

 <p>FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-148	
	Subject:-	Accessibility Plan	Adopted:- 05/06/2014	
	Section:-	(1.L)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

◀Summary

The Americans with Disabilities **Act of 1990** mandates, among other things, accessibility to services, goods, facilities, privileges, advantages, and accommodations for individuals with **disabilities in the United States**. It is the intention of (**FOHFS Agency**) to comply with the **Americans with Disabilities Act** in the provision of an accessible facility and safe environment for patients, staff and the community. This plan describes the measures that (**FOHFS Agency**) has taken to identify, remove and prevent barriers for people with disabilities who work, use or visit the office.

- A) Describes initiatives that will remove and prevent barriers for people with disabilities
- B) Describes the process by which **FOHFS Agency** will identify, remove and prevent barriers for people with disabilities
- C) Describes the measures **FOHFS Agency** will take in the coming year (**2018/2021**) to identify, remove and prevent barriers for people with disabilities.
- D) Describes how **FOHFS Agency** will make this accessibility plan available to the public

◀OBJECTIVE ACCESSIBILITY PLAN

- A) Describes initiatives that will remove and prevent barriers for people with disabilities.
- B) Describes the process by which **FOHFS Agency** will identify, remove and prevent barriers for people with disabilities.
- C) Describes the measures **FOHFS Agency** will take in the coming year (**2019/2022**) to identify, remove and prevent barriers for people with disabilities.

D) Describes how **FOHFS agency** will make this accessibility plan available to the public.

◀ **Definitions**

Barrier - anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability - physical, architectural, information or communication, attitudinal, Financial and technological, a policy or practice.

◀ **DISABILITY**

- any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness – includes diabetes, mellitus, epilepsy, brain injury, amputation, lack of physical coordination, blindness or visual impairment, deafness or hearing impairment, muteness or speech impairment.
- Mental impairment or development disability
- Learning disability or a dysfunction in one or more process involved in understanding or using symbols of spoken language
- Mental disorder
- Injury or disability for which benefits were received under the Workplace Safety and Insurance Act
- The assessment of the disability of any individual served or employee will be assessed and evaluated through applications for employment and development of psychosocial assessment. As the need arises for reasonable accommodations, this will be immediately addressed by the Executive Director. A disability may be a temporary or a permanent infirmity.

◀ **FOHFS AGENCY IS COMMITTED TO**

- Consulting with people with disabilities and/or consumers in the development and review of its annual accessibility plan
- Ensuring that policies and procedures are consistent with the principles of accessibility
- Improving access to facilities, policies, programs, practices and services for consumers, parents/guardians and other members of the community

The Executive Director will prepare the annual accessibility plans that will enable **FOHFS Agency** to meet these commitments.

FOHFS Agency was established in 2014. **FOHFS Agency** is located at **10326 Greenbriar Parkway Oklahoma City, Ok 73159**. The goal of **FOHFS Agency** is to remain a vital Agency that meets the needs of the population and community it serves. An additional goal is to ensure that services are developed and maintained in a consistent manner and that services are provided in an ethical atmosphere by qualified therapists / providers.

► **FOHFS AGENCY MISSION**

Our mission at Fountain of Hope Family Services Inc., is to provide quality and excellent services to all at-risk youth in OJA, DHS custody, their families and other members of the community. In addition, our aim is to assist in reunification of families, reducing psychiatric impairment and assisting individuals with behavioral challenges to enhance the quality of their life. We are committed to serve the needs of each family with compassion, respect and dignity. Delivering of highest quality service to each client we have the privilege to serve is our goal.

FOHFS Agency is committed to creating an environment that is accessible to all people, regardless of ability. Through the annual accessibility planning process, **FOHFS** practices, policies, services and programs will be assessed to ensure continuous improvement in accessibility.

► **(1.L.1.A) ACCESSIBILITY**

→ Policy: (**FOHFS Agency**) facilities and programs will be readily accessible to all clients. Services provided will continuously strive to meet the requirements of the Americans with **Disabilities Act of 1990 mandates**. This is to include architectural, attitudinal, environmental, financial, communication, and employment barriers.

1) **FOHFS Agency** shall provide notification of its compliance with the **ADA** in all of its programs, services and activities for all persons served. The notice shall be posted in the reception area at a height and location accessible to persons using mobility devices and presented to each client at admission. In addition to the compliance text, the notice will contain information about how a complaint of discrimination can be filed, including the name, and agency telephone number and address of the **Executive Director** or **Clinical Director**.

2) All contractors for services shall be made aware of **FOHFS Agency** compliance with the **ADA** and the requirement that the contractor is in compliance with the **ADA**. To this

end, all contracts shall contain language to the effect that the contractor is aware of and is in compliance with the requirements of the **ADA** and its regulations.

3) Other stakeholders are encouraged to contact the Management Team with any accessibility concerns they may have for themselves or for clients.

▶ **(1.L.1.B) IMPLEMENTS AN ONGOING PROCESS FOR IDENTIFICATION OF BARRIERS IN THE FOLLOWING AREAS**

→ Accessibility plan address implementation of ongoing process for identification of barriers in the following areas:

(1) (**Architectural Barriers**): - There are wheelchair accessible restrooms in the building as well as a wheelchair ramp allowing access to the building. The offices of **FOHFS Agency** are accessible to individuals with disabilities. **FOHFS Agency** will continue to evaluate the office space of **FOHFS Agency** to ensure needs of individuals with disabilities are met. To better meet the needs of the individuals served, additional office space will be leased to accommodate our Clients.

(2) (**Environmental Barriers**):- may be either external, as in a location setting where services are rendered that inherently hinders the efficiency of the services being delivered; such as where the site location or setting characteristics are such that confidentiality or safety may be at risk to the persons served and /or to staff or internal barriers that conflict with the comfort and satisfaction of the persons served and the service-giving personnel (e.g. noise levels, high walk-through traffic, lack of furnishing and décor)

(3) (**Attitudinal Barriers**): - Consumer input will be established through consumer satisfaction surveys, input on treatment planning, follow up surveys and a suggestion box that is located in the office area. The exclusionary criterion for services does not include consumers with disabilities. Each consumer and/or staff member is to be treated with the same respect and with the same goal of increasing the quality of life for the persons served. There is suggestion box is located in the main office area, client satisfaction surveys are sent to clients on a quarterly basis. Follow-up surveys are done after the person served is discharged from services.

▶ **Progress Made Toward (Attitudinal Barriers)**

Efforts continue to reduce stigma associated with mental illness and intellectual/developmental disabilities and to promote the philosophy of self-determination.

▶ The Anti-Stigma Committee continues to utilize the State of Oklahoma's "Combating Stigma within the Oklahoma Mental Health System - A Toolkit for Change". The work

group continues to meet monthly to discuss ways to reduce stigma for **FOHFS Agency** staff, consumers, and the community.

▶ During the 2nd quarter, the Anti-Stigma Committee began planning for the **FOHFS Agency** 5th annual Walk a Mile in My Shoes Rally, scheduled for August 16, 2019.

→ An informal educational plan continues, which includes educational presentations in the community as requested. No community education presentations were scheduled during the 1st quarter. During the 2nd quarter, there were six **FOHFS Agency** provided/sponsored education presentations that included CPI (non-confrontational avoidance technique/gentle teaching) and Trauma Resource – Caring for Children who have Experienced Trauma.

→ Peer Supports Specialist (**PSS**) Program continues at **FOHFS Agency**; a 2nd PSS was hired during the 1st quarter.

(4) (**Financial Barriers**): - **FOHFS Agency**: Medicaid is the primary source of treatment services payment, therefore co-pays or payments of services are not required of the consumer. Barriers such as Medicaid ineligibility may often impair the continuation of treatment services, yet **FOHFS Agency** will never refuse services for lack of payment or short term ineligibility of Medicaid benefit challenges. **FOHFS Agency** will review payment requirements with all consumers at admission in the event that Medicaid Eligibility cannot be restored during the course of prior authorized treatment services. **FOHFS Agency** may consider future payment sources, such as **ODMHSAS** contract services for substance abuse integrated services or private pay insurance for behavioral health treatment services.

▶ **Progress made in (financial barriers)**

▶ Due to continued statewide budget reductions, the **FOHFS General Fund (GF)** Committee continues to meet bi-monthly to review and evaluate services provided to consumers and cost associated with such. The **Executive Director** provides GF information to the **FOHFS Board of advisory** at the annually meetings.

(5) (**Employment Barriers**): - Include the attitudinal and perceptual ones that pertain to the facility's employment practices. Hiring Managers must be aware of discrimination laws and make efforts to provide reasonable accommodations for qualified employee applicants. **FOHFS Agency Plan**: Access to programs, employment opportunities and facilities are available to persons without discriminating against race, gender, disability, etc, with the exception to those who do not meet the necessary qualifications for employment. Individuals who are considered to be a threat to others cannot be mitigated by readily achievable modifications in the program's accommodations, policies, procedures, or by the provision of auxiliary aids may be denied access to employment or services.

(6) (**Communication Barriers**): - Through the person-centered planning process for persons served, provisions will be made upon request including, but not limited to, the

following: interpreters, TDD's, taped and Braille materials, written/aural materials, auxiliary aids and augmentative communication devices

FOHFS Agency will address the need of purchasing a telecommunication device for the deaf and will also secure a source for interpreter services. We are in the process of establishing a relationship with a service to provide interpreter services. In addition we are continually seeking bi-lingual therapists to provide services. An additional goal is to ensure that individuals served are able to understand information presented to them - this will continually be assessed.

(7) (**Transportation Barriers**): - **FOHFS Agency** will ensure that those individuals who may be unable to participate in therapeutic services in the office will receive home and community based services. We continue to provide services in the home and community. We refer individuals to Sooner Ride to set up transportation services for those individuals that are approved to receive transportation through Medicaid.

(8) (**Technology Barriers**):- The Agency's website and an email address can be utilized confidentially by consumers and the general community. The website contains links to websites for other agencies such as **H2GY**, **Red Rock** links to websites with general information/education relating to mental health and intellectual developmental disabilities, organizational information, etc. **FOHFS Agency** also maintains a Facebook page which provides education, information, and resource links to consumers as well as to the community.

(9) (**Community integration needs**):- will be addressed by the person's served case manager.

► **Progress Made Toward Community Integration Barriers**

Four community placements took place during the 1st quarter. (1) An SE consumer was hired at Goodwill store as a part-time cashier. (2) An SE consumer was hired at the Burger King restaurant as a part-time kitchen assistant. (3) An SE consumer began a volunteer placement at Webster Middle School as a kitchen assistant. (4) An SE consumer began a volunteer placement at the Salvation Army thrift store. **FOHFS Agency** staff assisted all of these placements with on-site job coaching through the training period and continues to support these placements with on-going site checks. During the 2nd quarter, one community placement took place. An SE consumer participated in a 'work training assessment' at Emerald Care Center Southwest as a kitchen assistant/waitress through the month of March. The training was a joint effort through **FOHFS Agency** and Oklahoma Rehabilitation Services.

► **(1.L.10) ANY OTHER BARRIER IDENTIFIED BY THE**

→ (a) **Clients**: - Input from the client will include comments and questions concerning

any perceived barriers to service. All **FOHFS Agency** policies and procedures shall be reviewed annually by the **Executive Director** for policies, practices and criteria that may discriminate against or prevent participation of persons with disabilities. Review shall also include all applicable **FOHFS Agency** brochures, publications, booklets and posters. All public documents shall be reviewed to eliminate patronizing or stigmatizing language and images.

→ (b) **Personnel**:- **FOHFS Agency** shall notify all present staff of its non-discrimination policy by written memo. Future staff shall be notified during new employee orientation. Written documentation shall be placed in each employee's personnel file. **FOHFS Agency** non-discrimination policy shall be reviewed annually as part of annual employee training.

→ (c) Their Stakeholders: Notice of the review of policies and practices shall be posted in a manner to comply with **ADA** notification requirements. Notice shall be posted **30** days prior to the date of review. Other stakeholders are encouraged to contact the Management Team with any accessibility concerns they may have for themselves or for Clients.

1. (**FOHFS Agency**) Management Team reviews accessibility each quarter, during this review a plan is developed to address any areas concerning accessibility.

→ **FOHFS Agency** will remove identified barriers following the plan developed by the Management Team. **FOHFS Agency** will maintain a list of referral sources to ensure Patients can use other resources that are available. If **FOHFS Agency** is unable to accommodate an individual with special needs, that individual will not be admitted to the program and will be given appropriate referrals to other services. This shall be done within **72** hours of referral.

2. The **Executive Director** shall designate personnel to coordinate efforts to comply with the **ADA**. The name, phone number and address of this employee shall be included in all complaint notifications. These personnel will prepare an accessibility status report about the removal of barriers. These personnel are the **Executive Director** at this time.

3. This is included in the Annual Management Summary Report.

4. The Annual Management Summary Report will include:-

- a. Progress made in the removal of identified barriers.
- b. Areas needing improvement.

► (1.L.2) **FOHFS ACCESSIBILITY IMPLEMENT PLAN**

(1. L.2.a) (1):- **Action Take**: **FOHFS Agency** will remove identified barriers following the plan developed by the Management Team. **FOHFS Agency** will maintain a list of referral sources to ensure patients can use other resources that are available

1. L.2.a (2):- **Timeframe**: If **FOHFS Agency** is unable to accommodate an individual with special needs, that individual will not be admitted to the program and will be given appropriate referrals to other services. This shall be done within 72 hours of referral.

1. L.2.1(b):- Progress made in the removal of identified barriers: The Executive Director shall designate personnel to coordinate efforts to comply with the ADA. The name, phone number and address of this employee shall be included in all complaint notifications. These personnel will prepare an accessibility status report about the removal of barriers. These personnel are the Executive Director at this time.

1.L.2.2 (c):- Area Needed Improvement: - This is included in the Annual Management Summary Report. Progress made in the removal of identified barriers

1.L.2. (d):- FOHFS Agency will work on updated as needed.

► (1.L.3) REQUEST FOR REASONABLE RECOMMENDATION IS:-

→**Identified:** ADA related complaints should be directed in writing to the **Executive Director**. Procedures for **ADA** complaints shall be the same as Patient's grievances. The Management Team will review and address the removal of any identified barriers in the Annual Management Summary.

→**Decisions concerning accessibility** that would result in a fundamental alteration of the nature of the program or would present undue financial and administrative burdens, including denial of admissions when resources are not available, shall be made by the **Executive Director**. The **Executive Director** shall ensure that decisions concerning undue financial and administrative burdens are made properly and expeditiously and that any admission denied due to availability of resources is documented.

→**The Management Team** will decide upon identified and reviewed changes suggested by the **Clinical Director**.

→**All planning, concerns, and changes** will be documented in the quarterly Safety and Accessibility Report and in the Annual Management Summary.

Fountain of Hope Family Services Inc.

10326 Greenbriar Parkway

Oklahoma City, Ok 73159

405-759-3860

(1.L.3) Request for Reasonable Accommodation

To Be Completed By Individual Making Request:

Name: _____ Contact #: _____

Request Date: _____

Circle One: PATIENT VISITOR EMPLOYEE OTHER:

Specify _____

Please Complete Either A or B, Below:

A. I qualify as a person with disabilities; because of my disability, I am requesting reasonable accommodation for:

Medical Release Statement: By this request for accommodation, I hereby grant **FOHFS agency** permission to examine medical records and any other records related to this request on my medical or disability condition.

Signature of Requestor
Date of Request

B. I do not qualify as a person with disabilities; however, I would like to request reasonable accommodation as:

For this purpose:

Signature of Requestor
Date of Request

To Be Completed By Approving Authority:

Request received by: _____ Date: _____

Circle One: Approved Denied Decision Date: _____

Basis for Decision:

Signature of Approving Authority

Date of Approval