|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CO-logo1-MW | **County of Sacramento**  **Department of Health Services**  Division of Behavioral Health Services  Policy and Procedure | | Policy Issuer (Unit/Program) | **QM** |
| Policy Number | **QM-01-06** |
| Effective Date | **07-01-06** |
| Revision Date | **07-01-22** |
| Title:  **Physical Accessibility** | | Functional Area:  **Access** | | |
| Approved By: (Signature on File) **Signed version available upon request**  **Alexandra Rechs, MFT** Program Manager, Quality Management | | | | |

**BACKGROUND/CONTEXT:**

The Americans with Disabilities Act (ADA) protects individuals with disabilities from discrimination in many settings, including federal, state, and local government agencies. The ADA was originally passed in 1990 and was the first major federal civil rights law protecting individuals with disabilities. In 2008, Congress updated the ADA by passing the Americans with Disabilities Act Amendments Act (ADAAA).

The ADA defines a person with a disability as an individual:

* With a physical or mental impairment that substantially limits one or more major life activities;
* Who has a record of such an impairment; or
* Who is regarded as having such impairment, regardless of whether they have the disability.

Sacramento County Behavioral Health Services (BHS) requires all county operated and contracted providers to comply with all ADA laws and regulations. BHS prohibits the discrimination against people with disabilities and ensures that its programs and services are fully accessible to usable by people with disabilities without the cost to the individual or family.

**DEFINITIONS:**

N/A

**PURPOSE:**

The purpose of this Sacramento County Behavioral Health policy is to ensure compliance with federal and state regulations related to providing access to services for beneficiaries who have a visual, hearing, and/or physical impairment.

**DETAILS:**

**Procedure:**

1. **Access for Beneficiaries with Hearing Challenges:**
   1. County operated or contracted staff will use approved qualified interpreter services.
   2. The BHS website provides information about MHP and DMC-ODS services; and how to access them using 711, for relay services, or the on-line service request (MHP Only) for persons with hearing challenges.
   3. When a beneficiary who is deaf or hard of hearing presents as a walk-in at an approved BHS entry site, staff shall utilize the phone line, 711, for relay services, or the available video ASL (American Sign Language) interpretive services through BHS contracted service vender, to attend to request for information or access evaluation.
   4. For face-to-face evaluations and/or ongoing services for a beneficiary who is deaf or hard of hearing, those services shall be provided by a program staff member fluent in ASL or an interpreter from a contracted service for the hearing challenges.
2. **Access for Beneficiaries with Visual Challenges:** 
   1. Providers will make documents available in alternative formats, for those beneficiaries who are blind, have low vision or have poor reading proficiency, at no cost to the beneficiary.
   2. Information will be provided over the phone to beneficiaries who are blind, have low vision or have poor reading proficiency by the Access Team, System of Care, or support staff.
   3. Direct services for beneficiaries who are blind or have low vision will be provided at all program sites with accommodation as necessary, such as the beneficiary being accompanied to and from the waiting area.
3. **Access for Beneficiaries with Physical Challenges:** 
   1. Newly constructed or altered facilities shall comply with federal and state laws requiring physically accessibility; including accessible paths of travel, elevators, ramps, doors that open easily, reachable light switches, accessible bathrooms, accessible parking and signage.
   2. Building not altered since 1990 are subject to the accessibility requirements for existing buildings and shall make reasonable accommodations to ensure accessibility; such as removing architectural barriers, keeping travel paths clear of barriers, or relocating services to an accessible location, including but not limited to providing services in the community.
   3. Programs shall not deny admission, services or activities due to an inaccessible treatment room or office.

Compliance with this policy will be achieved through the site certification process conducted by Sacramento County Quality Management or Department of Health Care Services (DHCS) for the following:

1. The opening of new program and/or site.
2. Every three years for required re-certification.
3. If structural changes are made.
4. A complaint is made related to physical access.

If the site is deemed out of compliance a plan of correction will be provided with necessary action steps to rectify the non-compliance. Providers will need to submit the necessary evidence with 30 days, unless otherwise state, of the report to demonstrate correction.

**REFERENCE(S)/ATTACHMENTS:**

* CCR, Title 9, Chapter 11, Sections 1810:410 & 1810.110
* 42 CFR, Section 438.1 0 & i38.68(c)(3)
* MHP Contract, Exhibit A
* DMC-ODS Contract with DHCS, Exhibit A, Attachment I
* Americans with Disabilities Act of 1990 and the ADA Amendments Act of 2008

**RELATED POLICIES:**

* PP-QM-04-01 Site Certification of Provider Physical Plant
* PP-QM-03-08 Problem Resolution Forms and Brochures Distribution
* PP-SUPT-03-02 Distribution of Informing Materials

**DISTRIBUTION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Enter X** | **DL Name** | **Enter X** | **DL Name** |
| **X** | Mental Health Staff | **X** | DHS Human Resources |
| **X** | Mental Health Treatment Center |  |  |
| **X** | Adult Contract Providers |  |  |
| **X** | Children’s Contract Providers |  |  |
| **X** | Substance Use, Prevention, and Treatment |  |  |
|  | Specific grant/specialty resource |  |  |
|  |  |  |  |

**CONTACT INFORMATION:**

* Quality Management Unit

[QMInformation@SacCounty.net](mailto:QMInformation@SacCounty.net)