

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-01-06
	Effective Date	07-01-06
	Revision Date	07-01-22
Title: Programmatic Access	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. In 1990, Congress passed the ADA, which was one of the first major federal civil rights laws 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 disability civil rights laws and accessibility regulations to include but not limited to Americans with Disabilities Act (ADA) of 1990 amended; Sections 504 and 508 of the Rehabilitation Act of 1973 amended; Section 255 of the Telecommunications Act of 1996; California Fair Employment and Housing Act (FEHA); California Civil Code Sections 51 (Unruh Civil Rights Act) and 54 through 55.32 (Part 2.5 Blind and Other Physically Disabled Persons); 2010 ADA Standards for Accessible Design; and California Building Code. BHS prohibits discrimination against people with disabilities and ensures that its programs, services, activities, and facilities are fully accessible to or usable by people with disabilities without the cost to the individual or family.

DEFINITIONS:

711 for Relay Service: a TTY-based Telecommunications Relay Service that permits people with a hearing or speech disability to use the telephone system via a text telephone (TTY) or other device to call people with or without such disabilities.

To make using TRS as simple as possible, one can dial 711 to be automatically connected to a TRS communications assistant. Dialing 711, both voice and TTY-based TRS users can initiate this free service from any telephone, anywhere in the United States, without having to remember and dial a ten-digit access number. For more information about TRS options please visit the [Telecommunications Relay Service - TRS | Federal Communications Commission \(fcc.gov\)](#) consumer guide page.

Alternative Formats: the use of audio, braille, electronic (Microsoft Word or Accessible PDF, not a scanned image/document) or large print versions of standard print such as educational materials, information leaflets, and even people's personal bills and letters. Alternative formats are created to help people who have visual, perceptual/reading, or physical disabilities to gain access to their personal and leisure information either by sight (large print), by ear (audio) or by touch (braille).

American Sign Language (ASL): a complete, natural language that has the same linguistic properties as spoken languages, with grammar that differs from English.

Captions: text versions of the audio content, synchronized with the video. They are essential for ensuring your video is accessible to all members of the public who are deaf or hard of hearing.

Communication Access Realtime Translation (CART): real-time captions or live captions, is a service where trained captioners translate the spoken word into captions that appear in real-time for participants in a communication setting – meetings, interviews, conversations, and presentations. The person who is deaf or hard of hearing can view this speech-to-text translation on any device, of any size, such as on a big screen for all participants to view, or to a laptop or mobile device, in any place. There are two types of CART real-time captioning services. On-site CART captioning services involve sending a trained caption service professional to a venue to conduct CART real-time captioning in person. Remote CART services involve utilizing a professional caption service provider who is located off-site. This allows for the CART captioning professional to provide captions from anywhere in the world. All that the CART writer needs are access to audio and an internet connection.

Certified Access Specialist (CASP): a person who has been tested and certified by the state of California that business owners and government entities can hire to assess accessibility. California Government Code Section 4459.5 sets up a process whereby business owners and government entities can voluntarily hire a CASP to inspect their buildings to ensure compliance with California disability access standards and obtain an inspection report as proof of inspection.

Deaf Interpreter: a specialist who provides interpreting, translation, and transliteration services in American Sign Language and other visual and tactual communication forms used by individuals who are deaf, hard-of-hearing, and deafblind.

Oral Interpreting: not as common as Sign Language Interpreting, but it is a recognized sub-specialty of interpreting. An oral interpreter silently mouths speech for the non-signing deaf consumer. They use facial expressions and gestures to enhance understanding for those who read lips. Oral interpreting addresses the needs of non-signers, as does captioning and CART (Real-Time Captioning).

Transliterating Services: the representation in letters or words English-based sign language and spoken English in both sign-to-voice and voice-to-sign.

Video/Audio Description: a separate spoken narrative track that describes important visual content (key elements), such as the action, settings, characters, facial expressions, costumes, scene changes, and on-screen text, making it accessible to people who are unable to see the video. Individuals who are blind or have low vision can understand much of a video's content by listening to its audio. However, if a video only presents content visually (e.g., on-screen text or key actions that are not obvious from the audio), this visual information must be described to be accessible to people who are unable to see it.

Note:

1. In standard video/audio description, narration is added during existing pauses in dialogue.
2. Where all the video information is already provided in existing audio, no additional audio description is necessary.
3. Video/audio description is also called "audio description", "video description", and "descriptive narration".

Video remote interpreting (VRI): a video telecommunication service that uses devices such as web cameras or videophones to provide sign language or spoken language interpreting services. This is done through a remote or off-site interpreter, to communicate with people with whom there is a communication barrier.

PURPOSE:

The purpose of this Sacramento County Behavioral Health policy is to ensure compliance with all federal and state disability civil rights laws and accessibility regulations related to providing access to services for members who have a visual, hearing, cognitive, mental, and/or physical impairment.

DETAILS:

Procedure:

1. Access for Members with Hearing Disabilities* (Deaf or Hard of Hearing):

- a. The Access Team, System of Care, or support staff will provide information, including documents, over the phone or in-person in a private area through an effective method of communications to clients who are deaf or hard of hearing.
- b. County operated or contracted staff will use approved qualified American Sign Language (ASL) and oral interpreting, as well as other transliterating services. Staff are to give preference to the language specified by the client who is deaf or hard of hearing.
- c. County operated or contracted staff will use approved qualified Communication Access Realtime Translation (CART) as a reasonable accommodation on request, or when needed to achieve effective communication with clients who are deaf or hard of hearing. Since not everyone who is deaf or hard of hearing is fluent in both ASL and English, for maximum coverage, county operated or contracted staff should use both ASL and CART for assignments.
Additionally, it is advisable to include an audio component as well - even people with typical hearing may have difficulty getting all the information in a live environment. Assistive listening systems, also known as hearing assistive technology, such as induction loops, FM, and infrared systems combined with CART provide the highest level of accessibility for clients who have a hearing loss.
- d. 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 clients who are deaf, hard of hearing, or have a speech disability.
- e. When a member 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 remote interpreting (VRI) to attend to request for information or access evaluation.
- f. For face-to-face evaluations and/or ongoing services for a member who is deaf or hard of hearing, county operated or contracted staff shall provide those services of a Certified Deaf Interpreter fluent in ASL, oral interpretation, or transliteration from a contracted vendor.
- g. Provide captions and transcripts of all videos played in public areas, such as waiting rooms, for clients who are deaf or hard of hearing.
- h. Newly constructed or altered facilities shall comply with federal and state laws requiring physical accessibility; to include but not limited to visible alarms, assistive listening systems, telecommunication devices for deaf people, and visual announcements.
- i. Buildings 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 or relocating services to an accessible location, including providing services in the community.

2. Access for Members with Visual Disabilities* (Blind or Low Vision):

- a. Providers will make documents available in alternative formats, for those members who are blind or have low vision, at no cost to the member.
- b. The Access Team, System of Care, or support staff will provide information, including documents, over the phone or in-person in a private area through an effective method of communications to clients who are blind or have low vision.

- c. The BHS will provide direct services for members who are blind or have low vision at all program sites with accommodation as necessary, such as a staff person accompanying the member to and from the waiting area.
- d. Provide video/audio description to all videos played in public areas, such as waiting rooms, for clients who are blind or have low vision.
- e. Newly constructed or altered facilities shall comply with federal and state laws requiring physical accessibility; to include but not limited to accessible paths of travel, detectable warning surfaces, accessible elevator signs, stair striping, auditory announcements, and accessible signs.
- f. Buildings 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 providing services in the community.
- g. Programs shall not deny admission, services, or activities due to an inaccessible facility.

3. Access for Members with Perceptual or Reading Disabilities*:

- a. Providers will make documents available in alternative formats, for those clients who have perceptual disabilities, and may have perfect sight and hearing, but how they perceive what they see and hear is what causes the problem. Also, the BHS or its contracted staff will provide alternative formats to clients with reading disabilities, another type of learning disability, in which one may have problems with phonological processing, reading fluency or speed, and reading comprehension. Accommodation for these clients will be at no cost.
- b. The Access Team, System of Care, or support staff will provide information, including documents, over the phone or in-person in a private area through an effective method of communications to clients with perceptual or reading disabilities.

4. Access for Members with Physical Disabilities*:

- a. Providers will make documents available in alternative formats, for those clients who have a physical disability that makes it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book, at no cost to the client.
- b. The Access Team, System of Care, or support staff will provide information, including documents, over the phone or in-person in a private area through an effective method of communications to clients who have a physical disability.
- c. Newly constructed or altered facilities shall comply with federal and state laws requiring physical accessibility; including accessible paths of travel, elevators, ramps, doors that open easily, reachable light switches, accessible bathrooms, accessible parking and signage.
- d. Buildings 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 providing services in the community.
- e. Programs shall not deny admission, services, or activities due to an inaccessible facility (e.g., treatment room, office, or elevator).

The BHS will achieve compliance with this policy through the site certification process conducted by a staff person who is a certified access specialist employed in the Sacramento County Quality Management or Department of Health Care Services (DHCS) for the following:

- 1. The opening of a 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 certified access specialist deems the site out of compliance, they are to provide a plan of correction with necessary action steps to rectify the non-compliance. Providers will need to submit the necessary evidence within 30 days of the report to demonstrate correction, unless otherwise stated.

REFERENCE(S)/ATTACHMENTS:

- Americans with Disabilities Act of 1990 and the ADA Amendments Act of 2008, Americans with Disabilities Act of 1990, 42 U.S.C. Section 12101 et seq. (1990).
- Building Standards Code, CCR, Title 24, Part 2, California Building Code, Chapter 11B.
- DMC-ODS Contract with DHCS, Exhibit A, Attachment I
- MHP Contract, Exhibit A
- Rehabilitative and Developmental Services, CCR, Title 9, Division 1, Chapter 11, Sections 810.410 & 1810.110.
- Title II of the Americans with Disabilities Act, NONDISCRIMINATION ON THE BASIS OF DISABILITY IN STATE AND LOCAL GOVERNMENT SERVICES, 28 CFR, Part 35.
- U.S. Department of Justice. (September 15, 2010). *2010 ADA Standards for Accessible Design*.

FOOTNOTE:

*It is important to note that some within the Disability Community are strongly against referring to themselves as having a disability.

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		

CONTACT INFORMATION:

- Quality Management Unit
QMInformation@SacCounty.net