



Mental Health Resource Center

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RBHS/MHRC Plan for Serving Individuals with ADA Qualified Disabilities Including Deaf/Hard of Hearing and Limited English Proficiency Populations

Renaissance Behavioral Health Systems (RBHS) and Mental Health Resource Center (MHRC), hereafter referred to as RBHS/MHRC, are committed to ensuring all programs and services are accessible and effective for individuals and/or their companions with qualified disabilities, including those who are Deaf, Hard of Hearing (Deaf/HOH), visually impaired, mobility impaired, or have Limited English Proficiency (LEP). **All accommodations and auxiliary aids are provided at no cost.** This policy complies with Title II of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act, Office of Civil Rights (OCR) requirements, Florida Statutes, Department of Children and Families (DCF) requirements, and Managing Entity contracts.

PURPOSE:

Provide clear procedures for identifying accessibility and communication needs, arranging auxiliary aids/accommodations and documentation requirements to ensure compliance with all applicable laws.

DEFINITIONS:

- A. Auxiliary Aids and Services:** Certified/qualified interpreters, Video Remote Interpreting (VRI), Communication Access Realtime Translation (CART), Teletypewriter/Telecommunication Device for the Deaf (TTY/TDD), Florida Relay (711), videophones, pocket talkers, picture boards, large print, translated documents, or other assistive technologies.
- B. Aid-Essential Communication:** Critical exchanges such as assessments, treatment planning, informed consent, medication education, and discharge instructions.
- C. Non-Aid Essential Communication:** Routine interactions like greetings or directions.
- D. Companion:** A person accompanying the individual for care-related communication.
- E. Qualified Disability:** A physical or mental impairment that substantially limits one or more life activities.
- F. Accommodations:** Modifications, adjustments, or equipment that an individual needs to be able to ensure all services are equally accessible and effective.

PROCEDURES:

A. Single Point of Contact (SPOC)

RBHS/MHRC has designated a SPOC to ensure effective communication with disabled, deaf or hard-of-hearing consumers and companions, as well as consumers with limited English proficiency.

1. The Director of Quality Improvement/Risk Management (QI/RM) serves as the RBHS/MHRC Single Point of Contact (SPOC) for individuals served. The SPOC can be reached at 904-743-1883 ext. 21106 or adacoordinator@mhrctflorida.com.
2. Key responsibilities of the SPOC include:
 - a. Implement and disseminate policies/procedures.
 - b. Provide guidance and support to staff on auxiliary aids.
 - c. Maintain and distribute current interpreter service lists.
 - d. Monitor trends in communication needs.
 - e. Ensure staff are trained and document all accommodations.
 - f. Ensure the submission of the DCF Auxiliary Aid Service Record Monthly Summary Report by the 5th of each month.

- g. Conduct audits and surveys to ensure compliance.
- h. Notify the Managing Entity of SPOC designation within 14 days of contract changes.

B. Staff Training and Resources

All RBHS/MHRC staff are responsible for understanding the Plan for Serving Individuals with ADA Qualified Disabilities Including Deaf/Hard of Hearing and Limited English Proficiency Populations. This is accomplished by providing staff:

1. Staff Training –

- a. RBHS/MHRC has developed a training plan to ensure staff are knowledgeable of policies and procedures for the provision of auxiliary aids/accommodations.
- b. As part of new employee orientation, all staff are required to complete the RBHS/MHRC Section 504 Training within 45 days of hire and the DCF module within 60 days of hire.
- c. Annually, all staff are required to complete RBHS/MHRC annual updates and the DCF required training.
- d. Staff are required to print and submit DCF certificates and signed Attestation forms to Human Resources.
- e. Additional training may be provided to address policy updates, new aids/accommodations, or identified additional training needs.

2. Staff Resources – RBHS/MHRC will ensure staff can access this policy, required forms, and resources.

- a. This policy is available in the shared employee folder under policies (\\rsfs1\Employee Information\Policies and Procedures\100 General).
- b. Paper forms are available in the shared employee forms in the Interpreter List>Downtime forms folder (\\rsfs1\Employee Forms\Interpreter List\Downtime Forms) in the event electronic documentation is not possible.
- c. A list of approved interpreters is maintained and available in the shared employee forms Interpreter List folder (\\rsfs1\Employee Forms\Interpreter List).
- d. Ensure effective communication with all individuals or companions, providing requested/appropriate accommodations. Staff will receive written notification of this policy and training on effective communication and use of auxiliary aids.
- e. The SPOC is available if a staff member needs assistance complying with this policy.

C. Identification of Persons with Qualified Disabilities, Deaf/HOH, LEP and Special Needs

At initial contact and periodically during service enrollment, individuals are asked about any disabilities or special needs that may require auxiliary aids or accommodations.

1. Initial Assessment and Development of Communication Plan

- a. 504 Assessment – Individuals identified as needing auxiliary aids/accommodations will be assessed using the 504 Assessment in the Electronic Health Record (EHR), noting preferred communication method and requested aids/accommodations.

2. Communication Plan

- a. Once the assessment is completed, staff will work with the individual to develop a communication plan for ongoing services; the plan is updated every six (6) months or as needed.
- b. A Communication Plan is required for all Aid Essential Communication.
- c. One time visits and non- aid essential communications do not require completion of a communication plan.
- d. Staff will inform individuals that auxiliary aids are provided at no cost.

3. Clinical Care Alert – Once a communication plan has been developed, a flag is entered into the EHR alerting all staff to the presence of a communication plan.

D. Provision of Auxiliary Aids/Accommodations

Staff will ensure anyone who needs auxiliary aids/accommodations to access MHRC services or for contacting RBHS administrative services (i.e., business office, quality improvement) shall be provided auxiliary aids/accommodations timely as described below:

1. **Unscheduled Services or Contacts:** RBHS/MHRC will provide auxiliary aids within two (2) hours, using interim measures. See *I. Other Means of Communication (Interim Measures)* below.
2. **Scheduled Appointments:** Ensure auxiliary aids/accommodations are available at the time of service.
3. **Types of Auxiliary Aids/Accommodations** – MHRC has identified resources that will be utilized for individuals in need of auxiliary aids/accommodations including:
 - a. *Interpreter Services:* MHRC only uses contracted, telephone, or VRI services and sign language interpreters must be RID-certified. Document certification in EHR.
 - b. *Other Accommodations:* MHRC has identified non-interpreter resources to use based on the preference of the individual or identified disability. These include: Closed captioning, pocket talkers, CART, TTY/TDD, Florida Relay (711), videophone (inpatient units), wheelchairs, and translated/large print documents
 - c. *Contact Information (See the Interpreter List for more information):*
 - i. Florida Relay Service: 711
 - ii. Video Remote Interpreting: Cyracom App on tablets or login to <https://connect.cyracom.com/sign-in>
 - iii. Video Relay Interpreting: Sorenson App on Inpatient/ES tablets
 - iv. Captioning in Real Time (CART) Services: Agape Interpreting Services <http://www.agapeinterpreting.com/schedule.php>
 - v. Assistive Listening Devices –PocketTalkers are available to all departments. These may be ordered through the purchasing department as necessary.

E. Ongoing Services and Follow-Up

Staff must ensure that auxiliary aids/accommodations are provided at all contacts and when an individual is referred for services as described below:

1. Staff must document all communication attempts and auxiliary aids/accommodations provided in the EHR on the 504 Document.
2. Staff will notify referral agencies of an individual's auxiliary aid/accommodation needs.
3. Staff will provide individuals a DCF Deaf and Hard of Hearing Feedback Form as required by program enrollment at least monthly for individuals with on-going or frequent appointments, at the scheduled appointments for those seen infrequently (i.e., every other month, quarterly), and at discharge from inpatient admissions. The provision of the feedback form is documented on the 504 form.

F. Denial of Auxiliary Aid/Accommodation

Only the CEO and SPOC may deny requests for auxiliary aids/accommodations. DCF OCR will be consulted if denial occurs.

G. Dissemination of the RBHS Auxiliary Aids and Service Plan

RBHS/MHRC will ensure the RBHS Auxiliary Aids and Service Plan is available to staff and individuals seeking services as described below:

1. Policy is available electronically in the General Policy Manual, in the 504 Accessibility Plan Binder, and general information is posted on the MHRC website.
2. The DCF Nondiscrimination Policy poster, Limited English Proficient poster, and the Interpreter Services for the Deaf or Hard of Hearing poster are displayed in all

RBHS/MHRC buildings' main entrances, lobby areas, waiting areas, and on the inpatient units. The posters must be:

- a. 11x17 poster size as provided by DCF (accessed on <http://www.myflfamilies.com/service-programs/deaf-and-hard-hearing/dcf-posters>)
- b. The posters shall contain the name, telephone number, email, and/or TDD number for the:
 - i. RBHS/MHRC ADA/Section 504 Coordinator
 - ii. RBHS/MHRC Single Point of Contact
 - iii. Office of Civil Rights 504/ADA Coordinator
3. Auxiliary aid/accommodation information is included in all announcements, employment postings, and program materials, to include contact person and for conferences the deadline for requesting auxiliary aids/accommodations.
4. Alternative formats of the RBHS/MHRC Plan for Serving Individuals with ADA Qualified Disabilities Including Deaf/Hard of Hearing and Limited English Proficiency Populations.

H. Auxiliary Aids/Accommodations Resources

Staff are informed of resources in the ***Employee Forms Interpreter List shared folder*** (\\rsfs1\Employee Forms\Interpreter List). These include but are not limited to the following resources:

1. Deaf/Hard of Hearing

Sign Language Interpreters (RID-certified), VRI, Florida Relay (711), TTY/TDD, VRS, pocket talkers, CART, closed captioning.

- a. Contracted interpreters (in-person, telephone, VRI), translated documents, bilingual staff (emergency only).
- b. Use "I Speak" document to identify language.
- c. Bilingual staff speaking the individual's preferred language do not require an interpreter during service delivery. However, they cannot serve as an interpreter for other staff.
- d. Inpatient units also have the Sorenson app on tablets for deaf individuals to communicate with others by videophone.

2. Blind/Low Vision

Read written materials aloud; provide large print documents; assist with forms and facility navigation.

3. Other Accommodations

Audio reminders, note takers, assistance with page turning.

I. Other Means of Communication (Interim Measures)

In the event an auxiliary aid/accommodation is not immediately available, the following should occur:

1. Staff shall continue to communicate with the individual/companion while waiting for an auxiliary aid or interpreter using any means possible (i.e., writing/passing notes, speaking slowly and clearly while facing the individual).
2. Utilize Video Remote Interpreting and Telephone Interpreting contracts.
3. **Use of family members/companions solely as interpreters is prohibited –**
 - a. **RBHS/MHRC does permit using a family member/companion temporarily while waiting for auxiliary aid, however, using them during service delivery is prohibited. (No one under the age of 18 may serve as an interpreter).**
 - b. If the individual insists on using a family member or friend as an interpreter, an interpreter **must** observe the interaction to ensure accurate and effective communication.
4. **Ineffective Auxiliary Aid/Service – Escalation and Resolution**

If an auxiliary aid or service provided does not result in effective communication, staff must take immediate corrective action.

 - a. **Immediate Reassessment**

Staff shall stop and reassess communication effectiveness with the individual and/or companion. The individual's expressed difficulty or request for a different aid shall be given primary consideration.

b. Provision of Alternative Aid

- Staff must promptly provide an alternative or additional auxiliary aid/service that is more effective (e.g., switching from VRI to in-person interpreter, adding CART, using written materials, or other appropriate methods).
- For Aid-Essential Communication, services shall not proceed until effective communication is achieved, except in emergencies involving imminent risk.

c. Escalation

Staff must immediately notify the SPOC if initial auxiliary aid fails, or staff are unsure how to ensure effective communication. The SPOC is responsible for coordinating alternative services and ensuring timely resolution.

d. Documentation

Staff must document in the EHR:

- The auxiliary aid/service originally provided
- Why it was ineffective
- The alternative aid/service provided
- The outcome (whether effective communication was achieved)

e. Prohibited Practices

- Staff shall not continue using ineffective Aid-Essential Communication.
- Staff shall not rely on companions or unqualified individuals due to failure of an auxiliary aid, except as a temporary measure in accordance with policy.

f. Follow-Up and Quality Review

All instances of ineffective auxiliary aids/services shall be reported to the SPOC and included in monthly audits and quality improvement activities.

J. Safety Accommodations (Inpatient Settings)

1. Place individuals with hearing/visual impairments near fire alarms/nursing stations.
2. Provide orientation, fire drill instructions, and instructions/safeguards/assistance that will be provided in the event of an emergency.
3. Accept "Mark signatures" for those unable to write; must be witnessed by two staff.
4. Ensure auxiliary aids/accommodations are age-appropriate and individuals are provided an orientation to the auxiliary aid/accommodation used (i.e., how to use wheelchair).

K. Complaints Process:

1. Individuals who believe they were denied accommodations may file a complaint with the SPOC at 904-743-1883 ext. 21106 or email at adacoordinator@mhrclflorida.com.
2. Individuals may also file a written complaint of discrimination within 180 days of the alleged discriminatory act(s) with the Department of Civil Rights at the following offices:
 - a. Department of Children and Families (DCF)**
Office of Civil Rights
1317 Winewood Boulevard
Building 1, Room 110
Tallahassee, FL 32399-0700
[\(850\) 487-1901](tel:(850)487-1901); or TDD [\(850\) 922-9220](tel:(850)922-9220); or Fax [\(850\) 921-8470](tel:(850)921-8470)
 - b. 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](tel:(404)562-7888); TDD/TTY [\(404\) 331-2867](tel:(404)331-2867); or Fax [\(404\) 562-7881](tel:(404)562-7881)
 - c. United States Department of Justice (USDOJ)**

Office for Civil Rights - Office of Justice Programs
810 7th Street, NW
Washington, DC 20531

[\(202\) 307-0690](tel:(202)307-0690); or TDD/TTY [\(202\) 307-2027](tel:(202)307-2027); or Fax [\(202\) 616-9865](tel:(202)616-9865)

d. United States Department of Justice (USDOJ)

Civil Rights Division - Disability Rights Section

1425 New York Avenue

Washington, DC 20530

[\(800\) 514-0301](tel:(800)514-0301); or TDD/TTY [\(800\) 514-0383](tel:(800)514-0383)

L. Monitoring and Reporting

RBHS/MHRC will collect and analyze data to ensure on-going compliance with the policy; this includes:

1. Completion of monthly SPOC audits
2. Distribution of surveys
3. Documentation of incidents related to auxiliary aid/accommodations' failures
4. Tracking of languages and types of auxiliary aids/ accommodations used
5. Continuous quality improvement activities are completed based on chart audits, feedback and new/amended requirements.
6. All documents and forms documenting auxiliary aids and services to customers and companions will be maintained for seven years.

Additional Resources:

- RBHS Interpreter Service List: Desktop Shared folder: \\rsfs1\Employee Forms\Interpreter List
- Deaf Health Organization: www.deaforg.com
- Registry of Interpreters for the Deaf, Inc. (RID) www.rid.org
- Florida Association of the Deaf (FAD) www.fadcentral.org
- Florida Telecommunications Relay, Inc. (Florida Relay 7-1-1) www.ftri.org/floridarelay
- Florida Registry of Interpreters for the Deaf (FRID) www.fridcentral.org
- Hearing Loss Association of America www.hearingloss.org

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
- Section 504 Accessibility Plan Binder located in service provision area
- List of contracted Interpreting Agencies in employee Forms Interpreter List folder