

# **Smith Community Mental Health Accessibility Plan 2021-2023**

## **ACCESSIBILITY PLAN**

### **Title I, Title II, Title III & Title VI Americans with Disability Act of 1990 (DCF ADA Deaf and Hard of Hearing Settlement Agreement January 2010)**

In support of our mission and values as an organization, Smith Community Mental Health (herein referred to as SCMH) is actively involved in maximizing accessibility to facilities, in its service deliveries, as well as provides the highest professional relationships for all our clients and families.

While SCMH strives to provide services at all hours, in locations, in environments and with staff patterns designed to maximize easy access to services, we also recognize that barriers present in many forms and have the potential to impact not only persons served, but community partners and staff as well. Those barriers may include architectural, environmental, attitudinal, financial, employment, communications, transportation, and other barriers not specifically identified.

In an effort to identify and remove potential barriers, SCMH annually assesses, develops initiatives if needed, and initiates renovations and improvements to address the needs. In the event that barriers present themselves which may require extensive time and resources, a corrective action plan is developed and monitored until the appropriate enhancements can be completed.

At all stages of the Accessibility Plan, persons served, staff, and the administrative team of SCMH are involved in the assessment decision making and implementation phases.

SCMH has a Safety Committee comprised of representatives from every facility that meets quarterly. It is a goal of SCMH to raise awareness and as that awareness is raised (particularly among persons served), individuals will be empowered to advocate for reducing /eliminating barriers in the communities in which they live and work.

The SCMH Accessibility Plan is developed from information gathered through the SCMH Architectural Accessibility Plan, Safety Committee Meeting recommendations, and solicited input from our consumers through Consumer Satisfaction Surveys.

The **purpose** of the Accessibility Plan of Smith Community Mental Health is as follows:

To ensure that applicants, employees and clients with disabilities will have the same access to equal employment opportunities as individuals without disabilities in accordance with Title I, Title II, Title II of the Americans with Disabilities Act (ADA) of 1990.

To ensure that clients with disabilities will have access to the same quality of care and opportunities for care as clients without disabilities.

The agency will correct barriers if readily achievable, that inhibit the free participation of individuals with disabilities in all of the programs and benefits provided by the agency to all applicants,

employees, and clients provided such modifications would not pose a significant risk or threat to the health and safety of others.

The agency will provide reasonable accommodations through Auxiliary Aids per the January 2010 Settlement Agreement with the Deaf and Hard of Hearing Plaintiff, when required, for applicants, employees and clients with disabilities as long as the accommodation does not impose an undue hardship on the agency.

The agency will ensure that construction of any agency new facilities used for public accommodation will be readily accessible by individuals with disabilities in compliance with the ADA Accessibility guidelines (ADAAG). Likewise, alterations to existing facilities that provide accommodation will be in compliance with the ADAAG.

## **Architectural**

As of 2021, all facilities owned and leased have been assessed for the Americans with Disabilities Act. All areas that were identified during this assessment meet required standards.

*See annual inspection Building Department Inspection Reports.*

## **Environmental**

SCMH administration ensures that any issues identified by staff with safety concerns are readily address through maintenance staff or a subcontracted provider. Program managers at each facility are responsible for internal Health and Safety inspections as well as overseeing the general cleanliness and environmental condition of all facilities. Each facility has full or part-time cleaning staff to assure that facilities present as clean and safe environments for persons served and staff.

Safety regulations and precautions are strictly enforced and monitored to prevent slips/trips/ falls, fires, poor air quality and seasonal risks. SCMH is designated as a smoke free entity in all facilities and designed smoking areas are not within the entrance to any facility. Staff is routinely tested on their reaction and evacuation response to emergency situations. When an environment is created that results in potential health hazard for persons served or staff, administration quickly responds to protect the health of those involved.

SCMH has staff appointed to participate on the agency safety committee. These members meet quarterly to make recommendations that will create and enhance an environment that promotes comfort for the clients served and staff to ensure optimal effectiveness and productivity.

Carpeting, acoustics, signage and a restriction on any public address announcements create a quiet environment in the areas where therapy and counseling are conducted.

The Quality Improvement Department monitors the program quarterly to ensure adequate compliance.

*ASPECT OF CARE/KEY EMPHASIS: Accessibility*

*CONCERN: Environmental deficiencies may create a barrier to service assess.*

*INDICATOR: To effectively monitor action(s) relative to issues which have been identified on the satisfaction surveys #*

*POPULATION: All SCMH clientele*

*THRESHOLD: 95%*

*INDICATOR CATEGORY: Problem Prone*

*DOMAIN: Appropriateness/Quality and Outcome*

*MEASUREMENT: Client Satisfaction Survey Question #2, and #4*

*DATA COLLECTION: Comprehensive MH/SA Day Program Coordinators, Outpatient Coordinator, CBHA Coordinator, Family Strengthening Coordinator, Targeted Case Management Supervisor*

*ASPECT OF CARE/KEY EMPHASIS: Risk Management*

*CONCERN: Clients and staff should be safe while on agency premises.*

*INDICATOR: Facility safety is assessed monthly for compliance and appropriate maintenance.*

*THRESHOLD: 85%*

*POPULATION: All SCMH clients attending on-site services.*

*INDICATOR CATEGORY: Problem Prone*

*DOMAIN: Prevention*

*MEASUREMENT: Facility Management Monthly Risk Assessments*

*DATA COLLECTION: Comprehensive Day Program Coordinator, Outpatient Coordinator, CBHA Coordinator*

## **Attitudinal**

SCMH strives to be faithful to the vision, mission and guiding principles of the agency as well as to demonstrate consistency between beliefs and actions. The agency is structured and staffed to reflect the diverse needs of our customers, including providing services that are geographically responsive. The agency is committed to cultural competency in an ongoing learning process that enhances and promotes responsiveness in treatment and service delivery to our diverse customers. SCMh actively recruits, hires and trains employees from a culturally and racially diverse population. SCMh maintains trainings that enhance understanding and competency by working within the agency to remove potential barriers such as prejudice, discrimination, ignorance, fear, intolerance and discomfort that may arise in working across cultures and populations.

- The agency will maintain a Cultural Competency Plan that is reviewed annually. All staff will review training in Cultural Diversity and Competency needs as well as the agency plan.
- Quarterly data will be monitored to assess the cultural diversity of agency staff as it related to the diversity of the clients being served.

The Quality Improvement Department monitors the program quarterly to ensure adequate compliance.

*ASPECT OF CARE/KEY EMPHASIS: Human Resources*

*CONCERN: Staffing cultural diversity to meet the client populations the agency serves.*

*INDICATOR: Staffing diversity analysis*  
*POPULATION: SCMH employees*  
*THRESHOLD: <15% variance when compared to client's served.*  
*INDICATOR CATEGORY: Problem Prone*  
*DOMAIN: Appropriateness/Quality*  
*MEASUREMENT: Quarterly Employee Race and Ethnicity Summary*  
*DATA COLLECTION: HR Director*

## **Financial**

SCMH recognizes our responsibility to render the best quality service at as low a cost as possible, taking into account the client's ability to pay. SCMH works with persons served to avoid creating financial barriers to essential treatment that can prevent more serious illness or disability.

SCMH staff assists individuals seeking services to apply for Medicaid and related resources when there are financial needs. The agency has sought out grants and contracts to assist clients who without these available resources would not be able to afford needed treatment. For clients that are eligible, there are funds available to assist with medication needs as well as emergency needs. If a client is not eligible for these available resources, a sliding fee scale will be provided.

*See financial reports and strategic plan.*

## **Communication and Consumer Input**

SCMH promotes ongoing communication with persons with serviced by soliciting consumer input through satisfaction surveys. Every consumer receives an opportunity for reasonable accommodations including a reader for those who are visually impaired. SCMH also provides, at no cost to the consumer, Amplified Hearing Devices for those Hard of Hearing and Certified Sign Language Interpreters for those who are Deaf.

SCMH recognizes the importance of effective communication between its personnel and the communities we serve.

Language barriers can impede access to services and a client's ability to understand important rights and responsibilities. The agency has implemented an organization-wide Limited English Proficiency Policy. The Policy provides for effective language interpretation to ensure access to program services and benefits for clients who have limited proficiency in English. Title VI of the Civil Rights Act mandates that all programs and services receiving federal funds are required to provide language access for all Limited English Proficient (LEP) clients who seek their services.

In the event that a client informs an SCMH staff member that they do not have proficiency in English and identifies the language that they speak, the agency ensures that staff interpreters or paid contractors are available and competent to provide interpreter services. Staff members work together with clients and families to ensure that all forms and documents are thoroughly understood before signatures are gathered.

The Quality Improvement Department monitors the program quarterly to ensure adequate compliance.

*ASPECT OF CARE/KEY EMPHASIS: Accessibility*

*CONCERN: Language barriers can impede access to services and a client's ability to understand important rights and responsibilities.*

*INDICATOR: To effectively monitor action(s) relative to issues which have been identified on the satisfaction surveys # 5*

*POPULATION: All SCMH clientele*

*THRESHOLD: 95%*

*INDICATOR CATEGORY: Problem Prone*

*DOMAIN: Appropriateness/Quality and Outcome*

*MEASUREMENT: Client Satisfaction Survey*

*DATA COLLECTION: Comprehensive MH/SA Day Program Coordinators, Outpatient Coordinator, CBHA Coordinator, Family Strengthening Coordinator, Targeted Case Management Supervisor*

## **Transportation**

The SCMH location has direct access to bus lines providing and easy route to the agency location. For the agency Comprehensive Programs transportation is an available resource provided by the agency. If there is a need for vehicles with handicap capabilities the agency works closely with local transportation companies to ensure clients are able to access these services.

## **Employment**

SCMH does not discriminate against any applicant for employment purposes or an employee because of race, color, creed sex, religion age, handicap, gender or any other bias. Based on an analysis of the demographics of the clients we serve. SCMH actively recruits minority applicants by advertising positions in regional and national minority publications and minority recruitment sources. Any handicapped/ disabled employee shall expect reasonable accommodation to perform their job.

The Quality Improvement Department monitors the program quarterly to ensure adequate compliance.

*ASPECT OF CARE/KEY EMPHASIS: Human Resources*

*CONCERN: Staffing cultural diversity to meet the client populations the agency serves.*

*INDICATOR: Staffing diversity analysis*

*POPULATION: SCMH employees*

*THRESHOLD: <15% variance when compared to client's served.*

*INDICATOR CATEGORY: Problem Prone*

*DOMAIN: Appropriateness/Quality*

*MEASUREMENT: Quarterly Employee Race and Ethnicity Summary*

*DATA COLLECTION: HR Director*

## **Definitions:**

### **A. Title I, Title II & Title III of the Americans with Disabilities Act of 1990**

Title I prohibits discriminatory hiring and personnel practices against qualified individuals, and requires employers to make “reasonable “ efforts to accommodate an individual’s mental health or physical limitations, as long as the accommodation does not present undue hardship on the employer.

Title II prohibits discrimination in all employment practices of state and local governments, regardless of the number of employees.

Title III prohibits private entities from discriminating against individuals on the basis of disability in the full and equal employment of the goods, services, facilities, privileges, advantages, or accommodations that are open to the public.

### **B. Individual With A Disability**

The ADA defines an individual with a disability as a person who has a physical or mental impairment and the impairment substantially limits one or more of the individual’s major life activities; has a record history of such impairment; or is perceived as having such an impairment. The term: “Handicapped person” was used under the Rehabilitation Act of 1973 and resembles the definition of an individual with a disability under the ADA. “Disability” conforms to currently preferred terminology.

### **C. Impairment**

Impairment is defined as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more systems of the body ( such as the nervous and musculoskeletal systems, the respiratory system, the cardiovascular system and the glandular system), or any mental or psychological disorder ( such as mental retardation, organic brain syndrome, emotional illness, and learning disabilities). The Equal Employment Opportunity Commission (EEOC) considers an individual impaired even if he or she uses medicine or a prosthetic device to mitigate the effects of the impairment.

### **D. Major Life Activities**

The EEOC defines major life activities as the basic activities that the average person can perform with little or no difficulty, such as caring for one’s self, performing manual tasks, walking, seeing, breathing, learning and working. The EEOC further includes in its determination the activities of sitting, standing, lifting, and reaching.

### **E. Reasonable Accommodations**

Three meanings under ADA:

- Modifications or adjustments to the job application process which enables a qualified applicant with a disability to be considered for a particular job.
- Modifications or adjustments to the work environment or to the manner or circumstances under which a job is customarily performed, that enable a qualified person with a disability to perform the essential functions of the job.

- Modifications or adjustments that allow the person seeking the services and privileges of a private company that provide public accommodations to enjoy the same benefits or privileges afforded to an individual without a disability.

#### F. Undue Burden or Hardship

The following circumstances are reviewed when determining if a reasonable accommodation poses an undue hardship or agency.

- "Significant difficulty or expensive" in trying to accommodate an individual with a disability, taking into account such factors as : the size of the business, its overall financial resources, the cost of the accommodation; the availability of outside funding to help offset the cost; and the alteration of the nature of the operation of the company.

#### G. Readily Achievable

According to the ADA, the term means easily accomplished and able to be carried out without much difficulty or expense.

#### H. Accommodations- Two Types:

Auxiliary Aids- Examples: Certified Interpreters, note takers, computer aided transcription services, written materials, and other assistive devices, included but not limited to Amplified Hearing Devices. Closed captioned decoders, telecommunication devices for deaf persons (TDDs), videotext displays. Etc. The TDD access will be posted in all job vacancy advertisements.

Barrier Removal- Examples: repositioning shelves, rearranging furniture, rearranging fixtures or equipment, repositioning telephones, widening doors, installing alarm lights, installing grab bars in bathrooms, stalls etc. All barriers to be placed by GCFS will follow the rules, regulations and permitting processes of the municipality of which it is a resident of.

### **Accountability**

The agency Director Donna Lavalley 954-321-2296 x203 is the designated Title VI Coordinator for the organization and is responsible for the overall coordination, development, and implementation of non-discrimination and delivery of equally effective and equally accessible quality service. The Program Manager Michael Houghtaling 954-321-2296 x219 is the agencies ADA 504 Deaf and Hard of Hearing Single Point of Contact.

### **Reasonable Accommodation**

If a client/applicant is visibly impaired at the time of enrollment or application; or has indicated that he/she has an impairment that requires accommodation, the receiving staff will provide the individual with a Request for Reasonable Accommodations form for completion. If the client/applicant is visibly functional as the client/applicant employee's preferred or previously Vision impaired, the accompanying relative/friend/companion will be asked to read to the client/applicant companion the



contents and complete the form for the client applicant. If unaccompanied, the receiving staff will read the form to the client/applicant and assist in completing the form. If client/applicant has another impairment that prevents him/her from completing the form, assistance will be provided by the receiving staff. If the requested accommodation is an Auxiliary Aide, such accommodation will be provided immediately.

If an applicant/client has requested or suggested he/she is able to participate in an activity regularly provided to persons without disabilities due to an architectural barrier, receiving staff will contact the facility Director to make a reasonable attempt to remove the barrier, if readily achievable in accordance with the ADAAG Guidelines and advise the Director. If barrier removal is not readily achievable, a barrier removal not necessarily in compliance with ADAAG will be attempted, as long as the safety of everyone is considered and that the alternate accommodation is readily achievable. Clients who require support to live in their community of choice will have identified needs from the completed reasonable accommodation form addressed, as required, within available resources.

If the applicant/client requests an Auxiliary Aid hearing device, one shall be provided immediately.

In the case of an applicant for employment, the hiring supervisor will first review the application form without regard to the disability, and determine if the applicant will be interviewed. The hiring supervisor, indicating when the interview will occur, will forward the Request for Accommodation form to Human Resources, who in turn will review it with the agency Director.

Current employees may also request reasonable accommodations, and this request should be made through their supervisor, who will forward the request to the Human Resources Director for review with the Director as required.

Upon receipt of a request for accommodations, the agency Director together with the Human Resources will determine if the request can be reasonably accommodated. Requests for accommodation will be reviewed on a case by case basis. During the interview process, the client/applicant/employee will be consulted on the appropriateness of the accommodation. In the case of a client, the Program Director will consult with the individual; whereas in the case of an applicant or employee, the Program Director, Human Resources, and the agency Director will consult with the individual requesting the accommodation.

If the agreed upon accommodation is determined to be reasonable, such accommodation will be made by either the Program Director, Human Resources, and agency Director as appropriate. Human Resources will write a letter to the client or applicant/employee that the accommodation will be provided as requested.

If an alternate barrier removal or Auxiliary Aid is determined (by the client/applicant/employee) to be more readily achievable and to be equally functional as the client/applicant/employee's preferred or previously agreed upon mode of accommodation, the individual will be advised in person by the Program Director prior to implementation.

In determining the reasonableness of the requested accommodation, several factors will be considered to ensure that the decision to accommodate will not pose a significant difficulty or expenses to the facility involved. These factors may include:

## Type and cost of the accommodation

- The financial resources of the facility or program involved in the provision of reasonable accommodations, the number of persons employed as such a program or facility, the effect on expense, or the impact of such accommodation upon the operation of the program, facility;
- The overall financial resources and budgetary limitations of SCMH; and The effect of the accommodation on the fundamental nature of the overall operation of SCMH's business. If the request for accommodation is received from a deaf or hearing impaired individual, Michael Houghtaling who will be the 504 Compliance Singled Point of Contact (SPOC) Coordinator, or designee, will obtain the mode of accommodation in accordance with the reasonable Accommodation for the Deaf and Hard of Hearing- Impaired based on DCF's protocol regarding Effective Communication.

### **Limited– English Proficiency**

The following procedures are to be followed by staff to ensure the accessibility of programs and services to clients or potential clients with Limited-English Proficiency (LEP)

Clients' needs are to be assessed through consulting with the client/potential client concerning his /her preferred communication mode and if applicable with the assigned caseworker, or parent, or other family member, guardians, or other representatives.

Language services include, as a first preference, the availability of bilingual staff who can communicate directly with clients in their preferred language. When bilingual staff are not available, the next preference is a face-to-face interpretation provided by trained interpreters. In the absence of face-to-face interpretation, the agency has will subcontract a telephonic language interpretation service.

If the individual declines the use of the free Voice or Certified Sign Language Interpreter, the client file must be documented to reflect the individual declined the use of the free service. Staff shall suggest that a trained interpreter be present during the encounters to assure that accurate interpretation occurs. Staff must document that every means necessary has been used to assure the client/applicant that the service is available before documenting that the consumer has declined. This information must be placed in the LEP person's file. The interpreter must be proficient in both English and the other language.

Minor children should never be used as Voice or Sign Language Interpreters or be allowed to interpret for a parent when the minor child is the client's child. The use of family members or friends as interpreters could result in the breach of confidentiality or reluctance on the part of the beneficiaries to reveal personal information critical to their situation. A family member or friend may be used as a Voice interpreter ( not a Sign Language Interpreter) if this approach is requested by the LEP individual and the use of such a person does not compromise the effectiveness of services nor violate the beneficiary's confidentiality, and the beneficiary is advised that a free interpreter is available.

In the case of a Deaf Consumer, only a Certified Sign Language Interpreter shall be utilized unless another form of communication has been requested by the consumer and follows the guidelines set

forth as a result of DCF's Deaf and Hard of Hearing Settlement Agreement/Policy.

An effective language assistance program ensures that written material that is routinely provided in English to applicants, clients and the public are available in regularly encountered languages other than English.

It is particularly important that vital documents be identified and translated into the non-English language of each regularly encounters LEP group eligible to be served or to be directly affected. It is important to note that in some circumstances verbatim translation may not accurately or appropriately convey the substance of what is contained in the written materials in English.

In order to ensure compliance with the Title VI obligations the Agency will meet the following requirements. To meet "safe harbor" requirements the Agency must meet the requirements of paragraphs one and two as stated below:

- The covered entity provides translated written materials, including vital documents for each eligible LEP language group that constitutes ten percent or 3,000, whichever is less, of the population or persons eligible to be served or likely to be directly affected by the covered entity's program.
- Regarding LEP language groups that do not fall within paragraph 1), but constitute five percent or 1,000, whichever is less, of the population of eligible persons to be served or likely directly affected, the covered entity ensures that, at a minimum, vital documents are translated into appropriate non-English languages of such LEP persons. Translation of other documents, if needed, can be provided orally, and

## **Training**

At the initial new hire orientation meeting, Human Resources will inform all new employees about the Accessibility Plan.

All appropriate staff will be provided with training to include: awareness of the needs of clients/applicants/employees with disabilities, community resource options, how to access auxiliary AIDS assistance technology, "Reasonable Accommodations" requirements for disabled employees, and equal opportunity employment.

## **F. Required Measures for Implementation**

Accessibility will be publicized and promoted through publications, position advertisements, brochures, posters, pamphlets, meeting announcements and training materials: "No person shall, on the ground of age, color, handicap, national origin, race, religion, sex, or sexual orientation, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving or benefiting from federal financial assistance. For space limitations on some marketing materials and supplies throughout the agency, the following statement is provided "Services are provided without any discrimination in compliance with the Americans with Disabilities Act (ADA). We provide reasonable accommodations to all those with a disability as defined under the ADA"

Monitoring and improvement will be done through annual updates, consumer input, facility surveys, review of all special accommodation requests, complaint investigations, and other related compliance activities.

Any educational or informational materials relating to this policy that may be received by the agency Director, Human Resources, or ADA 504 Deaf and Hard of Hearing Single Point of Contact (SPOC), will be shared and distributed among the staff, clients, applicants, and employees.

Dissemination of the plan and any internal reports pertaining to the status of the plan may be made only upon approval and review by the agency administration, and Human Resources. A copy of the plan and subsequent revisions is distributed to the Program Administrators and Directors and the Risk Management Committee. Further, copies may be distributed to persons with disabilities or limited English proficiency upon request.

Human Resources will maintain and provide to the staff, when needed, a list of technical assistance and resources, including government and non-government organizations providing support and referral programs for persons with disabilities.

The following is a summary of any Accessibility issues that are being targeted for Accessibility Plan 2021-2023

## **Architecture**

| <b>Barrier</b>       | <b>Steps Identified</b>  | <b>Person Responsible</b> | <b>Expected Completion Time</b> |
|----------------------|--|---------------------------|---------------------------------|
| Building maintenance | 1. Ensure all risk/safety inspections are completed as procedures dictate.   | 1. All leadership staff   | 1. On-going / as needed         |
|                      | 2. Work with staff responsible for building maintenance to ensure all identified repairs are completed as needs arise. | 2. Department director    | 2. On-going /as needed          |

## **Environment**

| <b>Barrier</b>   | <b>Steps Identified</b>   | <b>Person Responsible</b>                          | <b>Expected Completion Time</b> |
|--|---|--|---------------------------------|
| Continued optimization of space to fit needs of all department staff members | 1. Ensure all staff have adequate and individual space  | 1. All Leadership                                  | 1. On-going / as needed         |
| In efficient air quality filters (Covid Specific)                            | 1. Upgraded air filters to best protect staff and person served from air particles containing viral components. Filters will be changed regularly at intervals recommended. | 1. Building Maintenance.<br>2. Department Director | 1. On-going / as needed         |

### **Attitude**

| <b>Barrier</b>   | <b>Steps Identified</b>   | <b>Person Responsible</b> | <b>Expected Completion Time</b>           |
|--|---|---------------------------|---|
| Strategies needed in order to improve/maintain department morale | 1. Recognition of high performing staff during All-Staff meetings and Quarterly newsletter.           | 1. Program Managers       | 1. Completed monthly and will be on-going |
|  | 2. Work with new hires to determine their individual motivators                                       | 2. Program Managers       | 2. On-going                               |
|  | 3. Continue Quarterly "Smith Palooza" virtual events highlighting self-care and other engaging topic. | 3. Leadership Team        | 3. On-going                               |
|  | 4. Review annual Employee Satisfaction Survey results and share results with all staff                | 4. All leadership         | 4. On-going Annually                      |
|  | 5. Report on staff exit and "stay" interviews tracking trends and                                     | 5. All leadership         | 5. Quarterly                              |

|  |  |  |                           |
|--|--|--|---------------------------|
|  | recommended areas needing improvement. |  | 6. On-going and as needed |
|--|--|--|---------------------------|

## **Finance**

| <b>Barrier</b>   | <b>Steps Identified</b>  | <b>Person Responsible</b>   | <b>Expected Completion Time</b>   |
|--|--|---|---|
| Alternate sources of grant funds needed to serve community   | <ol style="list-style-type: none"> <li>1. Identify community needs</li> <li>2. Identify sources for funding</li> <li>3. Apply for funding</li> </ol>   | 1. Agency and staff leadership team to identify sources of funding and work on developing successful applications.  | 1. Applications for grant-funding will be an on-going process   |
| Successfully reapplication of all sun-setting programs   | <ol style="list-style-type: none"> <li>1. Identify those programs that are ending (sun-setting)</li> <li>2. Explore if funding is available for continuation of services</li> <li>3. Explore if alternate sources of funding are available for continuation of services</li> <li>4. Apply for funding</li> </ol> | 1. Agency and staff leadership team to identify sources of funding and work on developing successful applications.  | 1. Applications for grant-funding will be an on-going process   |
| Ensure all non-exempt staff work 40 hours per week, maximize productive time and follow clock-in/out processes | <ol style="list-style-type: none"> <li>1. Monitor timesheets weekly</li> <li>2. Train staff on requirement on hire</li> <li>3. Collaborate with human resources for counseling staff</li> <li>4. Ensure staff have</li> </ol>  | <ol style="list-style-type: none"> <li>1. All department leadership</li> <li>2. All department leadership</li> <li>3. Administrative leadership</li> <li>4. All department</li> </ol> | <ol style="list-style-type: none"> <li>1. On-going and weekly</li> <li>2. On-going for all new hires</li> <li>3. On-going and as needed</li> <li>4. On-going and as needed</li> </ol> |

|  |                       |            |  |
|--|-----------------------|------------|--|
|  | up-to-date technology | leadership |  |
|--|-----------------------|------------|--|

## **Employment**

| <b>Barrier</b>    | <b>Steps Required</b>   | <b>Person Responsible</b>                                    | <b>Expected Completion Time</b> |
|-------------------|---|--|---------------------------------|
| Covid 19 Concerns | Ensure safe working environments by enforcing strict illness mitigation procedures for both staff and person served.  | 1.All agency leadership                                      | 1. Quarter 1 and ongoing        |
|                   | Ensure efficiently environmental cleaning with appropriate disinfectant products.   | 2. Agency Administration and subcontracted cleaning company. | 2. Quarter 1 and ongoing        |
| Staffing Shortage | Ensure competitive pay.   | 1.Agency leadership  | 1.Ongoing                       |
|                   | Regularly advertise for available positions, track and monitor the development of engaging ads.   | 2. Human Resources   | 2.Ongoing                       |
|                   | Work collaboratively with local universities to work with mastered level inters to train and supervise skills based on agency needs with the potential of possible recruitment. | 3. Agency leadership   | 3.Ongoing                       |

## **Communication**

| <b>Barrier</b>                                      | <b>Steps Identified</b>                                     | <b>Person Responsible</b>   | <b>Expected Completion Time</b> |
|---|---|-----------------------------|---------------------------------|
| Technology needed for telehealth and safe protected | Maintain contracts with doxy.me (HIPAA compliant platform), | 1.Administrative leadership | 1.Ongoing                       |

|  |   |                             |           |
|--|---|-----------------------------|-----------|
| virtual services.  | Zoom for medical practices, and digisigner.   |                             |           |
| The need for virtual capabilities for all signature requirements: consents, releases, acknowledgements, and treatment plans. | Maintain contracts with digisigner and ensure staff availability to send out forms needed for signature as well as tract necessary returns. | 1.Administrative leadership | 1.Ongoing |

## **Transportation**

| <b>Barrier</b>  | <b>Steps Identified</b>  | <b>Person Responsible</b> | <b>Expected Completion Time</b> |
|---|--|---------------------------|---------------------------------|
| Smithcmh has 2 program vans, and 10 sister agency vehicles for staff to use.<br>Transportation is not an identified barrier within the department | 1. Department head to oversees all payment and licensing of vehicles | 1. Department head        | 1. Established and ongoing      |
|   | 2. Appointed staff member handles all vehicle maintenance and upkeep | 2. Department head        | 2. Established and ongoing      |

## **Community Integration**

| <b>Barrier</b>   | <b>Steps Identified</b>  | <b>Person Responsible</b>  | <b>Expected Completion Time</b>                           |
|--|--|--|---|
| Need for continued presence in community action teams, partnerships and workgroups | 1. Continued maintenance of list of partnership and community workgroups       | 1. List is currently maintained by agency directors  | 1. Develop updated meeting attendance list first quarter. |
|  | 2. Develop alternate attendees in case of primary attendee inability to attend | 2. Alternate attendee list is developed and maintained by the individual who attends the meetings. | 2. Continue tracking meetings attended – on-going         |



|  |   |   |  |
|--|---|---|--|
|  | 3. Report out during team leader meetings the outcome of workgroups as needed/when pertinent to department need | 3. Committee report out occurs during Team Leader meeting when needed | 3. Continue reporting out during team leader meetings – on-going |
|--|---|---|--|

### Other

| Barrier                      | Steps Identified | Person Responsible | Expected Completion Time |
|------------------------------|------------------|--------------------|--------------------------|
| No other barriers identified | N/A              | N/A                | N/A                      |