

In fulfilling our mission and in alignment with our values of respect, compassion and excellence, Watson Community Health Centre (Watson Community) strives to provide accessible care in a manner that respects the dignity and independence of people with disabilities. Watson Community is also committed to ensuring that all clients have an equal opportunity to obtain, use, and benefit from our programs and services.

Watson Community Health Centre is committed to continual improvement of facilities access, policies, programs, practices and services for clients and their family members, staff members, health care practitioners, volunteers and members of the community with disabilities. The participation of stakeholders in the development and review of its accessibility plan; and the provision of quality services to clients and their family members of the community.

In compliance with the American Disability Act (ADA) and Commission on Accreditation for Rehabilitation Facilities (CARF), a multi-year accessibility plan was prepared and approved for 2022-2024 (inclusive). Watson Community prepared an annual status report that indicates the progress of measures underway to address barriers and then to make the report available to the public.

This report summarizes the following:

- Submission of the Accessibility Compliance Report
- Status of actions to remove barriers identified in the work plan
- Actions taken from January 2022 to April 2023 to remove barriers in addition to those identified in the work plan
- Actions taken to review and monitor Accessibility Plan outcomes

### 1. The Accessibility Advisory Committee

The Accessibility Advisory Committee is accountable to the Senior Leadership Team via the Quality Assurance and Clinical Support Services Coordinators. The committee surveyed staff members with varied roles as well as community stakeholders and clients.

### 2. Planning Cycle

An annual status report was prepared for senior leaders in early 2022. The next accessibility plan summary report is scheduled to begin in January 2022.

### 3. Accessibility Report

The Accessible Report was completed by Watson Community Health Centre CEO and was made available to stakeholders.

### 4. Initiatives FY 2022-FY 2024

2022 – 2024 ACCESSIBILITY PLAN
2022 PROGRESS REPORT



### **Initiatives and Strategies**

PROGRAM BARRIERS	IDENTIFIED BARRIERS	METHODS FOR REMOVAL	<b>RESPONSIBILITY AND TIME LINE</b>
		AND PREVENTATIVE	Timelines to be determined based on
		STRATEGY	the severity, priority of the identified
			barrier.
Architectural and Physical Barriers	<ul> <li>Absence of light alarms for individuals who are</li> </ul>	<ul> <li>Staff can submit a maintenance work order.</li> <li>Safety Coordinators conduct a monthly safety inspection.</li> <li>Clients, staff and stakeholders may complete a Request for Accommodation and Removal of Barriers form or suggestion index card located in each office.</li> </ul>	<ul> <li>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.</li> </ul>
		cach office.	
Environmental Barriers	<ul> <li>Noise level and soundproofing</li> <li>Lighting</li> <li>Temperature</li> </ul>	<ul> <li>Staff may submit a maintenance work order.</li> <li>Safety Coordinators conduct a monthly safety inspection.</li> <li>Clients, staff and stakeholders may complete a Request for Accommodation and Removal of Barriers form or suggestion index card located in each office.</li> </ul>	<ul> <li>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.</li> </ul>

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Attitudes	<ul> <li>Terminology and language used by the organization in its literature or when it communicates with individuals with disabilities, other stakeholders and the public.</li> <li>How customers are treated by the organization.</li> <li>Stigma, bias and pre- conceived ideas regarding disabilities.</li> <li>Insufficient funding/reduce in funding for support and services</li> <li>Continuous changes in state and local regulations.</li> </ul>	<ul> <li>Review of customer records to ensure person centered language is used.</li> <li>Compliance Officer reviews all complaints and grievances and takes the necessary corrective action.</li> <li>Voluntary and mandatory training to increase cultural awareness to populations with special needs.</li> <li>Advocacy on the legislative level for increased funding.</li> <li>Advocacy on the legislative level for increased funding.</li> <li>Regular budget review.</li> <li>Regular budget review.</li> <li>Regular budget review.</li> <li>Regular communication with staff and shareholders.</li> <li>Clinical Supervisors address these program barriers through:         <ul> <li>Regular budget review.</li> <li>Regular budget review.</li> <li>Regular budget review.</li> </ul> </li> </ul>
Employment	<ul> <li>Lack of qualified applicants.</li> <li>Ensure that the adequate number of employees are available to meet the needs of the organization as a whole.</li> </ul>	<ul> <li>Clinical Supervisors review client to staff ratio and ensure that service definition requirements are followed.</li> <li>Human Resources reviews staffing needs to determine the most appropriate plan of action on a regular basis.</li> <li>Human Resources addresses these program barriers through:         <ul> <li>Regular staffing reports presented to LEADERSHIP to ensure the effective and efficient use of human resources at all times.</li> </ul> </li> </ul>



Communication	<ul> <li>Hearing impairments and the absence of telecommunication device for the deaf (TDD).</li> <li>Foreign languages</li> <li>Visual aid</li> </ul>	<ul> <li>Communication needs would be addressed in the client's person centered plan.</li> <li>Interpreting service is available as needed by client or staff.</li> <li>Capability of enlarging printed materials as needed.</li> <li>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.</li> </ul>
Transportation	<ul> <li>Maintain Client's inability to travel to service location.</li> </ul>	<ul> <li>Client transportation needs are addressed in individual person centered plans.</li> <li>Qualified Professionals (case managers) link customers to transportation services as needed.</li> <li>Qualified Professionals (case managers) serve customers in their homes, schools, work sites, and community settings as needed.</li> </ul>
Community Integration (when appropriate)	Maintaining Interactions person with limited mobility who desires to attend community events.	<ul> <li>Each individual's barriers to clinical staff members address these integrating the community are identified in the person centered planning process.</li> <li>Identification of community resources within the person centered planning.</li> </ul>

### 5. Barriers addressed from January 2022 to September 2022

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Category of Barrier and Location	Identified Barrier	Means to prevent or remove barrier/Status
Watson Community Health Centre Facility/ Community	Communication	<ul> <li>Upon request, provide or arrange the provision of accessible formats and communication supports for persons with disabilities:</li> <li>In a timely manner that takes into account the person's communication needs</li> <li>At a cost that is no more than the regular cost charged to other persons</li> <li>The person making the request shall be consulted in determining the suitability of communication support</li> <li>The public shall be notified about the availability of communication devices were made available to staff/multi-language communications have been made available to clients</li> </ul>

### 6. Communications Update

Communication includes internal and public websites. In addition, a number of communication strategies were used to increase awareness of staff's obligations to comply with the standards. For example, in January 2022, a team email was generated with teaching points on, "Reducing Communication Barriers".

### 7. Review and Monitoring Process

The Management Team meets at least monthly. Subcommittees may form to address one or more barriers. At each meeting, supervisors report to the Management Team on their progress in implementing the plan. LEADERSHIP presents the annual status report to senior leaders.

### 8. Communication of the plan

The Accessibility Plan will be posted on Watson Community Health Centre Website. Hard copies are available in in the front office. Publication of the plan is announced by the following means:

- In the monthly staff email, Imprint
- In the electronic form to stakeholders

Upon request, the plan can be made available in Braille; or large font from the internet website.

Aspects of Watson Community Health Centre accessibility plan are highlighted using a range of communication tools throughout the year to provide the status of tasks and to increase awareness, for example:

• Some components of Watson Community Accessibility Plan were presented and discussed during stakeholders' meetings in 2022.

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