

Accessibility Plan FY2022 - FY2024

Accessibility Plan

Table of Contents

Introduction	3
Objectives	3
Processes Used To Develop the Accessibility Plan	4
ASPIRE to Excellence	4
Barrier Initiatives and Strategies	5
Architectural and Physical Barriers	5
Environmental Barriers	5
Attitudes	6
Finances	7
Employment	7
Communication	8
Transportation	9
Community Integration	9
Review and Monitor Process	9
Communication of the Accessibility Plan	9

Accessibility Plan

Introduction

In support of our mission and values as an organization, al Watson Community Health Centre is actively involved in maximizing accessibility to the facilities, the services and the highest professional relationships for all our clients.

While WCHC strives to provide services at hours, in locations, in environments and with staff patterns designed to maximize easy access to services, we also recognize the barriers present in many forms and have the potential to impact not only persons served, but community partners, and staff as well. Those barriers may include architectural, environmental, attitudinal, financial, employment, communication, transportation and other barriers which may be identified.

In an effort to identify and remove potential barriers, WCHC annually assesses, develops initiatives and makes improvements to address identified needs. When barriers present which may require extensive time and resources, a corrective action plan is developed and monitored until the appropriate enhancements can be made.

At all stages of the Accessibility Plan, clients, staff and management are involved in the assessment, decision making, and implementation of this plan. WCHC's goal is to raise awareness, particularly among people served, so that they feel empowered to advocate for eliminating and reducing barriers in the communities in which they live and work.

This plan applies to all Watson Community Health Centre service locations.

Objectives

- 1. To actively engage citizens with disabilities with community members and appropriate special interest groups in identifying barriers, determining priorities, designing solutions and planning and evaluating appropriate implementation strategies.
- 2. To develop processes that will be used to identify, remove and prevent additional barriers to people with disabilities during quarterly quality management committee (LEADERSHIP) meetings.
- 3. To develop measures to identify, remove and prevent barriers to people with disabilities through quarterly quality improvement reports.
- 4. To target the identification and removal of barriers for the coming year by:
 - a. Identifying policies, procedures, practices and services that will be reviewed.
 - b. Detailing the measures that will be taken to identify, remove and prevent barriers for people with disabilities.
- 5. To ensure that the annual Accessibility Plan is available to clients, employees, and stakeholders.

Accessibility Plan

Processes Used To Develop the Accessibility Plan

- 1. The WCHC leadership team incorporates accessibility planning into the context of their agenda and inspections.
- 2. WCHC's ongoing commitment to the fulfillment of its Mission Statement.
- 3. Integration of CARF standards.
- 4. Continuous identification and categorization of barriers that need to be addressed and development of preventative strategies.

ASPIRE to Excellence

Watson Community Health Centre Steps Taken to ASPIRE to Excellence:

Assess the Environment

- Environmental assessments provide the foundation for development and implementation of organizational strategy.
- WCHC will assess the environment through internal and external safety inspections, satisfaction surveys, comments and suggestions from clients, staff and stakeholders, incident reports, committees, meetings, grievances and complaints.

Set Strategy

- Strategy translates the salient environmental factors into tangible planning assumptions, sets goals and priorities and globally aligns resources to achieve performance targets.
- The leadership will review and analyze accessibility issues.
- There may be barriers identified that the organization does not have the authority or resources to remove, therefore the leadership team may decide that effective accommodations may be the appropriate action taken in those circumstances.

Persons served and other stakeholders – obtain input

- Watson Community Health Centre actively engages persons served and other stakeholders as part of our planning and service processes.
- WCHC will address accessibility issues to enhance the quality of life for those served in their programs and services, implement nondiscriminatory employment practices, meet legal and regulatory requirements and meet the expectations of stakeholders in the area of accessibility.

Implement the plan

Assessment of environmental factors, provide a roadmap to achieving organizational purpose. Using
input from persons served and other stakeholders and setting the strategy is the foundation for
accessibility plan implementation.

Review results

 Watson Community Health Centreleadership team, by constantly monitoring and assessing input, barriers, and performance, can determine the most effective and efficient method of preventing, eliminating or reducing accessibility barriers for persons served and other stakeholders.

Accessibility Plan

Effect change

• Following the review and analysis of results, Watson Community Health Centre will carefully evaluate the Accessibility Status Report so that it may be translated into focused actions to improve performance and service delivery in the future.

Barrier Initiatives and Strategies

Barrier Identification, Removal and Prevention Initiatives and Strategies

PROGRAM BARRIERS	EXAMPLES OF BARRIERS	METHODS FOR REMOVAL AND PREVENTATIVE STRATEGY	RESPONSIBILITY AND TIME LINE Timelines to be determined based on the severity, priority of the identified barrier.
Architectural and Physical Barriers	 They are generally easy to identify and may include, but are not limited to: Wheelchair accessibility. Absence of light alarms for individuals who are hearing impaired. Absence of signs in Braille for individuals who are blind. 	 Staff may submit a maintenance work order. Safety Coordinators conduct a monthly safety inspection. Clients, staff and stakeholders may complete a Request for Accommodation and Removal of Barriers form or suggestion index card located in each office. 	The Safety and Agency Leadership address these program barriers through the review of any of the available forms completed by a client, stakeholder or staff member and discussion of these findings during LEADERSHIP. When possible, corrective action plans are implemented in a timely manner.
Notes: WCHC facilities	are ADA compliant.		
Environmental Barriers	They can be interpreted as any location or characteristic of the setting that compromises, hinders or impedes service delivery and the benefits to be gained Location safety Noise level and soundproofing Lighting Temperature Cleanliness	 Staff may submit a maintenance work order. Safety Coordinators conduct a monthly safety inspection. Clients, staff and stakeholders may complete a Request for Accommodation and Removal of Barriers form or suggestion index card located in each office. 	• The Safety and Agency Leadership address these program barriers through the review of any of the available forms completed by a client, stakeholder or staff member and discussion of these findings during LEADERSHIP. When possible, corrective action plans are implemented in a timely manner.

Accessibility Plan

PROGRAM BARRIERS	EXAMPLES OF BARRIERS	METHODS FOR REMOVAL AND	RESPONSIBILITY AND TIME LINE
		PREVENTATIVE STRATEGY	Timelines to be determined based on the severity, priority of the identified barrier.

- WCHC is a smoke free facility and there are designated smoking areas for employees and clients.
- A Safety Coordinator will be assigned to each facility and is responsible for the safety of the staff and clients. He/she is trained to follow the agency Health and Safety guidelines and practices.
- WCHC will conduct monthly emergency and fire drills to ensure that staff responds/evacuates appropriately in emergency situations.
- WCHC will strive to keep waiting rooms decorated and furnished with toys and furniture to accommodate waiting parents and children.
- WCHC will promote an environment comfortable for the people served and staff to ensure optimal effectiveness and productivity.
- Carpeting, acoustics, signage, etc. contribute to a quiet environment. Staff is expected to be vigilant in keeping hallways noise minimal.

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They may include, but are not limited to:

- Terminology and language used by the organization in its literature or when it communicates with individuals with disabilities, other stakeholders and the public.
- How clients are treated by the organization.
- Stigma, bias and preconceived ideas regarding disabilities.

- Review of client records to ensure person centered language is used.
- Compliance Officer reviews all complaints and grievances and takes the necessary corrective action.
- Voluntary and mandatory training to increase cultural awareness to populations with special needs.

Clinical Supervisors address these program barriers through:

Regular supervision
 The Compliance Officer

addresses these program barriers through:

- Investigations, findings and corrective action reports.
 The Training Director addresses these program barriers through:
- Regular trainings.
 The Quality Management addresses these program barriers through:
- Satisfaction surveys
- Client Follow Up Surveys

Notes:

• WCHC will strive to be faithful to the vision and mission to the agency and to demonstrate consistency between beliefs and actions. The agency is structured and staffed to reflect the diverse needs of the clients. The agency is committed to cultural competency in an ongoing learning process that enhances and promotes responsiveness in treatment and service delivery to our diverse clients. WCHC actively recruits, hires and trains employees from a culturally and racially diverse population. WCHC strives to enhance understanding and competency by working within the agency to remove barriers such as prejudice, discrimination, ignorance, fear, intolerance and discomfort that may rise in working across cultures and population.

Accessibility Plan

PROGRAM	EXAMPLES OF BARRIERS	METHODS FOR	RESPONSIBILITY AND TIME
BARRIERS		REMOVAL AND	LINE
		PREVENTATIVE STRATEGY	Timelines to be determined based on the severity, priority of the identified barrier.
	tes in various marketing and educa	•	•

WCHC participates in various marketing and educational events (i.e. Provider and Department of Social Services
fairs) in an effort to reduce stigma and heightening awareness that people experiencing MHDDSA problems are
fully capable of recovery and successful participation in the activities of life.

Finances

They include:

- Insufficient funding for support and services
- Continuous changes in state and local regulations.
- Advocacy on the legislative level for increased funding.
- Regular budget review.
- Regular communication with staff and shareholders.

Executive Director

- Advocacy on the legislative level for increased funding
- Regular communication with shareholders.

Finance Manager

Regular budget review.

Notes:

- WCHC works with persons served to avoid creating financial barriers to essential treatment that can prevent more serious illness or disability.
- WCHC assists individuals seeking services to apply for Medicaid and related sources when there are financial needs.
- WCHC is named as payee for persons served who receive disability benefits but are unable to successfully manage their funds, thereby risking housing, healthcare and other needed services. These funds are managed by Finance Department and audited regularly to safeguard client funds.

Employment

They include:

- Lack of qualified applicants.
- Ensure that the adequate number of employees are available to meet the needs of the organization as a whole.
- Clinical Supervisors review client to staff ratio and ensure that service definition requirements are followed.
- Human Resources reviews staffing needs to determine the most appropriate plan of action on a regular basis.

Human Resources addresses these program barriers through:

 Regular staffing reports presented to LEADERSHIP to ensure the effective and efficient use of human resources at all times.

Notes:

 WCHC does not discriminate against any applicant for employment or employee because of race, age, handicap, gender or any other bias. WCHC actively recruits applicants by advertising in the appropriate publications.

Accessibility Plan

PROGRAM BARRIERS	EXAMPLES OF BARRIERS	METHODS FOR REMOVAL AND PREVENTATIVE STRATEGY	RESPONSIBILITY AND TIME LINE Timelines to be determined based on the severity, priority of the identified barrier.
Communication	 Hearing impairments and the absence of telecommunication device for the deaf (TDD). Foreign languages Visual aids. 	 Communication needs would be addressed in the client's person centered plan. Interpreting service is available as needed by client or staff. Capability of enlarging printed materials as needed. 	The Quality Management Committee addresses these program barriers through the regular review of the Accommodation and Removal of Barriers forms or suggestion index cards collected on a monthly basis.

Notes:

- WCHC promotes ongoing communication with clients by soliciting their input and feedback through the use of quarterly surveys. Surveys are discussed during quarterly LEADERSHIP meetings and recommendations are made.
- Staff is trained to be responsive to clients with disabilities. WCHC contracts with various agencies to
 provide assistance to the deaf and hearing impaired and translation services to non-English speaking
 clients.
- A 24-hour crisis line is available to clients who need emergency services after hours.

Watson Community Health Centre Accessibility Plan

PROGRAM BARRIERS	EXAMPLES OF BARRIERS	METHODS FOR REMOVAL AND PREVENTATIVE STRATEGY	RESPONSIBILITY AND TIME LINE Timelines to be determined based on the severity, priority of the identified barrier.
Transportation	 Client's inability to travel to service location. 	 Client transportation needs are addressed in individual person centered plans. Qualified Professionals (case managers) link clients to transportation services as needed. Qualified Professionals (case managers) serve clients in their homes, schools, work sites, and community settings as needed. 	Clinical staff members address these program barriers though the: Person Centered Service Plans. Identification of community resources within the person centered planning.
Community Integration (when appropriate)	They include any person with limited mobility who desires to attend community events.	Each individual's barriers to integrating the community are identified in the person centered planning process.	 Clinical staff members address these program barriers though the: Person Centered Service Plans. Identification of community resources within the person centered planning.

Review and Monitor Process

LEADERSHIP will review all accessibility issues during regularly scheduled meetings.

Communication of the Accessibility Plan

The WCHC Accessibility Plan will be made available on its website and a copy can be given to clients, employees, visitors, and other stakeholders upon request.