

Charlotte Behavioral Health Care  
Quality Management Department

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Accessibility Plan

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Signature (Chief Executive Officer)

10/7/2018  

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Date

**PLAN NUMBER: AP-100-002**



## I. Introduction

Charlotte Behavioral Health Care (CBHC) is committed to having each of its programs comply with all aspects of a formal Accessibility Plan. Since Charlotte Behavioral Health Care was formed in 1969, the majority of programs have individually complied with all required Federal, State, and Local regulations, and accreditation guidelines, providing an accessible, healthy and safe environment for the populations served and for staff members.

The purpose of developing and implementing this formal Accessibility Plan is to summarize the accessibility accomplishments to date and to outline objectives and timelines for all programs to achieve organizational expectations. The Plan allows for staff training and feedback from key stakeholders. The Plan concludes with an Action Plan for the coming year.

Patient, personnel, and stakeholder concerns regarding barriers to accessibility are used in the planning process. Accessibility barriers are identified in a variety of ways which include but are not limited to: systematic inspections (internal and external), drills, patient satisfaction surveys, employee satisfaction surveys, stakeholder meetings, requests for accommodation, employee or patient suggestions, incident/safety reviews, staff meetings. The Quality Management Department provides direct oversight of this Accessibility Plan by reviewing the status of the Plan on an annual basis and providing information to Management on goals met and unmet.

## II. Philosophy

Charlotte Behavioral Health Care is committed to providing an organizational climate that accommodates the needs of all patients, families, employees, and other stakeholders. Central to this commitment is the removal of architectural, attitudinal, employment, and other barriers that may impede full access to CBHC's services and programs. This commitment can be fulfilled by enhancing the quality of life for persons served, implementing non-discriminatory employment practices, meeting legal and regulatory requirements, and addressing the accessibility requests of stakeholders.

## III. Key Areas

The following are descriptions of each key area covered by the Accessibility Plan along with a discussion of the organization's accomplishments made to date. A summary of the Action Plan for the coming year is also presented for each key area.

### A. Architectural Status/Barriers

Architectural barriers are physical barriers that may impede access to services. Architectural barriers at CBHC are evaluated through internal inspections, external inspections, and stakeholder feedback. Evaluations include a review of safety issues, civil rights/ADA accessibility compliance, State Accessibility regulations, and pertinent local fire and health department regulations. Internal inspections are conducted annually by the Facilities management department. External reviews are conducted by Substance Abuse and Mental Health Program Offices.

When architectural barriers are identified, efforts are made to rectify the condition to the best of our ability. Management regularly assesses identified architectural needs and related costs. In the event that an architectural barrier cannot be removed, services are offered for the individual at a location that is free of such barriers.



## **B. Environmental Status/Barriers**

CBHC believes that the environment in which services are provided should be comfortable, confidential, and reflective of the population served, allowing patient's to achieve their highest potential. Environmental barriers are defined as problems within service locations or settings that hinder service provision, such as neighborhood safety, excessive noise levels, crowding, décor, and ambiance.

CBHC has added inspirational wall hangings to most locations and welcoming decor that minimizes an institutionalized atmosphere. . Individuals receiving services in the non-crisis residential programs are encouraged to decorate their own room in a therapeutic manner, and all residential programs attempt to be as home-like as possible, while keeping compliant with safety concerns.

In order to provide the most accessible services, some program services are provided in patient's' homes and schools. Teleservices (therapy and medication management) are also offered in DeSoto and Charlotte counties, when appropriate.

In recent years, CBHC has intensified its concern over patient and staff safety. Our Quality Management Department actively monitors safety concerns reported on our Incident Reports. All Incident Reports are reviewed monthly at the Safety & Risk Management Committee. CBHC has also improved our staff training protocols, by including de-escalation in our required Crisis Prevention Institute training. To further increase campus safety, the Guest Assistance Team was developed. The members of this team are specifically trained to use multiple disciplines such as verbal de-escalation using person centered techniques and language to respond to emergency situations. The goal is to implement non-violent practices and to only resort to a higher level of intervention as a last resort. It is the belief that patients will do their best in a safe environment. To establish possible trends, the Quality Management Department reviews and monitors these emergency incidents. They are also reviewed in the Safety & risk Management Committee meeting.

CBHC offers therapy, medication management, and groups to children and adolescents. The offices and lobbies have been improved to include toys, furnishings, and a therapeutic environment conducive to working with children. The Children's Outpatient department has child and family group therapy rooms, decorated in bright colors in order to help designate that part of the building as being for our child and adolescent patient's. These rooms are also used as a quiet place for children with unique needs such as those who become overwhelmed easily and struggle with the noise and stimulation in a traditional waiting room. Toy specific to those with sensory needs are available in the quiet room.

## **C. Attitudinal Status/Barriers**

CBHC seeks to reduce the stigma associated with persons who are receiving services and to promote their return to and inclusion in the community whenever possible. To facilitate this goal, the agency employs a Director of Public Relations who provides and coordinates educational activities throughout the Charlotte County community.

In an attempt to help all employees recognize and eliminate attitudes that produce service barriers for minority populations, Cultural Competency Training is provided to all employees at New hire Orientation and cultural competency-themed trainings are conducted at least yearly for all clinical staff.

Within the last several years, the Agency has focused on improving services for those with a co-occurring mental illness and substance abuse diagnosis and continues to increase employee knowledge of providing care to patients with co-occurring disorders. CBHC has active Mental Health Court and Drug Court programs that provide services to specific populations in the criminal justice system. CBHC has gathered numerous therapeutic materials for use in a variety of programs in order to more effectively meet the unique needs of these populations.

CBHC is philosophically committed to the Recovery & Resiliency model, which emphasizes a strengths-based, person-centered approach to treatment and services. Staff is introduced to this philosophy initially at New Hire Orientation with the “Person and Family-Centered Services” training and recovery concepts are incorporated and emphasized ongoing throughout other agency trainings and supervision.

#### **D. Financial Status/Barriers**

CBHC receives funding from many different sources. However, financial barriers exist for many programs due to inadequate revenue streams. The organization continually seeks additional operational funding to eliminate or reduce the requirement for charging patient fees, to increase programming, to allow more service access.

CBHC implements a sliding fee scale based on specific State of Florida requirements, which are used in those programs that collect fees from persons served. It is updated as required by the State. The agency follows State and Federal Medicaid and Medicare co-pay requirements and co-pays as determined by various other insurance plans.

The Agency is supported by the Fred Lang Foundation, whose purpose is to aid individuals to find the “hope for a brighter tomorrow” through effective mental health and substance abuse treatment. Funds from the Foundation are to be used by CBHC to provide grants and to underwrite services for low income residents of Charlotte County. Without this Foundation assistance, some families and individuals would not be able to get the help they need.

#### **E. Employment Status/Barriers**

CBHC is an Equal Opportunity employer and advertises as such. Reasonable accommodations are made for individuals with disabilities. The Agency seeks to hire a diverse workforce, sensitive to the needs of and representative of the populations it serves. In addition, CBHC strives to hire and maintain the highest quality of employees available in the labor market.

Advertisements for vacant or newly created positions are placed in local and other in-state newspapers and on Internet sites. Job announcements are posted and are available for review by each employee so that existing staff have the opportunity to pursue career advancement within the Agency.

CBHC has historically sought and continues to seek Board members who are representatives of the populations served by CBHC. They have either been service recipients, have family members who have received services, or have some other direct experience with the populations served.

## **F. Communication/Technology Status/Barriers**

CBHC is dedicated to effective communication at all levels of service. This includes between the staff and patients, within the agency, and in the community. Signs are used to identify services provided at each location. Entrances and exits are clearly identified.

Major forms, including the **Guide to Services**, have been translated to Spanish, which has been identified as the primary non-English language spoken by CBHC patients. A Children's Guide to Services is also available along with some program specific Guide to Services. The Guide to Services is also available in large print. Language interpretation services are available, when necessary, via Language Line translation and interpretation services. For those patients who are deaf and hard of hearing who communicate via sign language, Language Line provides video translation services. At times, live interpretation services are provided when requested. Also, TTY/TDD telecommunications devices are available at all locations for patients who are deaf and hard of hearing.

Effective communication between staff in all departments is difficult to achieve and requires ongoing attention and effort. CBHC has developed a variety of strategies to aid internal communication. Management and Executive Management share Agency and Program information on current activities and future events and training may be provided. The Management Committee meets monthly and the Executive Committee meets bimonthly. All programs have periodic staff meetings where agency information and staff concerns are shared. Numerous staff is involved in various committees, where they participate in overall agency issues, functioning, and improvements.

Advancements in technology have been implemented to increase the availability of email as well as interdepartmental verbal communication through an improved data/telecommunications network. Email is a frequently utilized mode of communication, which bridges gaps for staff in most programs and locations. The Agency has implemented an electronic health record (Anasazi), which is improving communication and access to information. The Agency has shortcuts on all employee desktops which provide easy access to common documents and forms. Patients are contacted via text and by phone tree to receive reminders about appointments or cancellations. Community based staff are provided agency issued Smart phones and laptops in order to ensure seamless communication and for functionality to work in the community. Teleservices is used at times to provide therapy or psychiatric services to expedite services. These services are provided remotely via software programs which make accessing treatment a possibility while protecting privacy and being HIPPA compliant.

Healthy Minds, the agency's newsletter, has been revised and improved in order to facilitate enhanced communication. The Agency's goal is communication from the bottom up and from the top down. Strategic Planning encourages this type of communication and periodic staff satisfaction surveys provide information on the effectiveness of agency communication.

The Agency has a Public Relations Department that continually provides information about the Agency, programs, and services to the community throughout the year. Agency and educational information on mental illness, substance use, etc., is frequently provided to stakeholders by the CEO and Program Directors. CBHC routinely and actively promotes and participates in annual mental health and substance use awareness events. The Public Relations Department promotes awareness and heightens accessibility to the Agency through many events. Activities range from speaking to community groups about Agency services to raising public awareness of the Agency through the Summer Ball, the Mental Health Awareness Month, Recovery Month, Child Abuse Awareness Month and Breast Cancer Awareness Month.

CBHC routinely and actively promotes its services. With the use of Search Engine Optimization, CBHC now has three Facebook pages, one for each of its locations, three websites, and one for each location and a peer blogger who publishes on the CBHC website. CBHC recognizes the importance of modern technology and the use of web and social media as an outlet to provide information about the agency, promote accessibility and to increase awareness. Routinely, newspaper interviews and press releases are used to increase awareness along with visits to local physicians' offices in Charlotte and DeSoto Counties. CBHC is a member the Chamber of Commerce for Charlotte County, Punta Gorda, Englewood and DeSoto County. CBHC visits the schools in Charlotte and DeSoto County which provides an opportunity to educate the students and staff and further promote awareness. CBHC partners with various community sponsors to further support our mission.

### **G. Transportation Status/Barriers**

CBHC seeks to ensure that individuals served are not limited by lack of transportation or by options that may not accommodate their disabilities. The agency, when possible, has attempted to remove the potential for transportation barriers by providing services in patient homes and schools. Charlotte County does not have a public bus system, which creates significant challenges for our patient's. Dial-A-Ride and Sunshine Ride provides services in Charlotte County but are limited. Patient's often express valid concerns about the timeliness and reliability of these services. As a result of this limited transportation in Charlotte County, CBHC opened Northside Psychiatric Services in north Charlotte County to serve patients in this area. CBHC will continue to communicate with Charlotte County, Dial-a-Ride and Sunshine Ride in order to continue to advocate for improved transportation services for our patient's. CBHC opened DeSoto Psychiatric Services in Desoto County to further expand services. DeSoto County has a traditional bus transportation system which allows for patients to easily attend appointments without a transportation barrier. Agency staff also assists patients in accessing other types of medical and non-medical transportation, as appropriate and available. Furthermore, agency vehicles are available to provide transportation to activities for some patients, as appropriate.

### **H. Community Integration**

CBHC believes that patients should be integrated within their community in order to function as contributing members of society. Barriers to community integration include anything that prevents patients from returning to their communities. The major barriers faced by CBHC patients are a lack of local services and community stigma against mental illness.

Community resources are readily available to patients through our Guide to Services and website. Patients within all programs are actively linked to community agencies. The CBHC Therapeutic Family Care actively attempts to integrate patients into the community by using the Cultural Center. CBHC has active Mental Health and Drug Court programs which seek to provide mental health and co-occurring treatment to patient's with legal issues. CBHC provides Crisis Intervention Training, a sensitivity training, to local Law Enforcement Officers in effort to reduce stigma and improve treatment of patients who find themselves involved in the legal system.

Staff trainings, such as "Person and Family-Centered Services" are provided at New Hire and reiterated in the Annual Refresher. These trainings emphasize the recovery model that includes key components: Self-direction, individualized and person centered treatment, empowerment, is holistic, non-linear, strengths-based, encourages peer support, respect, responsibility and hope. CBHC staff is encouraged to reintegrate patients into the community and develop community involvement. Furthermore, CBHC attempts to educate



staff on local resources and provide updates on resources via email announcements, newsletters, staff trainings and regular meetings.

**Status Update 2017-2018**

Goal	Person Responsible	Target Date	Status
Increase availability of services for inpatient adolescents through CSU expansion project	J.Glynn, D.Rogers, and V. D'Agostino	January 2017	Complete
Improve accessibility and security of buildings A and B through updates approved by the Board.	Safety and Executive Committees	July 2018	In Progress
Provide community education to reduce stigma through staff certification in Adult and Child Mental Health First Aid training.	Gina Wynn and David Stone	December 2017	Complete

**Status Update 2016-2017**

Goal	Person Responsible	Target Date	Status
Increase availability of services for inpatient adolescents through CSU expansion project	Derek Rogers, Victoria Scanlon	January 2017	In progress
Improve accessibility and security of buildings A and B through replacement of front doors. With DA opener installed in Building A and wireless magnetic locks with pushbutton at reception area.	Michael Jines/ Victoria Scanlon	February 2016	In Progress
Improve access to care for patients experiencing multiple admissions to Crisis Stabilization Units	Victoria Scanlon	November 2016	Complete
Reduce barriers to services by allowing patients to engage in services immediately	Jean Tucker, Victoria Scanlon	May 2017	Complete

**Status Update 2015-2016**

Goal	Person Responsible	Target Date	Status
Increase availability of services for inpatient adolescents through CSU expansion project	J.Glynn, D.Rogers, and V. D'Agostino	January 2017	In progress
Improve accessibility and security of buildings A and B through replacement of front doors. With DA opener installed in Building A and wireless magnetic locks with pushbutton at reception area.	Steve Wynn/ Victoria D'Agostino	February 2016	In Progress
Provide education to the Sheriff's department and increase partnership through Addiction Recovery Initiative.	Victoria D'Agostino	January 2016	Complete
Provide wireless access to patients in waiting areas.	Will Fraley	January 2016	Complete
Increase access to services to children and adults in Desoto County.	Victoria D'Agostino, Jean Giebler	April 2016	Complete