



Mental Health Resource Center

P. O. Box 19249, Jacksonville, Florida 32245-9249

Phone: (904) 743-1883 ♦ Fax: (904) 743-5109

mhrcflorida.com

It is the policy of Renaissance Behavioral Health Systems (RBHS) and Mental Health Resource Center (MHRC), hereafter referred to as RBHS/MHRC, to provide reasonable accommodations to ensure all RBHS/MHRC programs and services are equally accessible to and equally effective for qualified persons with disabilities, including individuals who have hearing, vision, other sensory, or mobility impairments or have Limited English Proficiency. These accommodations will be provided at no cost to the individual served or his or her companion.

All staff will be provided written notice of this policy and procedure. Staff that may have direct contact with individuals with disabilities will be trained on the policy, effective communication techniques and how to access auxiliary aids.

DEFINITIONS:

1. **Reasonable Accommodations:** Include, but are not limited to, auxiliary aids such as language/sign language interpreters, picture/alphabet board, amplification technology for hard of hearing individuals, assistive technology for the physically challenged, large print or translated documents, and modification of the training/service environment as necessary.
2. **Aid Essential Communication Situations:** Situations in which information is gathered and/or provided for treatment/training intervention of a defined problem/diagnosis. Examples include, but are not limited to:
 - a. During determination of psychiatric, psychosocial, medical, nutritional and functional history.
 - b. During discussion of treatment plans.
 - c. During the provision of client rights, informed consent for treatment and/or medication.
 - d. During determination and explanation of diagnosis, prognosis, or current condition.
 - e. During explanation of medications prescribed.
 - f. During communication of relevant information prior to or as soon as possible after putting a person into seclusion or restraints including the purpose for using seclusion or restraint and the condition under which the seclusion or restraint will be removed.
 - g. During evaluations, individual, group, family, or crisis sessions.
 - h. During discharge planning and discharge instruction.
3. **Non-aid essential communication situations:** Situations in which information is not needed for treatment/training intervention, including, for example, greetings, directions to restroom, etc.
4. **Special Needs:** Include, but are not limited to, impaired vision, impaired mobility, fractures or amputations, age specific, behavior specific, and limited reading/writing abilities.
5. **Companion:** A person who accompanies the individual to his or her services and provides support to the individual, legal authorization to obtain services (Healthcare Proxy, Guardian), or someone who staff would normally communicate about the individual (i.e. parent, caregiver).
6. **Certified Interpreter:** An individual who is certified by the National Registry of Interpreters for the Deaf or other national or state interpreter assessment and certification program.
7. **Qualified Interpreter:** An individual who not certified but is able to interpret competently, accurately, impartially, and effectively, using any specialized terminology necessary for effective communication with deaf or hard of hearing persons. (May include a relay interpreter.)

- 8. Auxiliary Aids and Services:** Includes certified/qualified interpreters or other effective methods of making aurally (heard) delivered materials available to individuals who are deaf or hard of hearing; readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual limitations; acquisition or modification of equipment or devices; documents translated into foreign languages; and other similar services and actions. These auxiliary aids and services enable individuals to fully benefit from and participate in RBHS/MHRC programs and services.

PURPOSE:

The purpose of this policy is to provide procedures to facilitate access to and utilization of services within Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973 and Title VI, Office of Civil Rights (OCR) and to ensure compliance with the Department of Children and Families (DCF) policy and procedures, and Managing Entity contract requirements related to the provision of services to persons with disabilities.

PROCEDURE:

I. Section 504/ADA Coordinator and Single Point of Contact:

- A.** The RBHS/MHRC Section 504/ADA Coordinator and the Single Point of Contact (SPOC) for individuals served is the responsibility of the Director, Quality Improvement/Risk Management (QI/RM) and can be reached at 904-743-1883 ext. 7106 or via email at adacoordinator@mhrctflorida.com
- B.** Responsibilities include:
1. Disseminate specific plans and procedures to fully implement policies and procedures related to provision of services to persons with disabilities.
 2. Analyze data collected in the Auxiliary Aid and Service record and implement any corrective action, if warranted.
 3. Answer questions and provide appropriate assistance regarding immediate access to and proper use of appropriate auxiliary aids and services.
 4. Identify, develop, and coordinate the distribution of lists of contracted sign language and/or oral interpreters and foreign language interpreters for departments that provide direct services.
 5. Keep abreast of new technology and resources for ensuring effective communication with persons who are deaf and hard of hearing.
 6. Ensure all RBHS staff are equipped with the resources necessary to ensure effective communication with customers or companions who are deaf/hard of hearing or who are Limited English Proficient (LEP).
 7. Ensure all RBHS staff document services delivered to customers or companions who are deaf or hard of hearing or LEP.
 8. Ensure information is provided to any agency to which a customer or companion who is deaf or hard of hearing or LEP is referred about the person's requested auxiliary aid or service.
 9. Trend deaf, hard of hearing and non-English languages likely to be encountered in programs and identify availability and location of auxiliary aid resources.
 10. Complete the monthly Department, Auxiliary Aid Service Record, Monthly Summary Report, uploading all corresponding and collected data for the reporting month, and submitting a report by the 5th of every month to the appropriate DCF ADA/Section 504 Coordinator via the website: https://fs16.formsite.com/dcfuser/monthly-summary-report/form_login.html
 11. Submit a copy of the report to the appropriate Managing Entity (ME).
 12. Contact or survey individuals/companions who are deaf/hard of hearing to ensure his/her preferred method of communication was honored by staff.

II. Service Requirements:

- A.** It is incumbent upon all RBHS/MHRC staff to assure that any individual or his/her companion seeking or receiving services receives the requested/appropriate accommodation based on individual need and/or preference.
- B.** Any issue for which a denial of auxiliary aid or services to an individual or their companion is being considered will be referred to the SPOC and CEO for deliberation. If a decision is made to deny aid or service, DCF's OCR will be contacted for further consultation and resolution.
- C.** Accommodation must be provided when requested by the individual/companion or based on determination of staff that accommodation is necessary to allow full participation in services, even when the individual/companion declines assistance. The individual's or companion's preference is the primary consideration of what auxiliary aid or service is arranged and provided.
- D.** If at any time, the staff member has a question, is unsure of availability of an auxiliary aid or is unfamiliar with an aid the individual/companion requests, the staff member is to contact the SPOC, or supervisor for assistance and direction.
- E.** If at any time communication through an auxiliary aid or service is determined to be ineffective, the staff will conduct a communication re-assessment to determine which aid or service is more appropriate to ensure the most effective communication.
- F.** If at any time, the staff member observes or is informed of facility issues related to mobility and accessibility (i.e., doors that are difficult to open by an individual in a wheelchair, height of a phone or other necessary equipment is too high, walk-ways not paved or have hazards that may cause trips for someone using a walker) he/she is to immediately report these to the Facilities Director and complete an incident report.

III. Dissemination of the RBHS Auxiliary Aids and Service Plan

- A.** A copy of the RBHS/MHRC Auxiliary Aids and Service Plan will be available at each site in the General Policy Manual and in the Section 504 Accessibility Plan Binder.
- B.** A copy of the RBHS/MHRC Auxiliary Aids and Service Plan will be posted on the RBHS/MHRC internal electronic server and on the MHRC website.
- C.** Copies of the RBHS/MHRC Auxiliary Aids and Service Plan will be made available in alternative format(s) upon request.
- D.** Copies of the RBHS/MHRC Auxiliary Aids and Service Plan will be provided upon request.

IV. Plan Revisions: The plan will be reviewed and updated as needed but at least annually, by June 30th of each year. Employees will be notified of any changes to the plan within 30 days of approval.

V. Notifications:

- A.** The DCF Nondiscrimination poster, Limited English Proficient poster and Interpreter Services for the Deaf or Hearing Impaired poster will be displayed in all RBHS building's main entrances, lobby areas, waiting areas, and on the inpatient units.
 - 1. The posters shall be 11x17 poster size as provided by DCF (accessed on <http://www.myflfamilies.com/service-programs/deaf-and-hard-hearing/dcf-posters>)
 - 2. The posters shall contain the name, telephone number, email, and/or TDD number for the:
 - a. RBHS/MHRC ADA/Section 504 Coordinator
 - b. RBHS/MHRC Single Point of Contact
 - c. Office of Civil Rights

- B. Descriptive information on the availability of auxiliary aids and services or other accommodations to persons requiring such services will be included in announcements related to meetings, employment or job opportunities, seminars, workshops and trainings, as well as to services offered by RBHS/MHRC.

VI. Training

- A. New employee orientation will include training on the American with Disabilities Act (ADA), as amended and Section 504 of the Rehabilitation Act of 1973, as amended, documentation requirements, Single Point of Contact information, procedures for serving individuals who are deaf, hard of hearing, have low vision, blind, or have mobility limitations, or Limited English Proficiency; available communication options, and how to provide reasonable accommodations for individuals served and/or his or her companion.
- B. All staff upon hire and annually will also complete DCF required training accessed on <http://www.myflfamilies.com/about-us/services-deaf-and-hard-hearing/training>.
- C. Upon completion of the Service Delivery for the Deaf or Hard of Hearing training, each employee shall print off the certificates, sign the Support to the Deaf or Hard of Hearing Attestation Form, and forward all documents to Human Resources.
- D. This training must be completed within 60 days of commencing employment and annually.
- E. Any time there is policy revision or introduction of a new auxiliary aid, or when audits indicate a need for further training.
- F. This training is mandatory and will be tracked by Human Resources.

VII. Documentation and Record Retention

- A. Documentation in the medical record will include:
 - 1. *“Customer or Companion Request for Free Communication Assistance or Waiver of Free Communication Assistance,”*
 - 2. *“Customer or Companion Communication Assessment and Auxiliary Aid and Service Record,”*
 - 3. Copy of certification of the certified interpreter, when available,
 - 4. Copy of invoices and/or faxes associated with the provision of an accommodation, when available,
 - 5. Subsequent visits documented on the *Auxiliary Aid/Subsequent Visit* forms for ongoing appointments to include all auxiliary aids used at the time of service provision, and
 - 6. Documentation on all progress notes indicating the auxiliary aid provided during provision of services.
- B. Originals of the *“Customer or Companion Request for Free Communication Assistance or Waiver of Free Communication Assistance”* and DCF *“Customer or Companion Communication Assessment and Auxiliary Aid and Service Record”* and the *Subsequent Visit* forms will be filed in the individual’s medical record behind the face sheet and a copy of the forms will be sent to the QI/RM department or scanned into the QI/RM Shared folder as completed.
- C. Documentation will be maintained per Medical Record and DCF requirements.

VIII. Ensuring Accessibility

COMMUNICATION:

- A. **At first contact:** When the individual/companion self-identifies or is identified with having a disability affecting the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service: Staff shall consult with the individual to determine what aids or services are necessary to provide effective

- communication in particular situations and shall identify the individual's preferred method of communication or preferred language including dialect and record this information in the client's file. The appropriate interpreter/auxiliary aid will be scheduled for the intake appointment or provided for service provision.
- B. Service Entry:** When an individual/companion who is deaf, hard of hearing, visually impaired, or limited in English proficiency arrives for service, the DCF "*Customer or Companion Request for Free Communication Assistance or Waiver of Free Communication Assistance*" **AND** the DCF "*Customer or Companion Communication Assessment and Auxiliary Aid and Service Record*" will be completed.
1. The form originals will be placed in the record behind the face sheet.
 2. A copy will be sent to the Quality Improvement Department for data collection, compilation, and reporting purposes.
- C. On-Going Service:** The frequency of the service provision will dictate the accounting of auxiliary aid/service record for subsequent aid essential communication visits as listed on the completed Communication Plan.
1. Programs with regularly scheduled services, such as monthly or longer establish a Communication Plan indicating who is responsible for ensuring the requested auxiliary aid is available for the services being provided and will use the short Subsequent Visit form to document use of the auxiliary aid(s).
 2. Programs with multiple/daily services, such as Inpatient, FACT, and Psychosocial Rehabilitation will establish a Communication Plan indicating all auxiliary aids that will be needed for service provision, who is responsible to ensure the auxiliary aids are provided, and how non-aid essential communication will be performed and will use the log sheet, "Auxiliary Aid/Service Record – Subsequent Visits" to document the required data for each day of service provision.
 3. Documentation must include any use of auxiliary aids/services such as use of TTY/TDD, Florida Relay, Video Relay Services (VRI) and Video Remote Interpretation (VRI) by staff to the individual/companion or by the individual or companion to staff or others.
 4. The completed form originals will be placed in the record under the face sheet.
 5. A copy of the completed form(s) will be sent to the Quality Improvement Department for data collection and compilation purposes.
- D. Reassessment:** The individual or companion will be reassessed with completion of the above listed forms:
1. If an individual's circumstances change
 2. For outpatient programs, reassessment and communication plan development will occur every six (6) months unless circumstances change in the interim.
 3. For inpatient programs, all admissions will be treated as a new intake.
- E. Referral:** When an individual is referred for services either within RBHS/MHRC or outside RBHS/MHRC, the agency or service referred to must be notified of the individuals communication needs. Documentation (excluding interpreting agencies) must be completed in the section titled Referral Agency Notification on the DCF "*Customer or Companion Communication Assessment and Auxiliary Aid and Service Record,*" and/or in the progress notes.
- F. Feedback to DCF:** Staff is required to provide the deaf or hard of hearing individual or companion a copy of the DCF *Deaf and Hard of Hearing Feedback form* and document on the Assessment/Subsequent Visit form that this was offered at scheduled appointments but no less than one time per month for individuals on a communication plan and at the time of discharge from the inpatient units. Individuals/companion are to be informed that they may fill it out and either return it to staff or mail it to the address on the form. If the staff receives the form they are to immediately mail it to the address on the form.

IX. Accommodations Resources:

A. For Deaf and Hard of Hearing Individuals:

1. See RBHS/MHRC Policy 105.2, Accessibility Plan for Deaf and Hard of Hearing Individuals, for specific instructions.
2. RBHS/MHRC maintains contracts with several ASL interpreter services and has tablets for Video Remote Service (VRS) and Video Remote Interpreting (VRI), and pocket talkers available on a 24/7 basis. The SPOC will continually assess availability of new providers/services.
3. Communication options for hearing impaired persons may include, but not be limited to, the Florida Relay Service (**711**), Telecommunication Devices for the Deaf (TDD), Text Telephone (TTY), Telephone Facsimile Transmittal (FAX), phone amplifiers, Registry of Interpreters for the Deaf (RID) certified sign language interpreters, flash cards, picture boards, Video Relay Service (VRS) using designated tablets, pocket talker, charts, signs, Closed Captioning on televisions, Communication Access Realtime Translation (CART), Video Remote Interpreting (VRI) or a combination of these as appropriate. All televisions will have the Closed Captioning turned on at all times.
4. Available aids at RBHS include:
 - a. **ASL Interpreters:** There are several companies for staff to contact. Staff should contact all companies until one can provide an interpreter within the time requirements. Sign language interpreters **must be RID certified**. Staff should request to see the interpreter's certification card and indicate they have verified RID certification on the documentation. MHRC also has a contract with a **Video Remote Interpreting (VRI)** Agency, CyraCom, to provide ASL interpretation via a tablet located in all Emergency Service and inpatient areas.
 - b. **Florida Relay Service** is available by dialing 711. Florida Relay Service may be used to communicate with deaf/hard of hearing individuals who know sign language to remind individuals/companions of upcoming appointments or to coordinate services. Florida Relay Service **may not be used to interpret** in place of a face-to-face interpreter. Florida Relay Service may also be used by a deaf individual to contact employees. Staff is to accept and document all Relay calls on the Subsequent Visit Record.
 - c. **Text Telephones (TTY) or Telecommunication Device for the Deaf (TDD):** The TTY/TDD is located at the MHRC-N 20th St. and MHRC-S EastPark facilities in Emergency Services (see addendum for TTY instructions/operation). The TTY/TDD must be plugged in at all times to be functional. Use of the TTY/TDD must be documented on the Subsequent Visit Record.
 - d. **Video Relay Service (VRS):** VRS is available on tablets and is accessible in all Emergency Services and inpatient areas. This service may be used **only** by the deaf individual served to call family or businesses. VRS **may not** be used when an interpreter is not available during aid essential communication or when interpreting is necessary with the individual present. Use of the VRS is to be documented on the Subsequent Visit Record.
 - e. **Pocket Talkers:** Pocket talkers are an amplification device used by individuals who are hard of hearing. There is a pocket talker available in Emergency Services at both MHRC-N 20th Street and MHRC-S EastPark. The SPOC also has a pocket talker available for scheduled appointments. Use of the pocket talker is to be documented on the Assessment Forms and the Subsequent Visit Record.
 - f. **Communication Access Realtime Translation (CART):** CART allows verbal communication to be accessible in written format in real time using a

monitor to display the written content. MHRC has a contract with a provider for this service. Use of CART is to be documented on the Assessment Forms and the Subsequent Visit forms as appropriate.

B. For Limited English Proficient or Foreign Language Only Individuals:

1. RBHS/MHRC maintains contracts with several language interpreter services available on a 24/7 basis, including two telephone interpreting organizations, Certified Languages International (CLI) and CyraCom (which also provides video remote interpreting for some languages). The full list of current interpretation service providers and their contact information can be found in the 504 Accessibility Plan binder at each location and on the intranet in the shared Employee Information/Training/504 Training folder.
2. To assist with determining the individual's language staff should present the "*I Speak*" document for the individual to point out what language they speak.
3. Translated documents: there are a limited number of documents currently translated. Check with either the Health Information Management Director (HIM) or the Single Point of Contact to see if a document has already been translated in the requested language. If a document is needed in a specific language or in Braille, please contact the Single Point of Contact. Time frame is typically two weeks or longer to obtain translation of documents. MHRC currently has contracts with two organizations that can provide translation of documents.
4. Language services include use of:
 - a. Contracted language interpreters,
 - b. Bilingual licensed independent practitioners who can communicate directly with the individual/companion in their preferred language, if individual prefers,
 - c. Telephone interpreting services
 - d. Video interpreting services for select languages
5. Telephone and video interpreter services should be used as a supplemental system when an interpreter is not available, or when services are needed for a short duration, in emergency situations, or for an unusual or infrequently encountered language.
6. For individuals who speak English but have difficulty understanding, staff will carefully explain in plain language all forms and information the individual requires. This population may also benefit from having audio tapes of information provided them, such as medication name, dose, route, and frequency and appointment times.

C. For Individuals who are Blind or who have low vision:

1. Staff will communicate information contained in written materials concerning treatment, consent forms, patient rights, orientation, patient rights, etc. by reading out loud and explaining these forms to individuals who are blind or who have low vision.
2. If an individual asks for documents in large print or other formats contact the HIM Director or the Single Point of Contact.
3. Staff shall be available to assist the individual with filling out forms.

D. Other accommodations may include:

1. Audiocassette tapes for reminding of appointments, medications, other information
2. Assistance with holding and turning pages
3. Note takers

X. Timeframes for Scheduled versus Non-Scheduled Appointments:

- A. Non-scheduled Appointment Interpreter Requests:** for any emergency situation that is not a scheduled appointment, staff shall make an interpreter/auxiliary aid available as soon as possible, but in no case later than two (2) hours from the time

the individual/companion or staff requests an interpreter, whichever is earlier. If the situation is not an emergency, staff shall offer to schedule an appointment (and provide an interpreter/auxiliary aid where necessary for effective communication) as convenient to the individual/companion, but at least by the next business day. The offered appointments must be documented.

- B. Scheduled Appointment Interpreter Requests:** for scheduled appointments/events, staff shall make a certified interpreter/auxiliary aid 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 an interpreter available as soon as possible, but in no case later than two (2) hours after the scheduled appointment. These additional actions and offered appointments must be documented.
- C. Other Means of Communication:** Staff shall continue to try to communicate with the individual/companion insofar as they seek to communicate between the time an interpreter/auxiliary aid is requested and the time an interpreter/auxiliary aid arrives, or if communication through an auxiliary aid or service is found to be ineffective.
 - 1. Video Remote Interpreting and Telephone Interpreting contracts are maintained for these situations.
 - 2. Minor children should **never** be used as an interpreter or be allowed to interpret for a parent. Family members should not be used to interpret except in emergency situations. If individual chooses a family member or friend to interpret an interpreter should observe the interaction to ensure communication is effective and appropriately interpreted by the family member.
 - 3. Staff volunteers and family members may be used as available only in emergency situations.
- D.** Written information will be appropriate to the age, understanding and, as appropriate, to the population served and/or language of the individual served.
- E.** Contact the Single Point of Contact for assistance as needed.
- F.** Denials of a requested auxiliary aid must be communicated to the Single Point of Contact. Only the RBHS President/CEO may deny a requested auxiliary aid.
- G.** All attempts to find an interpreter will be documented in the record. Staff shall contact all contracted vendors to determine availability of an interpreter and inform the Single Point of Contact immediately for assistance.
- H.** If communication is deemed as ineffective, or an interpreter/auxiliary aid is unavailable or unacceptable to the individual, staff will document all methods of communication used/attempted with the individual and what efforts were being made to obtain an interpreter/auxiliary aid to ensure effective communication, including communication with the SPOC.

XI. Safety accommodations for individuals served with the need of aid essential communications in inpatient settings:

- A.** Individuals with hearing or visual impairment should be placed in rooms nearest fire alarms and/ or in rooms if equipped with flashers as appropriate.
- B.** Orientation to the service area environment, fire drills, and staff responsibilities upon admission will be provided to the individual and interpreters.
- C.** Staff will immediately respond to the individual for evacuation assistance at the sound of the alarm.

XII. Other Special Needs:

- A.** Individuals who are unable to read or write may use a "Mark" on the document to indicate their consent or acknowledgement. Staff must sign as a witness to the individual's "Mark".

- B. For individuals with age related needs (youth/geriatric), the following accommodations will be provided:
 1. Specialized assessment to determine necessary accommodations and related documentation. Treatment plan will reflect problems/needs and intervention(s)/goal(s).
 2. As appropriate, specialized assignment to department, rooms and/or staff.
 3. As appropriate, use of auxiliary aids and assistance technology as needed. The individual will be involved in the identification and selection of a particular accommodation.
 4. Orientation will be provided to fire drill procedures and staff responsibility to respond and assist the individual during evacuation.
- C. For individuals in psychiatric crisis on an inpatient unit who exhibit certain behaviors or are physically challenged, the following apply:
 1. Staff will inquire which method of accommodation may make the individual more comfortable; is most effective to support care; and, then, utilize the method to the greatest extent as possible.
 2. May require special precautions (every 15 minute checks):
 - a) Manifestation of aggressive behavior toward others requires 15 minute checks for unpredictable behavior.
 - b) Any individual with a physical limitation will be checked every 15 minutes and assisted as needed.
 3. Documentation including treatment plan, will reflect problems, precautions (i.e., falls precaution), intervention and outcome.
 4. May be maintained in special areas for inappropriate disrobing and sexual behavior, unless behavior is disruptive/assaultive enough to require more restrictive measures (seclusion/restraints).
 5. RN will document the reasons for special placement including a full description of the individual behavior. Treatment plan will reflect problems/needs and intervention(s)/goal(s).
 6. As necessary, RN will contact the physicians or AOC for consultation.
 7. Each shift RN will evaluate the individual for appropriateness of behavior and effectiveness of interventions.

XIII. Meetings/Conferences/Facilities Accessibility: All materials will contain a statement regarding non-discrimination and availability of auxiliary aids. This information will include the name of a contact person and a date by which the person must request such assistance.

XIV. Complaints:

- A. Individuals served, potential customers, and companions who believe they have been the victim of discrimination by reason of a disability in the provision of services may file a written complaint of discrimination and be immediately referred to the Single Point of Contact at 904-743-1883 ext. 7106 or email at adacoordinator@mhrctflorida.com.
- B. Individuals served, potential customers, and companions who believe they have been the victim of discrimination by reason of a disability in the provision of benefits or services may file a written complaint of discrimination within 180 days of the alleged discriminatory act(s) with department of civil rights at the following offices:

1. **Department of Children and Families (DCF)**
Office of Civil Rights
1317 Winewood Boulevard
Building 1, Room 110
Tallahassee, FL 32399-0700
(850) 487-1901; or TDD (850) 922-9220; or Fax (850) 921-8470
2. **United States Department of Health and Human Services (HHS)**
Attention: Office for Civil Rights
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, SW
Atlanta, Georgia 30303-8909
(404) 562-7888; TDD/TTY (404) 331-2867; or Fax (404) 562-7881
3. **United States Department of Justice (USDOJ)**
Office for Civil Rights - Office of Justice Programs
810 7th Street, NW
Washington, DC 20531
(202) 307-0690; or TDD/TTY (202) 307-2027; or Fax (202) 616-9865
4. **United States Department of Justice (USDOJ)**
Civil Rights Division - Disability Rights Section
1425 New York Avenue
Washington, DC 20530
(800) 514-0301; or TDD/TTY (800) 514-0383

XV. Monitoring:

- A. Any issues related to the provision of auxiliary aids/services (i.e. Interpreter did not show for appointment, inappropriate interpreter behaviors, poor quality, broken equipment, etc.) will be documented via an incident report.
- B. The SPOC will review copies of all Section 504 forms submitted monthly.
- C. Data will be collected on the languages used and number of individuals using auxiliary aids, and types of auxiliary aids/services used.
- D. Chart audits will be conducted to ensure compliance with the policy and procedures.
- E. Staff will be randomly interviewed to ensure adequate knowledge and understanding of the policy and procedures and auxiliary aids, and HR will be requested to provide data on the staff member's training.
- F. The SPOC will conduct survey of individuals using auxiliary aids to ensure satisfaction and their preferences were considered, and to identify any concerns related to auxiliary aids.
- G. Incident reports will be reviewed related to Section 504 issues.
- H. This information will be considered when reviewing and revising policies, procedures, and adding additional auxiliary aid/services.
- I. This information will be used to improve staff training and will be reported to the Quality Leadership Committee and the System of Care Committee.

References:

- Section 504, Title V of the Rehabilitation Act of 1973, as amended, 230 USC 1681 et seq; 45 CFR, Part 80, 84 and 28 CFR Part 41 of the Civil Rights Restoration Act of 1987.
- The Americans with Disabilities Act of 1990, Title I and II, as amended.
- Title VI, Office of Civil Rights
- Florida Department of Children and Families Statewide Auxiliary Aids and Services Plan for Persons with Disabilities and Limited English Proficiency Procedures
- Managing Entity Contracts