



# Accessibility Plan 2025

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## **1. PURPOSE AND GOALS OF THE ACCESSIBILITY PLAN**

The ACTS Accessibility Plan (hereinafter referred to as the Plan) defines and describes the practices of the organization to facilitate open access to services and accommodations for individuals and families, and for employment, internships, or volunteer work. ACTS endorses and complies with applicable state and federal regulations. This includes the provisions of Title VI and Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990 as amended, and the Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91 and 28 CFR Part 35, and Florida Statutes Ch. 760; and standards of the Commission on the Accreditation of Rehabilitation Facilities.

The goals of this plan are to:

- Enhance the quality of life for persons served in the programs and services provided by ACTS
- Implement and maintain nondiscriminatory services and practices affecting applicants and the workforce of ACTS
- Meet legal and regulatory requirements
- Meet and sustain the expectations of stakeholders in the area of accessibility

## **2. NON-DISCRIMINATION POLICY IN SERVICES**

ACTS seeks to operate in a manner that is sensitive to a broad range of cultural and individual differences. Individuals will not be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving state or federal financial assistance due to age, race, ethnicity, national origin, gender, religious beliefs, political opinions or affiliations, sexual orientation or preference, marital, domestic, or parental status, veteran status, health condition or disability.

All qualified and potential customers are entitled to an equal opportunity to use and benefit from the programs and services of ACTS. This includes reasonable accommodations to ensure that programs and services are equally accessible to and equally effective for otherwise qualified persons with disabilities. Auxiliary aids will be available for use by customers, companions, and potential customers in each phase of the service delivery process (e.g., telephone inquiries, requests, intake interviews, service delivery, counseling, complaints, testing, treatment, and training, etc.) This service will be at no cost to the client/customer or companion.

Any individual who believes he/she has been unfairly excluded from participation in a program or service may file a complaint or grievance in accordance with the organization's policy.

## **3. EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY**

ACTS is an Affirmative Action/Equal Opportunity Employer. Recruitment, application, employment and workforce practices are based on qualifications and ability to perform essential functions of required responsibilities, without regard to age, race, color, ethnicity, gender, marital status, national origin, religious beliefs, sexual orientation or preference, gender identity and expression, marital, domestic, or parental status, veteran status, health condition, or physical or mental disability. ACTS prohibits discrimination against a qualified individual with a disability in regards to application procedures, hiring, advancement, disciplinary actions, termination, compensation, training, and other terms, conditions, and privileges of employment, internship, or volunteer service. All members of the ACTS workforce are restricted from discriminatory, harassing, and retaliatory behaviors, or any adverse actions related to

accommodation made or denied by the organization on behalf of the individual with a disability. The Human Resources Director, as the ACTS Affirmative Action Director, ensures compliance with all applicable provisions, laws, rules and regulations relative to non-discrimination in employment practices for ACTS. Any applicant or employee who believes that he or she has been discriminated against may file a complaint with the Florida Commission on Human Relations or the Department's Office of Civil Rights within 365 days of the alleged discriminatory act. All complaints shall be treated in accordance with the procedures set forth by law or in Chapter 60Y-5, Florida Administrative Code (F.A.C.). Further specific information is contained in the ACTS Human Resources policies and procedures.

#### **4. NON-RETALIATION POLICY**

No person shall be retaliated against, harassed, intimidated, threatened, coerced, or discriminated against for making a charge, testifying, assisting, or participating in any manner in an investigation, proceeding, or hearing; or for opposing alleged unlawful discriminatory practices prohibited by state and federal laws.

#### **5. ACCOUNTABILITY**

##### **5.1. Chief Executive Officer (CEO)**

The Board of Directors of ACTS charges the Chief Executive Officer with implementing the Accessibility Plan. The CEO is also responsible to promote accessibility and removal of barriers for persons served, community stakeholders and the workforce.

##### **5.2. Senior Management**

Senior leadership of ACTS is responsible for ensuring posting of required notices about accessibility and the availability of interpreters and other aids in accordance with current policy. Senior management is also responsible to ensure staff attends required training related to the provisions of this plan within 60 days of hire and on an annual basis thereafter, and to assist the ACTS Single Point of Contact to obtain information for reports.

##### **5.3. Human Resources**

Human Resources staff promulgates and follows policies and procedures designed to support the agency's commitment to cultural competence, and works to recruit a culturally diverse workforce that, as much as possible, reflects the population of the communities served. Human Resources staff collaborates with senior leadership and directors in matters related to reasonable accommodations. The Workforce Development manager tracks completion of required training and works with program directors to assist staff to remain in compliance and provides technical assistance and linkage with internal and community resources to address identified training needs. Human Resources staff maintains a current list of bilingual staff available to assist persons with limited English proficiency.

##### **5.4. Quality Improvement (QI)**

QI is responsible for internal monitoring to ensure compliance with training requirements and that program practices align with relevant policies and procedures. This includes tracking and trending data on related critical incidents, complaints, and grievances, and Comprehensive Review Team findings (see Compliance Monitoring), and reporting findings to senior leadership and program directors. QI provides support to programs in readiness for external audits and monitoring.

### 5.5. Single Point of Contact

The Quality Improvement (QI) Director serves as the Single Point of Contact (SPOC) for services to deaf and hard of hearing individuals and/or their companions at all ACTS programs. The SPOC is responsible to:

1. Ensure effective communication with customers or companions who are deaf or hard of hearing in accordance with the ADA and/or Section 504.
2. Capture the information required in the Auxiliary Aid Service Record within each client's case record.
3. Summarize the records into a report and submit to the appropriate DCF 504/ADA Coordinator or designee.
4. Ensure that information about the auxiliary aid or service requested by any individual or companion who is deaf or hard of hearing is provided to the program or service to which the person is referred.

## 6. REVIEW AND REVISION

The Safety, Risk, and Compliance Committee reviews and revises the Accessibility Plan at least annually. The Chief Financial Officer/Corporate Compliance Officer chairs this committee. Other members include the Chief Operating Officer, the Quality Improvement Director, the Director of Property Management, the Director of Development, the Director of Finance and IT, and the Human Resources Manager. The Committee recommends revisions to the Plan based on assessment of existing barriers to accessing services and to employment, volunteer, and internship opportunities.

The following are identified areas of accessibility addressed by the Committee:

- Barriers to services for individuals, including those related to attitudes, communication, financial need, transportation, access to technology and program capacity
- Community of choice for individuals receiving services
- Reasonable accommodations for individuals seeking or receiving services, employees, interns and volunteers, and applicants for employment or internship and volunteer opportunities
- Plans for improving accessibility to programs and services
- Annual status report
- Performance goals for next fiscal year

The Committee also reviews and updates resource information at least annually. This includes the list of bilingual staff and languages spoken, information on how to obtain auxiliary aids and services, and lists of community resources for translators and interpreters. The Committee submits its annual status report noting any improvements in accessibility made within the last year, and recommendations for future improvements, to the Chief Executive Officer, who in turn presents any pertinent findings and recommendations to the Board of Directors. See Appendix 1.

## 7. NOTIFICATION

The nondiscrimination policy and notices of services available to assist persons who are deaf and hard of hearing and/or who have limited English proficiency will be posted in building lobbies and waiting areas, and on the websites of ACTS. Notices will include the name, telephone number, and TDD number for the Title II ADA Coordinator.

Information about the availability of auxiliary aids and services and accessibility is posted on the ACTS website, available to the public for informational purposes for both individuals and organizations. Printed

documents may be made available in alternate formats upon request to assist in ensuring effective communication, and will depend upon the customer or companion's preferred method. Staff may be required to obtain translations of written documents in Braille, taped recordings, or large print. Announcements related to meetings, seminars, workshops, and conferences sponsored by ACTS or held on ACTS property include descriptive information on the availability of auxiliary aids and reasonable accommodations to persons requiring assistive devices or aids. This includes announcements posted online.

ACTS maintains postings in areas accessible to employees and applicants to identify the rights and responsibilities of applicants and its workforce. The SPOC is responsible to notify ACTS employees, including contracted providers, interns, and volunteers, of all changes and updates to this Plan within sixty days of such changes through Intranet, email, and/or regular department or program staff meetings.

## **8. TRAINING**

ACTS provides training to staff and interns of the organization that addresses awareness and sensitivity to a broad range of individual and cultural differences, including but not limited to gender, race, ethnicity, national origin and immigrant status, age, socioeconomic status, health condition, spirituality, gender identity and expression, and sexual orientation or preference. This includes training on CFOP 60-10, Chapters 1, 3 and 4, Title II of the Americans with Disabilities Act of 1990 as amended, Title VI and Title VII of the Civil Rights Act of 1964, CFOP 60-16, Methods of Administration, and Section 504 of the Rehabilitation Act of 1973. Staff training files include attestations and acknowledgements of training.

All new employees receive this training within 60 days of commencing employment. Training may be delivered in person or online or a combination of these methods. Specific topics covered include:

- Regulations and Agency policies prohibiting discrimination in participation in services based on disability.
- Procedures for serving individuals and companions who are deaf, hard of hearing, low vision, blind, and/or who have mobility limitations.
- Procedures for serving consumers who are Limited English Proficient (LEP).
- Awareness and response to persons who are deaf or hard of hearing; speech limitations; low vision and blindness; reading limitations and dyslexia; and mobility limitations.
- Available communication options.
- How to provide reasonable accommodations for customers and companions and potential customers, i.e., how to access auxiliary aids, interpreter services, and physical modifications.
- Requirements for making meetings, conferences, and services accessible.
- Awareness of the Accessibility Plan, including the plans for Auxiliary Aids and Service for persons with disabilities and limited-English proficiency, and how to access the Plan for reference.

This training is part of both new employee orientation and annual refresher training, and includes specific information needed to assist to persons with disabilities and those who are limited English proficient.

## **9. COMPLIANCE MONITORING**

ACTS routinely reviews and evaluates the responsiveness of services to the expressed needs of individuals and families receiving services. ACTS utilizes the findings of these evaluations in the continuous quality improvement process. Quality Improvement has established formal processes for internal compliance monitoring through review and analysis of incidents, complaints and grievances,



completion of staff training, and program performance monitoring related to accessibility.

The Chief Executive Officer oversees monitoring of compliance with policies and procedures related to accessibility through Comprehensive Review Teams (CRT). The CRT is an interdisciplinary internal team appointed to conduct quality audits of a selected program or service. The CRT assesses performance on a broad range of key indicators related to compliance with laws, rules and regulations, accreditation standards, and applicable policies and procedures, including those related to the provisions of this Plan. The team provides a report to the Program Director and appropriate senior management detailing overall performance and specific strengths and areas for improvement.

QI receives feedback through online comment forms, and formal or informal complaints and grievances from persons served, families, and other community stakeholders, all of which offer the means for reporting a full range of concerns, including those pertaining to compliance with this Plan and related policies and procedures.

The Human Resources Department receives grievances from staff, contracted providers, interns, and volunteers, and the Human Resources Manager tracks and trends this data. The QI Manager and the Human Resources Director provide regular reports to the Chief Executive Officer; Safety, Risk, and Compliance Committee; and to other committees as appropriate.

The Workforce Development Manager oversees the delivery and documentation of training for new and current employees to meet the requirements set by federal and state laws, rules, and regulations, accreditation standards, and contract provisions. ACTS utilizes a web-based training system to maintain records of all completed training, and to generate reports on overdue and missed training for supervisors and to Human Resources for appropriate follow up.

## **10. BARRIERS TO SERVICES**

### **10.1 ARCHITECTURAL BARRIERS**

ACTS currently operates programs and services within facilities that are owned, leased, or rented. The Facility Managers or designees review all such facilities by walkthrough to identify architectural barriers that could pose a problem for physically impaired individuals, including consumers, applicants, the workforce, visitors, and others in the community. The Safety, Risk, and Compliance Committee recommends remodeling, improving, and upgrading to accommodate persons with disabilities, based on assigned priority and available funding.

### **10.2 ATTITUDE BARRIERS**

ACTS recognizes that program accessibility includes respect for individual rights, needs, and differences, and for protecting the confidentiality and anonymity of persons served. The workforce is oriented and trained in federal confidentiality regulations and privacy practices and instructed on the paramount importance of safeguarding and respecting the rights of each individual in an effort to foster a welcoming environment of dignity, trust, safety, and health.

Given the incidence of co-occurring mental health and substance use disorders, ACTS has incorporated the principles of the Comprehensive, Continuous, Integrated System of Care (CCISC) model into its programs and services. Employees, interns, and volunteers receive training in the principles of CCISC, including the importance of empathy and a welcoming, "no wrong door" approach to accessing services to promote successful engagement in treatment and improve chances for a positive outcome. The workforce receives

training in how to promote hope and empowerment in recovery. ACTS adheres to the principles of the Role Recovery model. This includes individual self-directed care, freedom to make personal choices, hopefulness, and strengths-based service planning that builds on abilities and talents, along with family and community support to achieve ongoing recovery and improved quality of life. ACTS also provides training in Trauma-Informed Care principles in order to better meet the needs of persons served.

At the time of screening for services, staff presents individuals with options to meet their needs from the continuum of care offered by ACTS or elsewhere in the community. Staff apprises each individual of their rights to informed consent and informed refusal of services, except as constrained by law (e.g., involuntary commitment). Individuals who require additional care or are ineligible for services within the continuum of care are referred to alternate services within the community and are linked to those services by personal referral whenever possible. Individuals directly linked to treatment receive a thorough psychosocial assessment, which is used to explore different dimensions of the individual's past and present strengths and needs, to develop an individualized plan of care, and to link the person with other needed recovery support or ancillary services.

ACTS utilizes staff and client surveys, focus groups and consumer-based initiatives such as peer councils to understand the perspective of persons served about existing practice, and to learn the needs of the individuals and families the agency serves, as well as of the workforce providing those services. The organization engages in ongoing self-assessment of these competencies at the levels of administration, program operations, and individual staff to reduce attitudinal barriers.

#### 10.2.1 Applicants and Workforce

ACTS prohibits discrimination, retaliation and/or harassment against any applicant or member of the workforce in regards to job application procedures, hiring, advancement, disciplinary actions, termination, compensation, job training, and other terms, conditions, and privileges of employment, volunteer service or internship. ACTS has an established cultural sensitivity and competency-based training program for its workforce to educate, inform, and maintain awareness of cultural differences among individuals. When the organization is notified of a request to accommodate religious beliefs, both traditional and non-traditional, held by an applicant or member of its workforce, the content of this section extends to religious accommodation.

#### 10.3 COMMUNICATION BARRIERS

ACTS will provide appropriate auxiliary aids, including certified American Sign Language interpreters, to persons with disabilities where necessary to afford such persons an equal opportunity to participate in or benefit from programs and services. This is provided at no cost to the client/customer or companion. All qualified and potential customers are entitled to an equal opportunity to use and benefit from the programs and services of ACTS. This includes reasonable accommodations to ensure that programs and services are equally accessible to and equally effective for otherwise qualified persons with disabilities. It is the responsibility of supervisors and staff to become familiar with and follow the standards of etiquette when communicating with individuals with disabilities (see Appendix D).

Auxiliary aids will be available for use by customers and potential customers in each phase of the service delivery process (e.g., telephone inquiries, requests, intake interviews, service delivery, counseling, complaints, testing, treatment, and training, etc.) This service will be at no cost to the client/customer or companion. For specific guidance on processes and auxiliary aids and services, see Appendices B and C.

Essential services shall be obtained through local resources. Specific resources are listed on the ACTS Intranet. The Quality Improvement Committee reviews and updates this information at least annually. If



staff is unfamiliar with the auxiliary aid or service requested, they will contact their Single Point of Contact (SPOC), 504/ADA Coordinator (Civil Rights Officer) or their supervisor for assistance in locating appropriate resources to ensure effective communication with clients, customers and companions. This contact information is maintained on the ACTS Intranet and posted at program sites.

#### Denial of Auxiliary Aids and Services

**Denial determinations can only be made with the approval of the Chief Operating Officer.** If staff determines after conducting the communications assessment that the communication situation is not Aid Essential and does not warrant provision of the auxiliary aid or service requested by the customer or companion, staff shall contact the appropriate Chief/Regional Administrator for authorization prior to advising the customer or companion of the denial. If the denial is authorized, the staff shall advise the person of the denial of the requested service and shall document the date and time of the denial, the name and title of the staff member who made the determination, and the basis for the determination. Staff shall provide the customer (and companion, if applicable) with a copy of the denial.

Staff shall record the denial of the requested auxiliary aid or service on the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record (form CF 761. Staff shall also record the denial of requested service in the customer's case file or medical chart. Notwithstanding the denial, staff shall nonetheless ensure effective communication with the customer or companion by providing an alternate aid or service that must be documented on the above form and in the customer's file.

#### 10.3.1. PERSONS WHO ARE DEAF OR HARD OF HEARING

The programs and services of ACTS are accessible to individuals who are deaf or hard of hearing, and these are not relevant factors in determining placement or level of care. Notices are posted conspicuously throughout the organization regarding the availability of auxiliary aids and services for individuals who are deaf and hard of hearing. Staff follows the procedures described in Appendix B of this document. The communication options for persons who are deaf or hard of hearing may include but are not limited to the CART, Florida Relay Service, TDDs (Telecommunication Devices for the Deaf), FAX (Telephone Facsimile Transmittal), phone amplifiers, qualified or certified sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts, signs or a combination of these, as appropriate. Customer or companion preference is the primary consideration in determining the type of aid.

The QI Director serves as Single Point of Contact for accessing these services and for documenting state or national certifications for any American Sign Language Interpreters providing these services to ACTS.

#### 10.3.2. Applicants and Workforce:

Deaf and hard of hearing individuals who apply for employment, internship, or volunteer opportunities with ACTS and who require aid exceeding personal hearing devices may bring, or be requested to bring, a signer or qualified interpreter to assist in the application process. Should the applicant not have access to a signer or interpreter, Human Resources staff will arrange for this service through available community resources, utilizing the Single Point of Contact as necessary. Deaf and hard of hearing individuals with the ability to carry out the essential functions of a position are eligible for employment, internship, or volunteer activities. Incumbent workforce members who become hearing impaired are subject to the same rights. ACTS complies with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 as amended, and the Children and Families Operating Procedure (CFOP) 60-10 chapter 4. Relevant attestations and acknowledgements, as applicable, are maintained in personnel files.

### 10.3.3. PERSONS WHO HAVE LOW VISION OR ARE BLIND

All programs and services of ACTS are accessible to persons who have low vision or are blind. It is important that staff determine the best method of communication for persons who have low vision or are blind. While Braille may be offered as an alternative, staff will always communicate with the consumer to determine the best method of providing services in an equitable and effective manner. This may require translating documents to Braille, audio recording, or a large print format to ensure equal access to services. Staff shall document the type of auxiliary aid and service provided during their contact with the client in his/her file. ACTS maintains these records in accordance with its policies on record storage and retention. See Appendix B of this document for specific procedures and guidance.

### 10.3.4. Applicants and Workforce

Persons with low vision or who are blind, with the ability to carry out the essential functions of a position with reasonable accommodation, are eligible for employment, volunteer service and internship at ACTS. Accommodation may include, but is not limited to, Braille or alternative formats, or magnifier devices. Incumbent workforce members who become sight impaired are subject to the same rights.

### 10.3.5. PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)

ACTS makes every reasonable effort to ensure language services are available or secured in order that individuals with limited English proficiency are effectively informed and can participate in and benefit from programs, services and activities. Staff at the access point will identify the primary language through which the individual communicates, and consult the resource list of bilingual staff for interpretation assistance. This list is maintained and updated by Human Resources and is available through the ACTS Intranet site. Language interpreters will be made available to verbally explain the provisions of the Accessibility Plan and to assist individuals in receiving or seeking services at each phase of the service delivery process (e.g., telephone inquiries, requests, intake interviews, service delivery, counseling, complaints, testing, treatment, and training, etc.), at no cost to the individual.

In the event the organization does not have an employee who speaks the language of the individual presenting for services, and other communication assistance is not available, the staff at the access point will contact a supervisor for assistance. The supervisor will locate interpreter services through available resources which may include the Red Cross Language Bank or an appropriate computer-based translation website. Family or friends should only be used as interpreters in a situation of immediate need. See Appendix B for specific procedures.

ACTS provides notices to persons with LEP to advise that language access services are available and that they are free of charge. This includes posting signs in intake areas and other entry points providing this information in the most common languages encountered, and stating the availability of language services in outreach documents and the external website. Since Spanish is the primary non-English language within the geographical area ACTS serves, admissions and medical records forms and most outreach materials are available in English and Spanish. The need to translate from English to other languages is reviewed and handled on a case-by-case basis.

The QI Department conducts an annual analysis of data on clients and the current United States census in the primary communities served to identify language trends and determine the non-English languages persons seeking services with ACT are most likely to speak.

### 10.3.6. Applicants and Workforce

Applicants with limited English proficiency who have the ability to carry out the essential functions of a

position are eligible for employment, volunteer service and internship at ACTS. Applicants may be requested to bring an interpreter with them to assist in the application process. Should the applicant not have access to an interpreter, the Human Resources staff will utilize a bilingual employee, when available. If interpreter services for the specific language spoken by the applicant are not available, Human Resources will utilize the same means to provide for this service as for individuals accessing program services.

#### 10.4 ENVIRONMENTAL BARRIERS

ACTS is concerned with the safety, security, accessibility, and privacy of facilities used by individuals receiving services, applicants, the workforce, visitors, and other community members. Facility staff and management routinely assess the grounds and parking areas for adequate lighting, ease of entrance and exit, police patrols, accessibility of public transportation, and availability of appropriate parking including spots for persons with disabilities. Staff persons are trained in procedures to report needs for repair or facility improvements. The Safety, Risk, and Compliance Committee reviews results of inspections at least annually and prioritizes recommendations for renovation and repair. See Appendix B for specific information on accessibility for meetings, seminars, and workshops.

#### 10.5 FINANCIAL BARRIERS

As a non-profit organization, ACTS does not deny or refuse services to individuals because of inability to pay. ACTS provides a sliding fee schedule for services based on individual and household income and number of dependents. Fees are assessed privately on an individual basis. Every effort is made to provide services to individuals in need and to prevent financial concerns from being a barrier to services. If the assessed fee percentage is perceived as a barrier to accepting services, an administrative procedure exists to further reduce or waive the fee entirely. In addition, ACTS has staff at all formally identified access points that can provide referrals and linkage to ancillary services and resources within the community and information about entitlement benefits (e.g., Medicaid, 551, veteran's benefits, and/or county health insurance) that may make services accessible and affordable. ACTS also contracts with several third party insurance companies, and has utilization management services to assist with initial and continued stay authorizations and billing.

#### 10.6 PROGRAM CAPACITY BARRIERS

Service access and utilization is regularly monitored and reviewed in the Quality Improvement Committee, and initiatives established when indicated to improve ease of service access and minimize wait times for non-emergent care. Given the high volume of persons in the community attempting to access services, a capacity/call list report has been established within the local network of providers to measure the number of persons unable to access same day acute care and residential services due to capacity issues. ACTS enlists assistance from the regional Managing Entity to link individuals with care elsewhere within the network of nonprofit providers when appropriate.

#### 10.7 TRANSPORTATION BARRIERS

For individuals receiving services in residential and housing programs, ACTS assists with transportation to services that are part of, or that support, treatment or care plans. This includes medical and legal appointments, vocational or educational services, and other ancillary services, such as applying for benefits or economic aid. Transportation may be accomplished through agency van or by coordinating assistance through community resources, e.g., bus passes, Medicaid vans or taxis. Many of the non-residential programs at ACTS are located near public bus stops, and some programs have incidental funds to purchase bus passes for individuals who have transportation barriers to enable them to participate in services. Some programs also offer in-home and community-based services for individuals and families.

## **10.8 TECHNOLOGY BARRIERS**

ACTS is committed to ensuring that vital information is available via technology, and also that there are alternative means of obtaining information, when that technology is not available or appropriate. ACTS has a comprehensive website that is maintained and updated by the Director of Marketing. It includes information about the Agency, services and programs available, contact information, career opportunities, feedback and grievance forms, as well as FAQs and how to donate. The Director of Marketing also maintains a Facebook page, which provides education, information, and resource links to the community. The Agency's intranet is available to staff within our network and allows employee access to Central Documents, such as: contracts, policies and procedures, reference materials, health and safety information, etc. It also includes links to Purchase Requisitions, Incident Report forms, Satisfaction Surveys, the IT Helpdesk and Maintenance Request forms, as well as Datis (payroll system) and Credible (EHR system). As previously mentioned, ACTS utilizes a web-based payroll/HR system, Datis, which is available in and out of the network. Likewise, the Agency utilizes an electronic health record, Credible, which is also web-based and available outside of the ACTS network so that staff may access it remotely. When appropriate, ACTS provides laptops and/or cell phones to employees that need such items to effectively do their job. Also, when and where appropriate, ACTS provides computers available for client use. Clients are able to access Grievance forms, Satisfaction Surveys, and the web to conduct job searches, apply for benefits, etc.

## **11. REASONABLE ACCOMMODATIONS**

Requests for reasonable accommodations may be made to any staff person who is working with the individual receiving services. That staff person is responsible to communicate the request to the appropriate Program Director. As soon as possible, the Director or designee meets with the individual and family members or other support persons to assess the request and the ability to accommodate it. If the request is deemed reasonable and necessary, the Director will initiate required action, involving his/her supervisor as necessary. If the request is determined to present undue hardship to the organization, the Director will inform the individual of the reasons for this decision and document this discussion with the individual. If a request is denied, the individual, or any person authorized to act on his/her behalf, may file a grievance for administrative reconsideration in accordance with the ACTS Grievance Policy.

### **11.1 Applicants and Workforce**

Qualified applicants and/or members of the workforce of ACTS, including interns and volunteers, who have a disability may request reasonable accommodation either verbally or in writing to Human Resources. The Human Resources Director will review the request for accommodation and meet with the applicant/workforce member, and other staff as appropriate, to identify and clarify what the individual is requesting as an accommodation and what actions the organization will take, if any, to meet the accommodation request. ACTS will notify the applicant or workforce member within a reasonable timeframe, based upon the content and complexity of the request, of the decision relative to the accommodation request. ACTS is not required by law, rule, or regulation to provide the specific accommodation requested by the applicant or workforce member if an alternative accommodation is available, or can be made available, without undue hardship on the organization. Program Directors may not initiate accommodation actions prior to review and approval from the Human Resources Director.

The Human Resources Director or designee will inform the applicant/workforce member and his/her supervisor of approved actions to effect the accommodation. If an accommodation request is not approved, the Human Resources Director or designee will notify the applicant or workforce member and his/her supervisor, if applicable.



In the event an incumbent employee is denied a requested accommodation, the employee may submit a grievance in accordance with the appropriate Employee Grievance Policy. Any documents derived from a request for accommodation will be maintained by Human Resources in a confidential file.

## 12. DEFINITIONS

- 1) **504/ADA Coordinators or Civil Rights Officers.** This is an individual charged with implementing the requirements of Titles I and II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act; ensuring the provision of auxiliary aids and services for customers with disabilities, requiring auxiliary aids and services to ensure effective access to services offered by the Department of Children and Families. Within the Department, Civil Rights Officers are designated 504/ADA Coordinators. (Appendix A)
- 2) **Accommodation to Persons with Disabilities.** Reasonable adaptations to provide architectural or programmatic accessibility for the physical and mental limitations of a client or potential client. If the accommodation clearly affects the safety and efficiency of the organization or substantially affects costs, the accommodation is not required.
- 3) **Adverse Impact.** The result of employment practices that appear to be neutral on their face but have a disproportionately negative effect upon a protected group.
- 4) **Aid-Essential Communication Situation.** Any circumstance in which the importance, length, and complexity of the information being conveyed is such that the exchange of information between parties should be considered as an aid essential communication situation, meaning that the requested auxiliary aid or service is always provided.
- 5) **Aid-Essential Services.** Auxiliary aids or services that enable a disabled individual to participate in or benefit from any activity or program.
- 6) **Americans with Disabilities Act of 1990, as amended (ADA).** Comprehensive law which prohibits discrimination against people with disabilities in employment (Title I), in public services (Title II), in public accommodations (Title III) and in telecommunications (Title IV). The ADA Amendments Act of 2008 expanded the scope of the ADA to be consistent with the Congressional intent of the original law.
- 7) **Applicant for Services.** A person seeking services from the Department, its contract providers and their subcontractors, but not yet determined eligible for a program or service.
- 8) **Assistive Listening Devices and Systems (ALDS).** Amplification systems used to improve hearing ability in large areas and in interpersonal communications systems. These systems deliver the desired signal directly to the ears or hearing aids of the listener, thus overcoming the negative effects of noise, distance and echo. Three main types are available: hardwire loop, infrared, and FM radio.
- 9) **Auxiliary Aids and Services.** Includes qualified interpreters or other effective methods of making aurally delivered materials available to individuals who are deaf or hard of hearing; qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual limitations; acquisition or modification of equipment or devices; and other similar services and actions. These auxiliary aids and services will enable clients to fully benefit from and participate in programs and services. See 45 C.F.R. § 84.52(d) (3); 28 C.F.R. § 35.104; and P.L.110-325, the ADA Amendments Act of 2008.
- 10) **Blind.** See Visual Limitations.
- 11) **Captioning (Closed).** This is a process of displaying text on a television, video screen or other visual display to provide additional or interpretive information to individuals who wish to access it. Closed captions typically show a transcription of the audio portion of a program as it occurs (either verbatim or in edited form), sometimes including non-speech elements. The term "closed" in closed



captioning indicates that not all viewers see the captions—only those who choose to decode or activate them.

- 12) **Captioning (Open).** Refers to converting the spoken word to text displayed in the visual media (videos, television, etc.) so that it is seen by everyone who watches the film (i.e., it cannot be turned off).
- 13) **Captioning (Real Time).** This is the simultaneous conversion of spoken words to text, through computer-assisted transcription or court reporting, and displaying that text on a video screen. This communication service is beneficial to individuals who are deaf or hard-of-hearing that do not use sign language or for whom assistive listening devices and systems are ineffective.
- 14) **Certified Interpreter.** A person who is certified by the National Registry of Interpreters for the Deaf (RID) or other national or state interpreter assessment and certification program.
- 15) **Civil Rights Officers.** An individual charged with implementing the requirements of Executive Order 13166 – Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons; ensuring the provision of auxiliary aids and services for Clients who are Limited English Proficient, requiring effective access to services. Within the Department of Children and Families, 504/ADA Coordinators are designated Civil Rights Officers. (Appendix A)
- 16) **Client.** As used in this plan, this term includes anyone applying for or participating in the services provided by ACTS. It includes persons making general inquiries or in any way seeking access to or receiving information from the organization and their subcontractors, either in person, in writing or via telecommunications. This may also be referred to as consumers or customers.
- 17) **Companion.** Any individual who is deaf or hard of hearing (including LEP who has low vision or is blind, deaf or hard of hearing) and is any one of the following:
  - a) A person whom the customer indicates should communicate with staff about the customer, such as a person who participates in any treatment decision, a person who plays a role in communicating the customer’s needs, condition, history, or symptoms to staff, or a person who helps the customer act on the information, advice, or instructions provided by staff
  - b) A person legally authorized to make healthcare or legal decisions on behalf of the customer
  - c) Such other person with who staff would ordinarily and regularly communicate about the customer.
- 18) **Customer or Customers.** This is any individual who is seeking or receiving services from ACTS. Customers may also be referred to as a consumer or client.
- 19) **DCF or Department.** This refers to the Florida Department of Children and Families.
- 20) **Deaf.** A term used to describe a person having a permanent hearing loss and being unable to discriminate speech sounds in verbal communication, with or without the assistance of amplification devices.
- 21) **Direct Threat.** A significant risk of substantial harm posed by an employee or consumer to his or her own health or safety, or that of other individuals, which cannot be reduced or eliminated through reasonable accommodation.
- 22) **Disability.** A condition that substantially limits a major life activity, such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, lifting, sleeping, and working.
- 23) **Discrimination.** The failure to treat persons equally because of their race, gender, color, age, religion, marital status, ethnicity, national origin, political beliefs, sexual orientation or preference, or disability.
- 24) **Disparate Treatment.** Enforcing rules, regulations or other policies or practices differently for different groups, based upon their race, gender, color, age, religion, marital status, ethnicity, national origin, political beliefs, sexual orientation or preference, or disability.

- 25) **Dual Sensory.** A term used to describe a person having both a visual disability and a hearing disability. The term includes all ranges of loss, which would necessitate the use of auxiliary aids and services for communication.
- 26) **Employee.** This refers to all persons working for or on behalf of ACTS. For purposes of this policy, this includes contracted service providers, interns and residents, and volunteers providing direct services.
- 27) **Essential Functions.** The fundamental duties of a job. To determine essential functions, consideration must be given to whether employees in the position are required to perform the function, and then consider if whether removing that function would fundamentally change the job.
- 28) **Florida Relay Service (FRS).** A service offered to all persons in the state that enables a hearing person to communicate with a person who has a hearing or speech disability and must use a TDD/TTY, through a specially trained operator called a communications assistant.
- 29) **General Services Unit.** Pursuant to the Americans with Disabilities Act (ADA) of 1990, Americans with Disabilities Act Amendment Act (ADAAA) of 2008, and ADA Accessibility Guidelines for Buildings and Facilities (ADAAG), state and local government facilities must ensure accessibility and remove any barriers which may deny individuals with disabilities from full and equal enjoyment of the goods, services, or facilities. This Unit is responsible for providing assistance to mental health treatment facilities in new facility design and construction to ensure building design standards compliance.
- 30) **Hard of Hearing.** A term used to describe a person having permanent hearing limitations, which is severe enough to necessitate the use of auxiliary aids or services to discriminate speech sounds in verbal communication.
- 31) **Hearing Disability.** An all-inclusive term used to describe any hearing loss. A person with a hearing disability could be either deaf or hard-of-hearing.
- 32) **Interpreters.** A person who is able to interpret effectively, accurately, and impartially both receptively (i.e., can understand what both persons in the conversation are signing and saying) and expressively (i.e., can then sign or say to the other person what it is being said or signed), using any necessary specialized vocabulary. A “Qualified Interpreter” may include a “relay interpreter” who has special skill and training in acting as an intermediary between a consumer or companion and a sign language interpreter in instances when the interpreter cannot otherwise independently understand the person’s primary mode of communication.
- 33) **Interpreters for Persons who are Deaf or Hard of Hearing.**
  - a) **Certified Deaf Interpreter (CDI).** An individual who is deaf or hard of hearing and has been certified by the Registry of Interpreters for the Deaf as an interpreter.
  - b) **Certified Interpreter.** A qualified interpreter who is certified by the National Registry of Interpreters for the Deaf, or other national or state interpreter assessment and certification program.
  - c) **Intermediary Interpreter.** A Certified Deaf Interpreter or Deaf Interpreter, also known as a relay or intermediary interpreter, can be used in tandem with a qualified sign language interpreter.
  - d) **Oral Transliterates/Oral Interpreters.** Individuals who have knowledge and abilities in the process of speech reading, speech production and the communication needs of speech readers.
  - e) **Qualified Interpreter.** An individual who is able to interpret competently, accurately, impartially and effectively, both receptively and expressively, using any specialized terminology necessary for effective communication with a Customer or Companion who is deaf or hard of hearing.
  - f) **Sign Language Interpreter.** A person who engages in the practice of interpreting using sign language. **NOTE:** Someone who has rudimentary familiarity with sign language or finger spelling is not a qualified sign language interpreter. Likewise, someone who is fluent in sign

- language but who does not possess the ability to process spoken communication into proper signs or to observe someone else signing and change their signed or finger-spelled communication into spoken words is not a qualified sign language interpreter.
- g) Tactile or Close Vision Interpreter (For Individuals who are Deaf-blind). An individual who accurately facilitates communication between individuals who are deaf and blind.
- 34) **Interpreters for Persons who are Limited English Proficient.** There are two (2) types of language assistance services:
- a) Interpretation. Interpretation is an oral language assistance service. Oral language assistance service may come in the form of “in-language” communication (a demonstrably qualified staff member communicating directly in an LEP person’s language) or interpreting.
- b) Translation. Translation is a written communication service. *Translators* convert written materials from one language into another. They must have excellent writing and analytical ability, and because the translations that they produce must be accurate, they also need good editing skills.
- 35) **Limited English Proficient (LEP).** Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English.
- 36) **Major Life Activities.** Those functions, such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working, which are hampered by one or more permanent conditions.
- 37) **Manual Disability.** A term used to describe a condition, which limits or prevents the use of a person’s upper extremities (arms, hands).
- 38) **Mental Disability.** Any mental or psychological disorders such as developmental disabilities, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
- 39) **Mitigating Measures.** Determination of whether impairment substantially limits a major life activity must be made without regard to the ameliorative (improve) effects of mitigating measures (except for ordinary eyeglasses and contact lenses). Examples include, but are not limited to, any medication, medical supplies, equipment, prosthetics, hearing aids and cochlear implants, use of assistive technology, and learned behavioral or adaptive neurological modifications.
- 40) **Mobility Disability.** For the purpose of this procedure, this term is used to describe a condition that substantially limits a person’s upper or lower body mobility. It includes those persons who have limited use of arms, shoulders; persons who are in wheelchairs or on crutches; people of short stature; those who cannot perform certain hand movements or have difficulty controlling movement; and people with breathing difficulties or stamina limitations. It also includes persons with visual disabilities.
- 41) **Non-Aid Essential Communication Situation.** A situation where there is flexibility in choice of an appropriate auxiliary aids or services for customers or companions to ensure effective communication.
- 42) **Physical Disability.** A broad term, which includes physiological disorders or conditions, cosmetic disfigurement and anatomical loss. It includes orthopedic, visual, speech, and hearing disability, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV disease (symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.
- 43) **Program Accessibility.** An American with Disabilities Act standard, which means a public entity’s programs, services, or activities, when viewed in their entirety, must be readily accessible to and usable by individuals with disabilities. The concept of program accessibility is intended to make the contents of the program, service or activity equally available and accessible to persons with disabilities without excessive renovations of facilities. (See also: “Undue Burden”.)
- 44) **Protected Class (Affected).** Any group or member of that group protected by the nondiscrimination laws or the affirmative action obligations of federally-funded contractors. The federal

nondiscrimination laws protect individuals from discrimination because of age, color, disability, national origin, race, religion and sex. The groups for whom affirmative action is required are racial minorities, women, and persons with disabilities, disabled veterans and veterans of the Vietnam era.

- 45) **Qualified Individual with an Impairment.** A person with a disability who fulfills the skills, experience, education, and other job-related requirements of a position, and who can perform the essential functions of that position with or without reasonable accommodations.
- 46) **Reasonable Accommodation.** Modification or adjustment to the job, work environment, or the way things usually are done that enables a qualified individual with a disability to enjoy equal employment opportunity.
- 47) **Record of Impairment.** The history of a person who has been classified correctly or incorrectly as having a mental or physical impairment that substantially limits one or more major life activity.
- 48) **Regarded as Having an Impairment.** Having a physical or mental impairment that does not substantially limit major life activities, but such impairment is treated by a recipient as constituting such a limitation; having a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such an impairment; or having none of these impairments, but being treated as having such an impairment.
- 49) **Retaliation.** Any unlawful, prohibited action taken against an individual because they filed a complaint of discrimination, opposed a discriminatory practice, or participated in securing a right protected by civil rights laws. Any person alleging retaliation may file a complaint with the DCF Office of Civil Rights, Department of Justice, U.S. Department of Health and Human Services, U.S. Department of Agriculture, or the Equal Employment Opportunity Commission as appropriate.
- 50) **Sensory.** This is a general term, which is used to describe vision or hearing limitations. For the purpose of this document, it also includes speech limitations.
- 51) **Service Animal.** Any guide dog, signal dog, or other animal trained to perform tasks or assist a person with a disability.
- 52) **Single Point of Contact.** An individual charged with coordinating services to customers and companions who are deaf or hard-of-hearing according to their obligations under Section 504 and/or the ADA. This can also refer to an individual within the Department of Children and Families charged with implementing the terms of the HHS Settlement Agreement.
- 53) **Substantial Limitation.** Inability to perform a major life activity that an average person can perform; a significant restriction on the condition, manner, or length of time under which an activity can be performed as compared with the ability of an average person; or, specifically in regard to working, a significant restriction on a person's ability to perform in a job class or a broad range of jobs, compared with the ability of an average person having comparable skills, training, or ability.
- 54) **Translator.** An individual who is able to interpret the meaning of a text in one language (the "source text") and the production, in another language (the "target language") of an equivalent text (the "target text," or "translation") that communicates the same message.
- 55) **TTY/TDD.** TTY (Teletypewriter) or TDD (Telecommunications Device for Deaf) devices that are used with a telephone to communicate with persons who are deaf or hard of hearing or who have speech limitations by typing and reading communications.
- 56) **Undue Burden.** This term, used in conjunction with programs and services (ADA Title II), means an unreasonably excessive financial cost or administrative inconvenience in altering building or facilities in which programs, services or activities are conducted, in order to ensure equal benefits to persons with disabilities. **NOTE:** Program access requirements of ADA Title II should enable individuals with disabilities to participate in and benefit from the programs, services and activities of public entities in all but the most unusual cases. Determination of undue burden can be made



only by the agency head or his/her designee, after considering all resources available for use in the funding and operation of the program.

- 57) **Undue Hardship** (Employment). Accommodation that is excessively costly, extensive, substantial, disruptive or that would fundamentally alter the nature or operation of the business.
- 58) **US Equal Employment Opportunity Commission** (EEOC). The federal agency responsible for enforcing compliance with Title 1 (employment) of the ADA.
- 59) **US Department of Health and Human Services** (HHS) – Office for Civil Rights. The federal agency responsible for Departmental compliance with federal regulations including but not limited to Title VI of the Civil Rights Act of 1964, as amended, Title IX, Section 504, the Age Discrimination Act of 1978, and the Omnibus Budget Reconciliation Act of 1981, as amended.
- 60) **US Department of Justice** (DOJ) – Office for Civil Rights. The federal agency responsible for Departmental compliance with federal regulations including but not limited to Title VI Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency - Executive Order 13166, 28 CFR 42.104 (b) (2), the Omnibus Crime Control and Safe Streets Act of 1968; Victims of Crime Act, Juvenile Justice and Delinquency Prevention Act of 2002, Rehabilitation Act of 1973, Americans with Disability Act of 1990, Education Amendments of 1972, Age Discrimination Act of 1975, U.S. Department of Justice Regulations 28 CFR Part 42, Executive Order 13279 (Equal Protection of the laws for faith-based and community organizations and Equal Treatment for Faith-based Organizations, 28 CFR Part 38).
- 61) **Visual Disability**. A generic term used to describe any loss of vision.


### 13. REFERENCES

- Title VI and Title VII of the Civil Rights Act of 1964, as amended, 42 United States Code (USC) 2000d et seq; 45 Code of Federal Regulations (C.F.R.), Part 80; and 28 Code of Federal Regulations (C.F.R.), Part 42.
- Section 504, Title V of the Rehabilitation Act of 1973, as amended, 230 US 1681 et seq; 45 C.F.R., Part 80, 84 and 28 C.F.R. Part 42
- Section 508 of the Rehabilitation Act of 1973, as amended
- The Omnibus Budget Reconciliation Act of 1981, as amended, 42 USC 9849 and Civil Rights Restoration Act of 1987, Public Law 100-259
- The Americans with Disabilities Act of 1990, Title I and II, as amended
- The Americans with Disabilities Act Amendment Act of 2008 (ADAAA)
- CFOP 60-16, Civil Rights, Methods of Administration: Equal Opportunity in Service Delivery
- CFOP 60-10, Chapter 1 Americans with Disabilities Act (ADA) Accommodation Procedures for Applicants/Employees/General Public
- U.S. Department of Health and Human Services (HHS) Office of Civil Rights
- U.S. Department of Health and Human Services and Department of Children and Families Settlement Agreement signed January 26, 2010
- U.S. Department of Justice Executive Order 13166 – Title VI, Prohibition Against National Origin Discrimination as it affects Persons with Limited English Proficiency
- Section 110.201(3), Florida Statutes (F.S.), requires each state agency to comply with all federal regulations necessary to receive federal funds



**Approval and Amendment of the ACTS Accessibility Plan**

Any amendment or modification to this Plan must be in writing and signed by the CEO. The adoption of this Substance Abuse and Mental Health Accessibility Plan has been approved and authorized by the Chief Executive Officer, effective the date and year written below.

  
\_\_\_\_\_  
Chief Executive Officer, Asha Pereyra

\_\_\_\_\_  
Date 2/13/2025

**APPENDIX A**  
**STATEWIDE 504/ADA COORDINATORS AND SINGLE POINTS OF CONTACT**  
**504/ADA Coordinators**

**SunCoast & Central Regions**

Jamie Horne  
P: 850-717-4567  
F: 850-921-8470  
2415 North Monroe Street  
Tallahassee, FL 32303  
Jamie.Horne@myflfamilies.com

**SINGLE POINTS OF CONTACT – DEPARTMENT OF CHILDREN AND FAMILIES REGIONAL OFFICES**

**SunCoast & Central Region**

Dick Valentine  
904-485-9682  
9393 N Florida Ave  
Tampa, FL 33612  
Dick.Valentine@myflfamilies.com

**SINGLE POINT OF CONTACT**

Janice Zengotita, QI Director  
813-246-4899 ext. 200  
813-310-6670 (cell)  
3450 Buschwood Park Drive  
Tampa, FL 33610  
[jzengotita@actsfl.org](mailto:jzengotita@actsfl.org)

Campus locations may also have designated staff serving as single points of contact for immediate onsite assistance. This information is posted at each campus and available to all staff via agency Intranet. If you are unfamiliar with an auxiliary aid or services, please contract the agency's Single Point of Contact.

## APPENDIX B

### AUXILIARY AIDS AND SERVICES – PROCEDURES TO ENSURE ACCESSIBILITY

The following procedures are to be followed to ensure accessibility of programs and services to customers or companions with disabilities or limited-English proficiency:

1. Conduct a timely assessment with individuals served and their companions who are deaf or hard of hearing to identify needs for auxiliary aid or services. Assess client needs by consulting with the client regarding his or her preferred communication mode, and if applicable with assigned caseworkers, counselors, parents, family members, guardians or other representatives.
  - a. For customers/clients or companions who are deaf or hard-of-hearing, staff is required to determine, utilizing the Communication Assessment and Auxiliary Aid/Service Record (form CF 761) and prior to providing services, the method of communication that the client feels most comfortable with. A record of this information will be maintained in the client's file.
    - i. The communication options for deaf and hard of hearing persons may include, but are not limited to, the Florida Relay Service, TDDs (Telecommunication Devices for the Deaf), FAX (Telephone Facsimile Transmittal), VRS (Video Relay Service), phone amplifiers, cell phone texting, qualified/certified sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts, signs or a combination of these, as appropriate.
    - ii. ACTS does not have TDD/TTY equipment but can accept phone calls from individuals who use those items to communicate.
  - b. For customers/clients or companions who are limited English proficient (LEP), staff shall identify the preferred language including dialect of each client at first contact, and record this information in the client's file, utilizing the Communication Assessment and Auxiliary Aid/Service Record (form CF 761).
2. The use of auxiliary aids, certified sign-language interpreters, translators, or foreign language interpreters will be at no cost to the client or applicant for services.
3. The supervisor with budget approval over the unit or facility has the responsibility for approving the request and obtaining the appropriate auxiliary aid or interpretive service.
4. If an alternative auxiliary aid or service is provided other than the aid requested, staff shall document in the client record the auxiliary aids or services requested by the client or companion, the reason for not providing the requested auxiliary aid or service and what auxiliary aid or service was provided.
5. Staff will document if an auxiliary aid or interpreter is needed and will notify any subsequent referrals in advance of the client's needs. Clients or companions, once identified as requiring qualified interpreters, shall not be required to self-identify thereafter.
6. Staff should provide interpreter services for deaf and hard of hearing, and persons with low vision or blindness, within the following time frames:
  - a. For non-scheduled appointments and non-emergency situations, staff must provide a certified interpreter preferably within two (2) hours of the request but no later than the next business day.
  - b. For scheduled events, staff shall make a certified interpreter or auxiliary aid available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a certified interpreter available to the customer or companion who is deaf or hard of hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
  - c. In emergency situations an interpreter shall be made available as soon as possible, but in no case later than two (2) hours from the time the customer or companion requests an

- interpreter, whichever is earlier.
7. Sign language interpreters (non-employee) must be certified, or if employees, at minimum, “qualified” as defined in this Plan. Verification of certification is required.
  8. LEP language services include, as a first preference, the availability of qualified bilingual staff that can communicate directly with customers/clients in their preferred language.
    - a. When bilingual staff is not available, the next preference is face-to-face interpretation provided by qualified contract or volunteer language interpreter with verification of interpreter’s certification.
    - b. Telephone or website interpreter services should be used as a supplemental system when an interpreter is not available, or when services are needed for an unusual or infrequently encountered language. Resources include:
      - i. **The Red Cross Language Bank, available during business hours Monday through Friday, 8:30-4:30, at 727-898-3111, or toll free at 877-741-1444**
      - ii. **All Languages Specialists, Inc., 813-234-5671, email [requests@wespeakit.com](mailto:requests@wespeakit.com), website <http://www.wespeakit.com/>**
  9. When language interpretation is needed, staff shall provide interpreters in a timely manner. While there is no single definition for “timely” applicable to all types of interactions, one clear guide is that the language assistance should be provided at a time and place that avoids the effective denial of the service, benefit, or right at issue or the imposition of an undue burden on or delay in important rights, benefits, or services to person.
  10. Staff should avoid using family members, children, friends and untrained volunteers as interpreters except in emergency situations when no other alternative is readily available.
  11. The use of assistive devices, such as vibratory alarms, shall be incorporated with relevant services, such as tactile communication, for persons with multiple disabilities, such as deafness and blindness.
  12. If the individual declines the use of the free foreign language or sign language interpreter, or other auxiliary aids, the client’s files must be noted and the Waiver of Right to Free Interpreter Services or Other Auxiliary Aids or Services (form CF 763 available in DCF Forms) should be documented.
  13. In the event that communication is not effective or if the nature of the communication changes significantly after the initial communication assessment, staff shall re-assess which appropriate auxiliary aids and services are necessary for effective communication. This shall be accomplished where possible in consultation with the person seeking the auxiliary aids or services.
  14. Denials of auxiliary aids or services may only be made for nonessential communication. Denial determination can only be made by administration. Any requests for denials must be submitted to the agency Single Point of Contact. In the event of a denial, an alternative will be provided and staff will ensure that effective communication is achieved.
  15. Vital documents routinely provided in English to applicants, customers/clients and the public must be available in regularly encountered languages other than English. Each program office will make sure non-English written materials, such as program forms, brochures, etc., are available to operational staff.
  16. Staff will provide each customer or companion who is deaf or hard of hearing a Customer Feedback Form following their visit. The Customer Companion Feedback Form is provided to the customer or companion to ensure the effectiveness and appropriateness of the auxiliary aid or service provided and the performance of the interpreter provided. Staff shall document in the case notes that the form was provided.
  17. Records relating to the auxiliary aids and services provided shall be retained by the ACTS staff generating the record, and the original document retained in the client or customer’s file or records in accordance with policies on record storage and retention.

18. All final requests for accommodations, along with relevant documentation, will be forwarded to the designated Single Point of Contact, who will submit a report to CFBHN each month in the Suncoast Region, and to the Department of Children and Families, Circuit 17, for the ARRIS program.

#### For Persons who have Sensory, Speech, or Mobility Limitations

The following are procedures and minimum requirements for ensuring accessibility of meetings, conferences, workshops, and seminars sponsored by ACTS or held at its locations.

1. ACTS will review the facility or site for accessibility. This includes:
  - a. Adequate lighting in meeting rooms so signing by an interpreter can be readily seen
  - b. Readers or other recordings to enable full participation by person with visual limitations
  - c. Certified or qualified interpreters provided for persons with speech, sensory or mobility limitations and accessibility to Teletype (TTY) or Telecommunications Device for Deaf (TDD) equipment; if telephones are provided for use by participants, TTYs/TDDs must be provided for participants who are deaf or hard of hearing.
  - d. Parking spaces clearly marked with appropriate ramps and curb cuts provided for persons with disabilities; where parking is available on or adjacent to the site, one 96" wide space with a 60" access aisle shall be set aside for the car of each participant, with mobility limitations, requesting it in advance of the meeting. Where parking is not available on or adjacent to the site, valet parking or other alternative accommodations for participants with mobility limitations will be provided.
  - e. Entrance ramps 36" wide or wider, level with adjacent surface and a manageable slope or incline of no more than one-inch rise per foot, 1:12
  - f. Meeting rooms on one level or capable of being reached by elevators or ramps that can be independently traversed by a participant with mobility limitations
  - g. Stages, platforms, etc., to be used by persons in wheelchairs are accessible by ramps or lifts
  - h. Buildings over one story have elevators with sensitive safety edges, controls no more than 48" from floor with Braille numbers or letters; accommodates wheelchair 29" X 45"
  - i. Each floor has clearly marked accessible restrooms for males and females, including: Turn around space 5' X 5', door clearance of 32", and grab rails; shelves, racks, dispensers, etc., are not more than 48" for forward reach or 54" for side reach.
  - j. Wheelchair accessible telephones
  - k. Accessible drinking fountains with cup dispensers
  - l. Audible and visible fire alarms
2. When meetings, conferences and seminars are scheduled, information will be included in advertisements, conference registration materials or meeting notices that participants will be provided with the necessary auxiliary aid at no cost to them. The information will include the name of a contact person and a date by which the person must request such assistance. The registration process will include a method for determining the number and type of persons with disabilities needing assistance as well as the type of personal assistance or accommodation requested.
3. Seating arrangements for persons utilizing mobility devices, such as wheelchairs, will be adapted to integrate persons who are mobility limited rather than to isolate them on the group's perimeter.
4. Individuals who utilize oxygen tanks or support equipment will be accommodated in all areas unless safety restrictions prevent it.
5. Individuals who need personal attendants will be accommodated unless safety restrictions prevent it.
6. Agenda and other conference materials will be translated into usable form.
7. Staff shall ensure that written documentation of accessible accommodations are properly



documented.

#### Competency of Interpreters and Translators

1. Program Directors and Managers are responsible to ensure the competency of qualified and certified sign language interpreters.
  - a. Employees who are utilized to interpret for the deaf or hard-of-hearing by American Sign Language (ASL) shall meet or exceed the education and communications skills outlined in this Plan.
  - b. An assessment by an independent testing agency of an employee's ASL skills is required prior to utilizing an employee to interpret for a client or companion who is deaf or hard-of-hearing.
2. It is the responsibility of program managers and supervisors to ensure the competency of foreign-language interpreters. Competency requires more than self identification as bilingual. Competency to interpret, however, does not necessarily mean formal certification as an interpreter, although certification is helpful. When using interpreters, staff should ensure that the interpreter:
  - a. Demonstrates proficiency in and ability to communicate information accurately in both English and in the other language and identify and employ the appropriate mode of interpreting (e.g., consecutive, simultaneous, summarization, or sight translation)
  - b. Has knowledge in both languages of any specialized terms or concepts peculiar to the program or activity and or any particular vocabulary and phraseology used by the person
  - c. Understands and follows confidentiality and impartiality rules to the same extent the employee for whom they are interpreting and/or to the extent their position requires
  - d. Understands and adheres to their role as interpreters without deviating into other roles such as counselor or legal advisor
  - e. Shows sensitivity to the person's culture

## APPENDIX C

# RESOURCES FOR COMMUNICATION WITH PERSONS WHO ARE DEAF, HARD OF HEARING, DEAF/BLIND, OR SPEECH-LIMITED

### CERTIFIED SIGN LANGUAGE INTERPRETERS

Accessible Communication for the Deaf (ACD): 954-578-3081; Video Phone 954-519-2975;

<http://www.acdasl.com>

Absolute Quality Interpreting: 813-785-1214, 877-687-5151; [www.aqiservices.com](http://www.aqiservices.com)

### ABOUT FLORIDA RELAY 711

Florida Relay is the communications link for people who are Deaf, Hard of Hearing, Deaf/Blind, or Speech Limited. Through the Florida Relay, people who use specialized telephone equipment can communicate with people who use standard telephone equipment. All call types processed through Florida Relay are also available in Spanish. Florida Relay is available 24/7, 365 days a year.

To call Florida Relay, dial 7-1-1, or use the following toll free numbers:

- 1-800-955-8771 (TTY)
- 1-800-955-8770 (Voice)
- 1-800-955-1339 (ASCII)
- 1-877-955-8260 (VCO-Direct)
- 1-800-955-5334 (STS)
- 1-877-955-8773 (Spanish)
- 1-877-955-8707 (French Cr)

### Types of Florida Relay Service Calls

Thousands of Floridians depend upon Florida Relay every day to make both personal and business phone calls. Standard telephone users can easily initiate calls to TTY users. The Relay operator types the hearing person's spoken words to the TTY user and reads back the typed replies.

1. Dial 7-1-1 for the Florida Relay Service.
2. You will hear, "Florida Relay operator (number), May I have the number you are calling please?"
3. Give the Relay operator the area code and telephone number you wish to call and any further instructions.
4. The Relay operator will process your call, relaying exactly what the TTY user is typing. The Relay operator will relay what you say back to the TTY user.
5. When you finish the conversation and are ready to hang up, don't forget to say "SK" which stands for "stop keying" (which alerts both the Relay operator and the other party that you are ready to end the conversation) then hangs up.

### TIPS FOR HEARING CALLERS:

- Be sure to talk directly to your caller
- Avoid saying "tell him" or "tell her" to the Relay operator
- Say "GA" or "Go Ahead" at the end of your response
- Say "Signing Off" before you hang up

### Text Telephone (TTY)

A person who is deaf, hard-of-hearing, deaf-blind, or speech-disabled uses a TTY to type his/her conversation to a Relay operator, who then reads the typed conversation to a hearing person. The Relay

operator relays the hearing person's spoken words by typing them back to the TTY user.

1. Dial 7-1-1 for the Florida Relay Service.
2. The Relay operator will answer with "FL Relay OPR 8234" (for Relay operator identification), "F" or "M" (for Relay operator gender) and "GA." ("GA" denotes "go ahead.")
3. Type in the area code and telephone number you wish to call and then type "GA."
4. The Relay operator will dial the number and relay the conversation to and from your TTY. Type in "GA" at the end of each message.
5. When you are finished with the conversation, type "SK" for "Stop Keying" then hang up

#### Voice Carry-Over (VCO)

Voice Carry-Over is an ideal service that enables a hard-of-hearing or deaf user to use his/her voice to speak directly to hearing person. When the hearing person speaks to back, the Relay operator serves as the "ears" and types everything that is said on a TTY or text display.

1. Dial the Florida Relay Service VCO number 1-800-955-8771.
2. The Florida Relay operator will answer "FL OPR 8234M (For relay operator identification) "F" or "M" (for Relay operator gender) GA".
3. Voice the area code and telephone number of the party you want to call.
4. The Relay operator will type the message "Voice Now" to you as your cue to start speaking. You speak directly to the hearing person. The Relay operator will not repeat what you say, but only type to you what the hearing person says. You both need to say "GA" at the end of your response.

#### Hearing Carry-Over (HCO)

Hearing Carry-Over (HCO) allows speech-disabled users with hearing, to listen to the person they are calling. The HCO user then types his/her conversation for the Relay operator to read to the standard telephone user.

1. Dial Florida Relay 7-1-1.
2. A Florida Relay operator will answer "Florida Relay OPR 8234M GA", where "8234" for relay operator identification, "F" or "M" for operator gender and "GA" denotes "go ahead."
3. Type in the area code and telephone number you wish to call and then type "HCO PLEASE GA." The Relay operator will make the connections and voice the typed conversation to the called party.

#### Speech-to-Speech

Speech-to-Speech (STS) allows speech-disabled persons to voice their conversation. A specially trained Florida Relay Operator will listen and repeat the speech-disabled user's dialogue to the called party. No special telephone equipment is needed to use this service.

1. Dial Florida Relay STS number 1-877-955-5334.
2. You will hear "Florida Relay Speech-to-Speech operator (number). May I have the number you are calling to please?"
3. Voice the area code and telephone number of the party you want to call.
4. The Relay operator will say "Voice Now" to you as your cue to speak directly to your party. The Relay operator will then re-voice what you have said if the called party does not understand you.

There may be instances where you will be asked to repeat your message to ensure that it is conveyed correctly. Remember to say "Go Ahead" when you are ready for the other person to respond.

## CapTel

The CapTel phone is ideal for a hard-of-hearing individual to use his/her own voice to speak directly to hearing person. When the hearing person speaks back, the CapTel user can read the response on a text display. CapTel allows users to place a call in the same way they would when using a traditional phone - by dialing the number directly. The CapTel™ phone automatically connects to the Captioning Relay Service when the number is dialed. When the person answers, you hear everything that he/she says, just like a traditional phone call.

Here's how to make a CapTel call:

1. Get a special CapTel phone, available at no cost from Florida Telecommunications Relay, Inc., [www.ftri.org](http://www.ftri.org)
2. When dialing out, simply dial the number of the person you want to call.
3. Your CapTel phone will automatically connect to both the captioning service and the party you wish to reach.
4. A captionist transcribes everything the party says to you into written text (captions) using the very latest in voice-recognition technology.

Here's how to receive a call using a CapTel:

1. The voice user calling you should first dial 1-877-243-2823 (toll free). For Spanish, the number is 1-866-217-3362. Note: Spanish CapTel is available from 8AM to 12 midnight.
2. Once connected, the voice user then enters your area code and phone number followed by the # symbol.
3. Whether it's an incoming or outgoing call, everything the voice user says to you is transcribed into captions that display in an easy-to-read window on your CapTel phone

## ASSISTIVE LISTENING DEVICES (ALD)

An assistive listening device (ALD) is any type of amplification device that can help you and your customer communicate more effectively. ALDs can be used with or without hearing aids and can improve hearing in the presence of background noise, listening on the phone or to television, as well as improve hearing at a distance. The individual using one of these devices may even notice less stress and fatigue in addition to improved hearing. ACTS has two types of assistive listening devices available for times when we interact with customers and companions who are hard of hearing. The Pocketalker is used for one-on-one communications, and the Motiva Personal FM Listening Device for group and/or large room meetings. Contact the ACTS SPOC for information on accessing these devices.

The Pocketalker works best for one-to-one conversation and is completely portable (about the size of a cell phone). The Pocketalker comes with an ear bud or headphones (with ear covers that are disposable). It is best used to amplify sound 10 feet or less from the listener.

How to use the Pocketalker:

- Check the Pocketalker before you meet a customer to see that it is working properly
- Insert the batteries
- Connect the ear buds or headset cord to the Pocketalker
- Once your customer has agreed to use the Pocketalker, show them how to use it
- Turn it on
- Adjust the volume to the lowest setting
- Have your customer insert the ear buds or headphones

- Have the customer slowly adjust the volume
- Test to see if this improves their hearing
- Continue with your discussion, checking now and then to see if they can hear properly.
- Once you have completed your meeting, remove the batteries, dispose of the used ear buds or headphone covers
- Be sure to have all parts together and ready to return to the appropriate place when finished

The Motiva Personal FM Listening System is for large groups and meetings. Like the Pocketalker, the Motiva Personal FM Listening System amplifies sound. It comes with a transmitter, microphone and two receivers with ear buds or a headphone. Use this device to communicate with customers who are Hard-of-Hearing at a table or in a meeting at a distance from 10 feet or more. The Motiva Personal FM Listening System has a built in microphone. A detailed and illustrated instruction card is attached to the inside of the Motiva zippered case to guide you through the setup process. Check the Motiva Personal FM Listening System before you meet a customer to see that it has all the parts and is working correctly. Follow the instructions inside the case for proper functionality. Turn it on, have your customer insert ear buds or headphones. Test and adjust the volume as necessary. Ask if this improves their hearing. Continue with your discussion, checking now and then to see if they can hear properly.

Once you have completed your meeting, remove the batteries from the transmitter and receiver, dispose of the used ear buds or headphone covers, gather all the components of the Motiva and return them to the zipper case. Return the set to the appropriate place when finished. The instructional guides and job aids for operating the assistive listening devices may also be found on the DCF Internet Website under Administration/Service Delivery for the Deaf or Hard of Hearing section.

#### COMMUNICATION ACROSS REALTIME TRANSLATION

Communication Access Realtime Translation (CART) can be provided onsite or remotely. CART displays the content of a live presentation in text format onto a screen. For an individual, the display is to a laptop, PC, or iPad; for a group, to a plasma monitor or projection screen. A certified CART provider attends the event and transcribes speeches, including questions from attendees, into a computer that translates it from Steno to English and projects the resulting text onto a screen, where it can be read in real time. Typical venues for on-site CART services can include classrooms, job interviews, departmental training and staff meetings, and conventions. Common venues for Remote CART include court hearings, depositions, business meetings, Webinars, classes, conventions, town hall meetings, legislative hearings and medical or other personal appointments. CART services may be obtained from:

##### Pinellas

Gayl Hardeman RDR, CRR, CCP, FAPR  
 Hardeman Realtime, Inc. (HRI) CART & Video Services  
 7901 42nd Street  
 Pinellas Park, FL 33781  
 727-547-9409  
 813-404-2488 (cell)  
 727-547-0896 (fax)  
[TampaGayl@aol.com](mailto:TampaGayl@aol.com)

Tammy Milcowitz, RMR, CRR, CCP  
 SignWrite Reporting Services, Inc.  
 4958 Turtle Creek Trail  
 Oldsmar, FL 34677  
 727-422-6758  
 727-781-7141(fax)  
[tmilcowitz@yahoo.com](mailto:tmilcowitz@yahoo.com)

##### Hillsborough

Theresa Crowder, RPR, CRR, CCP  
 TMT Reporting, Inc.  
 7809 Bay Drive  
 Tampa, FL 33635

Mike J. Cano, RMR, CRR, CBC, CCP  
 Alternative Communication  
 9236 Brindlewood Dr.  
 Odessa, FL 33556

813-814-7736  
813-814-7746(fax)  
[TMT.Tess@Verizon.net](mailto:TMT.Tess@Verizon.net)

800-335-0911  
813-926-7855  
[info@acscaptions.com](mailto:info@acscaptions.com)

Phyllis DeFonzo, RPR  
6028 Sandhill Ridge Drive  
Lithia, FL 33547  
732-547-5592  
813-662-3842(fax)  
[clarke.csr@verizon.net](mailto:clarke.csr@verizon.net)

## VIDEO REMOTE INTERPRETING and VIDEO RELAY INTERPRETING

This is 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 offsite interpreter, in order to communicate with persons with whom there is a communication barrier. It is similar to a slightly different technology called Video Relay Service, where the parties are each located in different places. Contact Language People at [www.languagepeople.com](http://www.languagepeople.com) or 707-538-8900 for additional information.

Federal Video Relay Service (VRS) enables a user who uses sign language to communicate via videoconferencing with a certified Video Interpreter (VI) through the Internet. The VI then voices/relays the signed conversation over the phone in real time to the hearing caller (standard telephone user).

- For Web camera access: Go to [www.fedvrs.us](http://www.fedvrs.us) to download the software.
- For Video phone access: [myfedvrs.tv](http://myfedvrs.tv)

### *For Hearing Callers:*

1. If the sign language user has a Video Phone or Video Relay Software/Application- Dial 877-709-5797 (no appointment is necessary). Provide the interpreter with your agency name, and the sign language user's ten-digit telephone number.
2. If the sign language user does not have a Video Phone- encourage them to register for a 10 digit number and download the Federal VRS software at <https://www.fedvrs.us/registrations/login>

### *Spanish Translation En Español*

Sign language to Spanish is now available for sign language users to communicate with hearing users (telephone standard user) that speak Spanish. Video Interpreters will translate sign language to Spanish, and Spanish to sign language (Spanish sign language to Spanish is currently not available.)

### *To use Video Relay Service with Spanish:*

- Videophone users: [espanol.myfedvrs.tv](http://espanol.myfedvrs.tv)
- Web camera users: [www.fedvrs.us](http://www.fedvrs.us) and check the Spanish button
- For Hearing Callers: dial your caller's 10 digit local number

### To use Voice Carry Over (VCO) call:

Video Relay Service (VRS) with Voice Carry Over (VCO) allows a deaf or hard-of-hearing user, who prefers to voice for themselves, to speak directly to their called party while a video interpreter signs what the hearing person is saying. The deaf or hard-of-hearing user notifies the Video Interpreter that he/she wants to use VCO and provides a phone number to the Video Interpreter. The Video Interpreter will call back, and then they will call/connect the person to the person he/she wants to speak to directly. The person called will be able to hear the deaf or hard-of-hearing person's voice. The Video Interpreter will interpret/sign what the hearing person says.



## **APPENDIX D**

### **RESOURCES FOR INTERACTING WITH INDIVIDUALS WITH SPECIFIC NEEDS**

#### **1. INTERACTING WITH PEOPLE WHO ARE DEAF**

Deaf people have many different communication needs. People who were born deaf (pre-lingual deaf) may have more difficulty with speech than those who lost their hearing after they learned a language (post-lingual deaf). The way a person communicates will vary according to the environment in which he or she was raised, type of education received, level of education achieved, and many other factors. Their ability to communicate in a language will vary from not very well to very well.

Some people use American Sign Language (ASL) or other sign language; some read lips and speak as their primary means of communication; some use Signed Exact English (SEE), where every word is signed in the exact sequence it is spoken in English, and there is a vocabulary which has a one-to-one relationship to English words. People who became deaf later in life may never have learned either sign language or lip-reading. Although they may pick up some sign and try their best to read lips, their primary means of communicating may be reading or writing.

Lip-reading ability varies greatly from person to person and from situation to situation. It is greatly hindered by people who do not enunciate clearly, have mustaches shielding the lips, do not directly look at the person, or who speak with an accent affecting the way words appear on their lips. Therefore, when speaking with a person who reads lips, look directly at the person while speaking, make sure you are in a good light source, and keep your hands, gum, and food away from your mouth while you are speaking.

Since communication is vital in the workplace and in service delivery, and the deaf person knows how he or she communicates best, supervisors and staff should follow the wishes of the person who is deaf regarding communication methods.

In casual situations and during initial contact, it is often acceptable to write notes to determine what the person needs. However, ACTS policy is to use nothing less than a Quality Assurance (QA) Screened interpreter for service delivery. The need for a more skilled interpreter depends not only on the complexity and importance of the information being communicated, but also on the ability of the interpreter to translate the particular sign language used by the individual, and the speed.

#### **2. INTERACTING WITH PEOPLE WHO ARE HARD OF HEARING**

Persons who are hard-of-hearing may or may not know how to sign, and their means of communication will depend on the degree of hearing loss, when they became hard of hearing, etc. A person who is hard-of-hearing may or may not wear a hearing aid. Employees should be aware that many hard-of-hearing people will not admit having a hearing loss, so it is important employees be alerted to the signs of hearing loss, such as asking you to repeat yourself several times, or not responding appropriately, especially if you have been talking with your back to them.

The key to communication with a person who is hard of hearing – as with all people – is patience and sensitivity. Please use the following guidelines:

- Ask the person how he or she prefers to communicate.
- If you are using an interpreter, the interpreter may lag a few moments behind what is being said, so pause occasionally to allow time for a complete translation.
- Talk directly to the person, not the interpreter. However, the person will look at the interpreter and may not make continuous eye contact with you during the conversation.

- Before you speak, make sure you have the attention of the person you are addressing.
- If you know any sign language, try using it. It may help you communicate and at least demonstrates your interest in communicating and willingness to try.
- Speak clearly and distinctly at a moderate pace in a normal tone of voice, unless asked to raise your voice. Do not shout or exaggerate your words.
- Look directly at the person. Most people who are hard-of-hearing need to watch a person's face to help them understand what is being said. Do not turn your back or walk around while talking. If you look away, the person may assume the conversation is over.
- Do not put obstacles in front of your face.
- Do not have objects in your mouth, such as gum, cigarettes, or food.
- Do not turn to another person in their presence to discuss other issues with them. Write notes back and forth, if feasible.
- Use facial expressions and gestures.
- Do not talk while writing, as the person cannot read notes and read lips at the same time.
- Use a computer, if feasible, to type messages back and forth. Offer to provide an assistive listening device.

### **3. GUIDELINES FOR COMMUNICATING WITH PEOPLE WHO USE SIGN LANGUAGE**

You may get the attention of a person who is deaf, hard of hearing, or late-deafened by positioning yourself within the line of vision, or by a gentle tap on the shoulder, a small wave or a slight rap on the table. Maintaining eye contact is vital whenever you are communicating with a person who has a hearing loss. While waiting for an interpreter to arrive, have a paper and pen ready for simple conversation. Do not attempt to address complex issues in the absence of a certified interpreter.

When a sign language interpreter is present, talk directly to the person with a hearing loss. It is inappropriate to say to the interpreter, "Tell her..." or "Ask him..." Look directly at the consumer, not the interpreter. Everything you say should be interpreted. It is the interpreter's job to communicate the conversation in its totality and to convey other auditory information, such as environmental sounds and side comments.

In using Yes-or-No questions, do not assume that a head nod by a consumer who has a hearing loss means affirmation or understanding. Nodding of the head often indicates that the message is being received or may be a courtesy to show attention of the receiver. Ask the interpreter to identify that the specific signs indicating "Yes" or "No" were used in situations where such confirmation of the response is crucial.

If you know basic sign language or finger-spelling, use it for simple things. It is important to realize that the ability to interpret is much more than knowing how to sign. Having taken one or more sign language classes does not qualify a person to act in a professional interpreting role.

If the conversation is stopped for the telephone or to answer a knock at the door, let the deaf or hard of hearing person know that you are responding to that interruption.

### **4. INTERACTING WITH PEOPLE WITH A SPEECH DISABILITY**

If you have trouble understanding someone's speech, ask him or her to repeat what he or she has said. It is better for the person to know you do not understand than to assume that you do. Give the person your undivided attention. Do not simplify your own speech or raise your voice. Speak in a normal tone.

Write notes back and forth or use a computer, if feasible. Ask for help in communicating. If the person uses

a communicating device such as a manual or electronic communication board, ask the person how to use it.

## 5. INTERACTING WITH PEOPLE WHO USES MOBILITY DEVICES

Mobility devices are tools that help people with mobility impairments move around. There are many different types of mobility devices, each with its own advantages and disadvantages.

- Canes are the simplest type of mobility device. They can be used to improve balance and stability, and to reduce pain in the legs and feet. Canes are relatively inexpensive and easy to use, but they can only provide limited support.
- Crutches provide more support than canes. They can be used to take weight off of the legs and feet, and to improve balance and stability. Crutches are more expensive than canes, and they can be more difficult to use.
- Walkers provide the most support of all the mobility devices. They can be used to take weight off of the legs and feet, and to improve balance and stability. Walkers are the most expensive type of mobility device, and they can be the most difficult to use.
- Wheelchairs are used by people who are unable to walk or who have difficulty walking. There are two main types of wheelchairs: manual wheelchairs and electric wheelchairs. Manual wheelchairs are propelled by the user, while electric wheelchairs are powered by a motor. Wheelchairs can be expensive, but they can provide a great deal of independence.

In addition to the devices listed above, there are a number of other mobility devices available, such as walkers with seats, knee scooters, and stair lifts.

When interacting with an individual who uses a mobility device, do not make assumptions about what the person can or cannot do. Always ask if the person would like assistance before you help. Your help may not be needed or wanted. Be aware of the mobility device user's capabilities. Some users can walk with aid and use wheelchairs or walker because they can conserve energy and move about quickly. Do not classify persons who use mobility devices as sick. Mobility devices are used for a variety of non-contagious disabilities. Do not assume that using a mobility device is in itself a tragedy. It is a means of transportation/freedom that allows the user to move about independently.

Do not touch a person's mobility device or grab the arm of a person walking without first asking if he or she would like assistance. Do not hang or lean on a person's mobility device because it is part of the individual's personal space. Never move someone's crutches, walker, cane, or other mobility aid without permission.

When a wheelchair user "transfers" out of the wheelchair to a chair, toilet, car or bed, do not move the wheelchair out of reach. When speaking to a person in a wheelchair for more than a few minutes, try to find a seat for yourself so the two of you are at eye level. Speak directly to the person in a wheelchair, not to someone nearby as if the wheelchair user did not exist. Do not raise your voice or shout. Use normal speech. It is okay to use expressions like "running along." It is likely that the wheelchair user expresses things the same way.

Offer assistance with specific tasks. Instead of a general "Can I help?", ask if they need help reaching something or navigating a particular area. Be mindful of accessibility. Ensure the environment is navigable with mobility devices, including clear pathways and accessible seating.

## 6. INTERACTING WITH PEOPLE WHO ARE BLIND OR HAVE LOW VISION

The first thing to do when you meet a person who is blind is to identify yourself. When speaking, face the person directly. Speak in a normal tone. Your voice will let the person know where you are. Do not leave

without saying that you are leaving.

Some individuals who want assistance will tell you. You may offer assistance if it seems needed, but if your offer is declined, do not insist. When offering assistance, say, "Would you like to take my arm?" and allow the person to decline or accept. The movement of your arm will let the person know what to expect. Never grab or pull the person. When going through a doorway, let the person know whether the door opens in or out and to the right or left. Before going up or down stairs, let the person know that you are going up or down, and advise if there is a handrail and where it is. Ask the person if he or she would like assistance – he or she will let you know.

When giving directions, or describing where things are in a room or in the person's path, be as specific as possible, and use clock clues where appropriate. When directing the person to a chair, let the person know where the back of the chair is, and he or she will take it from there.

The person's single greatest communication need is to have access to visual information by having information either read or provided in an accessible format (Braille, audio).

#### 7. INTERACTING WITH PEOPLE WITH DUAL SENSORY IMPAIRMENTS

The means of communication with a person with dual sensory impairments will depend on the degree of hearing and vision loss. Use all of the suggestions in the above sections on referencing interaction with people who are deaf or hard-of-hearing, blind or have low vision. The person with dual sensory impairments has unique and very challenging communications needs. Staff is to use every possible means of communication available.

#### 8. INTERACTING WITH PEOPLE WITH LIMITED ENGLISH PROFICIENCY

Some of the people who are eligible for services cannot effectively use those services because they are not proficient in English. Language barriers prevent us from effectively providing services to this group of people. Breaking down these barriers will allow individuals with Limited English Proficiency to participate in the programs and services of ACTS.

The way a person with Limited English Proficiency communicates in English will vary from some to no English at all. Use the following guidelines when communicating with a person with Limited-English Proficiency:

- Ask the person if he/she needs a translator.
- If you are speaking through an interpreter, remember the interpreter may lag a few moments behind what is being said, so pause occasionally to allow time for a complete translation.
- Talk directly to the person, not the interpreter. However, the person with limited English proficiency may look at the interpreter and may not make eye contact with you.
- If you know a little of the language, try using it. It may help you communicate and it also demonstrates your interest in communicating and willingness to try.
- Do not simplify your speech or raise your voice. Speak in a normal tone.
- The person's single greatest communication need is to have access to the information by having the information either orally translated or provided in their language written form.

#### 9. INTERACTING WITH PEOPLE WHO HAVE MENTAL ILLNESSES

Mental illnesses include schizophrenia, depressive disorders, and bipolar disorder, as well as many others. Mental illnesses are much more common than most people realize. These illnesses affect the individual's thoughts and emotions, and sometimes may make the individual behave in ways that seem strange.

Individuals with schizophrenia often have hallucinations (seeing or hearing things that are not real) or delusions (unreasonable beliefs, which are sometimes bizarre). Individuals with bipolar disorder experience extreme moods. They sometimes experience mania (highly excited, talkative, and jumping suddenly from one topic to the next). At other times they experience depression (low mood, sadness, lack of motivation or interest in activities).

Keep in mind that people with mental illnesses are people first. The mental illness is not the most important thing about who they are. Individuals with mental illness deserve to be treated with respect, and treated as individuals, just like everyone else. If an individual you are interacting with becomes agitated, it is important that you continue to maintain a calm manner and tone of voice. If you are sitting or standing near the individual, keep about five feet of distance between you. This can help the person feel less threatened, and gives you the opportunity to step away easily if the person becomes physically agitated. It can be helpful to specifically request that the person change the behaviors indicating agitation (e.g., lower his/her voice, sit down, unclench fists), but if the person does not respond to three such attempts, request assistance from other staff, or from law enforcement if necessary to maintain safety.

#### 10. INTERACTING WITH PEOPLE WITH BEHAVIORAL ISSUES

A behavioral issue is Any action or conduct that disrupts the normal operations of the nonprofit, infringes on the rights of others, or creates a hostile or unsafe environment. This includes but is not limited to:

- Verbal abuse (e.g., yelling, insults, threats)
- Physical aggression (e.g., hitting, shoving, throwing objects)
- Harassment (e.g., unwelcome comments, gestures, or physical contact)
- Disruptive behavior (e.g., excessive noise, refusal to follow instructions)
- Property damage

##### Initial Response:

If possible, address the individual in a calm and respectful manner.

Clearly state the observed behavior and its impact.

Attempt to de-escalate the situation by listening empathetically and offering support.

Set clear and reasonable limits for acceptable behavior.

##### Escalation:

If the behavior continues or escalates, involve a supervisor or designated staff member.

Document the incident, including the date, time, location, individuals involved, and a detailed description of the behavior.

If necessary, contact security or law enforcement.

##### Suspension of Services or Privileges:

In cases of severe or repeated behavioral issues, the individual may be temporarily or permanently suspended from receiving services or participating in programs.

The decision to suspend services will be made by a designated committee or individual, considering the severity and frequency of the behavior, as well as any mitigating factors.

The individual will be notified in writing of the suspension, including the reason for the suspension and the duration.

##### Reinstatement of Services or Privileges:

After the suspension period, the individual may request reinstatement of services or privileges.

The individual must demonstrate a commitment to adhering to the nonprofit's behavioral expectations.

The decision to reinstate services will be made by the same committee or individual who made the initial suspension decision.



Reinstatement may be conditional, with specific requirements for future behavior.

#### Additional Considerations

**Confidentiality:** Maintain the confidentiality of individuals involved in behavioral incidents, while adhering to legal and ethical obligations.

**Training:** Provide regular training to staff and volunteers on how to effectively interact with individuals exhibiting behavioral issues.

**Documentation:** Maintain accurate and detailed records of all behavioral incidents and actions taken.

### 11. INTERACTING WITH PEOPLE WHO HAVE SERVICE ANIMALS

Service animals include dogs and miniature horses that are trained and may assist individuals with disabilities in several ways. A few examples include:

- Guide Dog or Dog Guide – Assist people with vision loss
- Mobility Dog – Retrieve items, open doors, push buttons, also assisting people with disabilities with walking, balance and transferring from place to place
- Hearing Alert – Assist people with a hearing loss to be alerted to sounds
- Seizure Alert/Seizure Response – Also known as Medical Alert-alerts to oncoming seizures and is trained to respond to seizures such as “Get Help” or stay with the person
- Medical Alert/Medical Response – Alerts to oncoming medical conditions, such as heart attack, stroke, diabetes, epilepsy, panic attack, anxiety attack, or post-traumatic stress disorder

Federal and state laws (F.S. 413.08) allow an individual with a disability – defined as someone who is deaf, hard of hearing, blind, visually impaired, or otherwise physically disabled – the right to be accompanied by a service animal in all areas of a public accommodation that the public or customers are normally permitted to occupy. You may ask if an animal is a service animal or what tasks the animal has been trained to perform, but individuals are not required to provide documentation of training as a service animal as a precondition for having the animal with them.

In accordance with state law, ACTS will not impose a deposit or surcharge on an individual with a disability as a precondition to permitting a service animal to accompany the individual with a disability. However, an individual with a disability is liable for any damage caused by the service animal and is solely responsible for its care and supervision. ACTS is not required to provide care, food, or a special location for the service animal, or assistance with removing animal excrement.

In accordance with state law, ACTS may exclude or remove any animal from the premises, including a service animal, if the animal’s behavior poses a direct threat to the health and safety of others. This does not include allergies or fear of animals. If ACTS must remove a service animal for being a direct threat to others, ACTS must provide the individual with a disability the option of continuing access to services or employment without having the service animal on the premises.

If you are working with a person who has a service animal, recognize that the animal is also working. Talk with the person, not the animal. Do not offer food, treats, or toys to a service animal without the owner’s permission. Do not whistle or talk to the animal, as you may distract or divert the animal’s attention. Never touch or pet the animal unless the owner has given you permission. Unless you have a professional need to know, respect the person’s privacy regarding their disability and the services the animal provides.

## 12. INTERACTING WITH PEOPLE WHO USE OXYGEN SUPPORT OR TANKS

People use oxygen tanks or other oxygen supplies when they can't get enough oxygen into their bodies through regular breathing. This can happen for several reasons, including:

- **Lung conditions:** Diseases like chronic obstructive pulmonary disease (COPD), emphysema, and cystic fibrosis can damage the lungs, making it harder to absorb oxygen from the air.
- **Heart problems:** Some heart conditions can prevent the body from effectively circulating oxygen-rich blood.
- **Other medical issues:** Conditions like pneumonia, sleep apnea, and certain injuries can also lead to low oxygen levels.

Oxygen tanks and supplies work by delivering concentrated oxygen to the person through a mask or nasal cannula (a tube that goes into the nostrils). This increases the amount of oxygen in their blood, making it easier to breathe and helping their body function properly.

There are different types of oxygen supplies, including:

- **Oxygen tanks:** These contain compressed oxygen gas.
- **Oxygen concentrators:** These devices take in air, separate the oxygen from other gases, and deliver the concentrated oxygen.
- **Liquid oxygen systems:** These store oxygen in liquid form, which takes up less space than gas, but requires special handling.

The specific type of oxygen supply and how it's used will depend on the individual's needs and medical condition.

When interacting with someone who uses oxygen tanks, be respectful and approachable. Don't make assumptions. A person using oxygen may have a variety of underlying health conditions, some visible and some not. Avoid making assumptions about their abilities or needs. Introduce yourself normally. Treat them with the same respect and courtesy you would anyone else. Offer assistance, but don't assume they need it: Ask politely, "Is there anything I can help you with?" Respect their answer if they decline.

Understanding the Equipment:

- **Oxygen tanks are essential:** These are vital medical devices. Never touch or move the tank without explicit permission and understanding of how to do so safely.
- **Tubing:** Be mindful of tubing. Avoid tripping over it or tangling it. If you need to move it slightly (with permission), do so carefully and gently.
- **Cannula/Mask:** The device delivering oxygen (cannula or mask) is important. Don't adjust it unless asked to and you know how.

Communication Tips:

- **Speak clearly and at a normal volume:** Don't assume someone using oxygen has hearing difficulties unless they indicate so.
- **Be patient:** They may need to pause during conversation to catch their breath. Allow them time to speak.
- **Maintain eye contact:** This shows you're engaged and listening.
- **Don't be afraid to ask:** If you're unsure about something, it's always best to ask politely. For example, "Would you be more comfortable if we sat closer to the door?"

#### Practical Considerations:

- **Accessibility:** Ensure your meeting space or event is accessible. Consider seating near an exit in case they need to leave quickly.
- **Temperature:** Extreme temperatures can sometimes affect breathing. Be mindful of the environment.
- **Scent sensitivities:** Strong perfumes or fragrances can sometimes be bothersome. Consider a scent-free environment if possible.

#### What to Do in an Emergency:

- If the individual appears to be in distress (difficulty breathing, turning blue, etc.), call 911 immediately.
- Do not attempt to adjust the oxygen tank or equipment unless you are trained to do so.
- Stay with the individual and offer reassurance until medical help arrives.

### 13. INTERACTING WITH PEOPLE WHO USE PERSONAL ATTENDANTS

A PA assists individuals with disabilities with various tasks, which may include personal care, mobility, communication, and more. Their role is to facilitate the individual's independence, not to speak for them or make decisions on their behalf.

#### Key Principles for Interaction:

- **Respect and Courtesy:** Treat both the individual and their PA with respect. Avoid making assumptions about the individual's abilities or needs.
- **Focus on the Individual:** Always direct your communication to the individual, even if they have communication challenges. Maintain eye contact with them, not the PA.
- **Offer Assistance, Don't Assume:** Ask the individual if they need assistance before offering it. Respect their answer, whether it's a yes or a no. Don't assume what kind of help they need.
- **Communicate Clearly:** Speak clearly and at a normal pace. If the individual has difficulty understanding, rephrase your question or statement. Be patient and allow them time to respond.
- **Maintain Confidentiality:** The individual's needs and any information shared are confidential. Do not discuss their personal information with the PA unless explicitly authorized by the individual.
- **Recognize the Professional Relationship:** The PA is a paid professional, not a companion or family member. Avoid engaging them in personal conversations unless they initiate it.
- **Include the Individual:** Ensure the individual is included in all discussions and activities. Don't rely on the PA to relay information unless necessary and with the individual's permission.
- **Be Mindful of Physical Space:** Be aware of the space needed for wheelchairs or other mobility devices. Ensure accessible pathways and seating are available.

#### Practical Tips:

- **When greeting:** Address the individual first, then acknowledge the PA.
- **During conversations:** Direct your questions and comments to the individual. Listen attentively to their responses.
- **Offering help:** Ask specifically, "Can I assist you with something?" rather than assuming what they need.
- **If unsure:** If you're unsure how to interact, politely ask the individual, "How can I best support you today?"