non-use of any auxiliary aid services**.**

For Persons who have Low Vision or Blind (Except those that are deaf or Hard of Hearing):

- It is a common perception among the public that persons who are blind read Braille. However, most persons who are legally blind do not use Braille as a reading medium. Among legally blind students registered as such by the American Printing House for the Blind, only 10 percent use Braille as their primary reading medium. It is estimated that 8 percent of all legally blind adults are able to use Braille.
- It is important that the client determines the best method of communication. While Braille may be offered as an alternative, always communicate with the customer to determine the best method of providing services to them in an equitable and effective manner.
- Staff shall document in the client's file the type of auxiliary aid and service provide during their contact with the client.

Translation of Written Materials:

Translating documents to ensure effective communication will depend upon the customer or companions preferred method. Staff may be required to translate written documents in Braille, taped recordings or large print to ensure equal access to services offered by MWFHE.

Provision of Interpreters in a Timely Manner:

Staff shall provide interpreters for customers and companions who are deaf or hard of hearing in a timely manner in accordance to the following standards:

- If it is a scheduled appointment, you must have a certified interpreter at the time of the scheduled appointment. If the interpreter fails to appear, staff shall take whatever additional actions are necessary to make a certified interpreter available to the customer or companion as soon as possible, but in no case later than two (2) hours after the scheduled appointment, or as convenient to the customer or companion.
- If it is a non-scheduled appointment or non-emergency situation, you must provide a certified interpreter within two (2) hours of the request, or at least by the next business day. In emergency situations an interpreter shall be made available as soon as possible, but in no case later than two (2) hours from the time the customer or companion requests an interpreter, whichever is earlier.
- Non-Scheduled Interpreter Requests. If the situation is not an emergency, staff shall offer to schedule an appointment (and provide an interpreter where necessary for effective communication) as convenient to the customer or companion, but at least by the next business day.
- Scheduled Interpreter Requests. For scheduled events, staff shall make a certified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a certified interpreter available to the customer or companion who is deaf or hard of hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.

Other Means of Communication:

Staff shall continue to try to communicate with the customer or companion who is deaf or hard of hearing insofar as the customer or companion seeks to communicate, between the time an interpreter is requested and the time an interpreter arrives.

- Sign language interpreters must be nationally certified.
- The use of assistive devices (vibratory alarms) will be incorporated with relevant services (tactile communication) for persons with multiple disabilities such as deafness and blindness.
- If the individual declines the use of the sign language interpreter, or other auxiliary aids, the client's file must be noted, utilizing the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance form. The use of this form does not waive MWFHE's responsibility to ensure effective

communication; meaning the client's right to waive services does not void DATA from obtaining an interpreter to ensure effective communication is occurring.

- Minor children should never be used as an interpreter.
- Avoid using family members, children, friends and untrained volunteers as interpreters because it is difficult to ensure that they interpret accurately and lack ethical conflicts.

Identification of Ineffective Auxiliary Aids:
If the client determines that the auxiliary aid originally agreed upon is ineffective, staff must notify the SPOC immediately. Staff should also work with the client to identify alternatives that may be better to assist in communication.

Denial of Auxiliary Aids and Services:

★	Only the Single Point of Contact and/or the President/CEO can approve denying auxiliary aids and services!

If MWFHE staff determines after conducting the communications assessment that the communication situation is not Aid Essential and does not warrant provision of the auxiliary aid or service requested by the customer or companion, he/she must immediately seek consultation with their supervisor.

- The supervisor and the staff member will contact the Single Point of Contact within 24 hours to discuss the case.
- The Single Point of Contact will be responsible for consulting the 504/ADA Coordinator prior to issuing a decision to the client. This consultation shall be documented by the Single Point of Contact, with a copy provided to the staff member for dissemination to the client.
- If it is been determined that the client has been denied these requested services, the staff member shall advise the client of the denial of the requested service and shall document the date and time of the denial, the name and title of the staff member who made the determination, and the basis for the determination. MWFHE staff shall provide the customer (and companion, if applicable) with a copy of the denial.
- Staff shall record the denial of the requested auxiliary aid or service on the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record.
- Staff shall also record the denial of requested service in the client's chart.
- Notwithstanding the denial, MWFHE staff shall nonetheless ensure effective communication with the Customer or Companion by providing an alternate aid or service which must be documented and recorded in the client's file.

Accessibility Plan: - Reviewed Annually by the Director of Programs Operation & Compliance Officer.

■ Approved Annually: Keith Johnson, MSW, CEO-(Signature on File)

MWFHE