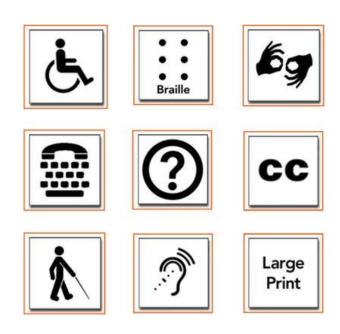


AUXILIARY AIDS AND SERVICE PLAN 2023-2024

For Persons with Disabilities and Limited English Proficiency



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B. Scheduled Interpreter Requests: For scheduled events, employee shall request a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, employee shall take whatever additional actions are necessary to make a certified interpreter available to the deaf or hard-of-hearing participant or companion as soon as possible, but in no case later than two (2) hours after the scheduled appointment
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NON-DISCRIMINATION POLICY

No person shall, on the basis of race, color, religion, national origin, sex, age, pregnancy, marital status, sexual orientation, political affiliation, or disability be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination in any program, service, or activity.

EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY

South Florida Wellness Network, Inc (SFWN) assures each applicant and employee Equal Employment Opportunity (EEO) without regard to age, race, color, sex, religion, national origin, political affiliation, pregnancy, marital status, sexual orientation, disability, or genetic information except when such requirement constitutes a bona-fide occupational qualification necessary to perform the tasks associated with the position. EEO applies to all areas of employment such as recruitment, hiring, appointment, training, promotion, demotion, compensation, retention, discipline, separation, and any other employment practices within SFWN.

Any applicant or employee who believes that they have 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 from the date of the alleged discriminatory act (29 C.F.R. 160.13(a)). 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.).

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 an investigation, proceeding, or hearing; or for opposing alleged unlawful discriminatory practices prohibited by state and Federal laws.

AUXILIARY AIDS AND SERVICE PLAN FOR PERSONS WITH DISABILITIES AND LIMITED ENGLISH PROFICIENCY

1. **GENERAL**

This plan provides for the implementation of policy and procedures for the provision of reasonable modifications and/or accommodations that include auxiliary aids to ensure accessibility to all programs, benefits, and services to persons with disabilities (PWD) and for persons with limited English proficiency (LEP).

2. SCOPE

Provisions described in this policy and procedures apply to all programs, employees, and contracted providers who provide direct services to participants and those seeking services.

3. POLICY

SFWN and its contracted vendors of participant services will make reasonable modifications and accommodations available at **no cost to a qualified person or their companion, when appropriate**, to include the provision of auxiliary aids and services necessary to afford an equal opportunity to participate in

or obtain benefit from programs, services, and activities.

Understanding that a modification or accommodation may not be requested by a qualified participant. SFWN employees will assess for and offer reasonable modifications or accommodations to include necessary auxiliary aids, should employees determine that the current method of communications with the qualified person is not effective due to a disability or Limited English Proficiency (LEP).

- A. Reasonable modifications include changes to policies and procedures and will be evaluated upon request.
- B. Reasonable accommodations may include, but are not limited to, the provision of Braille documents, qualified interpreters, qualified readers, and other assistive devices and will be provided, upon request.
- C. Reasonable steps will be made to provide information and interpretive services in languages other than English.

4. REFERENCES

The plan and associated policy are derived from the following:

- A. Title VI 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
- B. Section 504, Title V of the Rehabilitation Act of 1973, as amended, 230 USC 1681 et seq; 45 C.F.R., Part 80, 84 and 28 C.F.R. Part 41 of the Civil Rights Restoration Act of 1987
- C. Section 508 of the Rehabilitation Act of 1973, as amended
- D. The Omnibus Budget Reconciliation Act of 1981, as amended, 42 USC 9849 and Civil Rights Restoration Act of 1987, Public Law 100-259
- E. The Americans with Disabilities Act of 1990, Title I and II, as amended
- F. CFOP 60-16, Civil Rights, Methods of Administration: Equal Opportunity in Service Delivery
- G.CFOP 60-10, Americans with Disabilities Act (ADA) Accommodation Procedures for Applicants/Employees/General Public
- H. U.S. Department of Health and Human Services (HHS), Office of Civil Rights (OCR), Policy Guidance Title VI Prohibition Against National Origin Discrimination as It Affects Persons with Limited-English Proficiency, Executive Order 13166
- I. Section 110.201(3), Florida Statutes (F.S.), requires each state agency to comply with all federal regulations necessary to receive federal funds

5. DEFINITIONS

- A. <u>Statewide ADA/Section 504 Coordinators:</u> Individuals 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 participants with disabilities requiring aid essential communications. (**Appendix A**)
- B. <u>Aid Essential Communication Situation</u>: 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 primary consideration for the requested auxiliary aid or service is always given.

C. <u>Assistive Listening Devices and Systems (ALDS)</u>: Amplification systems to improve hearing ability in large areas and in interpersonal communication systems. These systems deliver the desired signal directly to the ears or hearing aids of the listener, overcoming the negative effects of noise, distance, and echo.

<u>Auxiliary Aids and Services</u>: Includes qualified interpreters or other effective methods of making aurally delivered materials available to individuals who are deaf or hard-of-hearing; qualified readers, Braille, or other effective methods of making visually delivered materials available to individuals with visual impairments; acquisition or modification of equipment or devices; and other similar services and actions. <u>See</u> 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.

D. <u>Blind</u>: See Visual Impairment

E. Captioning:

- i. (Closed) Refers to converting the spoken word to text displayed in the visual media (video, television, etc.) in a way that it is available only to individuals whose televisions are equipped with captioning decoders
- ii. (Open) Refers to converting the spoken word to text displayed in the visual media (videos, television, etc.) so that it is seen by everyone (i.e., it cannot be turned off)
- iii. (Real Time) The simultaneous conversion of spoken words to text, through computer-assisted transcription or court reporting, and displaying that text on a video screen
 - Real Time Captioning (RTC) 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.
- F. <u>Participant</u>: This term includes anyone applying for employment or participating in the services provided by SFWN, its contracted vendors and their subcontractors. It includes persons making general inquiries or in any way seeking access to or receiving information and/or services from SFWN, its contracted services vendors and their subcontractors, either in person, in writing or via telecommunications.
- G. Companion(s): Any individual who is deaf or hard-of-hearing and is one of the following: (a) a person whom the participant indicates should communicate with SFWN about the participant, such as a person who participates in any treatment decision, a person who plays a role in communicating the participants needs, condition, history, or symptoms to SFWN, or a person who helps the participant act on the information, advice, or instructions provided by SFWN; (b) a person legally authorized to make healthcare or legal decisions on behalf of the participant; or (c) such other person with whom SFWN would ordinarily and regularly communicate about the participant.
- H. <u>Contract Oversight Unit:</u> Section 402.7305(4), F.S. requires the BBHC creates contract management units in each region/ circuit, staffed by individuals specifically trained to perform contract monitoring. These Units are responsible for monitoring the administrative and programmatic terms and conditions of BBHC contracts with providers of client services.
- I. <u>Contracted Services Provider</u>: Any public, private or nonprofit agency or corporation that has entered into a contractual agreement with SFWN, utilizing BBHC funds to provide services directly to the public.
- J. Deaf: 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.
- K. <u>Disability</u>: Condition that substantially limits one or more major life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, lifting, sleeping, and working
- L. <u>Discrimination</u>: The failure to treat persons equally because of their race, sex, color, age (40 and over), religion, national origin, political affiliation, disability, or genetic information. Broward County ordinance includes pregnancy, marital status, and sexual orientation as protected classes.
- M. <u>Dual Sensory Impairment</u>: Term used to describe a person having both a visual and hearing impairment. The term includes all ranges of loss, which would necessitate the use of auxiliary aids and services for communication.
- N. <u>Florida Relay Service (FRS)</u>: A service that enables a hearing person to communicate with a person who is hearing or speech impaired and must use a TDD/TTY, through a specially trained operator called a communications assistant. (**Appendix F**)
- O. <u>Hard-of-Hearing</u>: Term used to describe a person having a permanent hearing impairment that is severe enough to necessitate the use of auxiliary aids or services to discriminate speech sounds in verbal communication
- P. <u>Hearing Impairment</u>: An all-inclusive term used to describe any hearing loss. A person with a hearing impairment could be either deaf or hard-of-hearing.

Q. <u>Interpreter:</u>

- i. <u>Certified Deaf Interpreter (CDI)/Deaf Interpreter (DI)</u>: Individual who is certified or qualified to interpret, individually or as part of a team, to facilitate communication
- ii. <u>Certified Interpreter</u>: 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
- iii. <u>Intermediate Interpreter</u>: A Certified Deaf Interpreter or Deaf Interpreter, also known as a relay or intermediary interpreter, who can be used in tandem with an American Sign Language (ASL) interpreter
- iv. <u>Oral Interpreter</u>: Qualified oral translator with the knowledge and abilities in the process of speech reading, speech production and the communication needs of speech readers
- v. <u>Qualified Interpreter</u>: An individual who can interpret competently, accurately, impartially and effectively, both receptively and expressively, using any specialized terminology necessary for effective communication with a deaf or hard-of-hearing participant or companion
- vi. <u>Sign Language Interpreter</u>: A person who engages in the practice of interpreting using sign language
 - 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.
- vii. <u>Tactile or Close Vision Interpreter (For Deaf-blind Individuals</u>): An individual who accurately facilitates communication between hearing and deaf-blind individuals
- R. Limited English Proficient (LEP): An Individual who does not speak English as their primary language

- and who has a limited ability to read, speak, write, or understand English
- S. <u>Manual Disability Impairment</u>: A condition that limits or prevents the use of a person's upper extremities (arms, hands)
- T. <u>Mental Disability Impairment</u>: Any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities
- U. <u>Mobility Impairment</u>: Term used, within this plan, to describe a condition that substantially limits a person's upper and/or lower body mobility. It includes those persons who have limited use of arms, shoulders; persons who are in wheelchairs or on crutches; those who cannot perform certain hand movements or have difficulty controlling movement; and people with breathing difficulties, stamina limitations, and visual impairments.
- V. <u>Non-Aid Essential Communication Situation:</u> Situation where SFWN has flexibility in its choice of an appropriate auxiliary/accessibility aid or service for deaf or hard- of-hearing participant or companions
- W. <u>Physical Disability</u>: Broad term that includes physiological disorders or conditions, cosmetic disfigurement, and anatomical loss. Includes orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV (Human Immunodeficiency Virus) disease (symptomatic or asymptomatic), and substance use disorder in remission.
- X. <u>Program Accessibility</u>: According to the ADA, 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 ADA intended to make the contents of a program, service or activity equally available and accessible to persons with disabilities without excessive renovations of facilities. (See also: "Undue Burden.")
- Y. <u>Sensory Impairment</u>: General term used, within this plan, to describe the impairment of vision, hearing, or speech
- Z. <u>Single-Point-of-Contact</u>: An individual within each Broward Behavioral Health Coalition Contracted Agency charged with coordinating services to deaf or hard-of- hearing PS (Peer Specialist) and companions according to their obligations under Section 504 and/or the ADA
- AA. <u>Translator</u>: Individuals 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
- BB. <u>TTY/TDD</u>: TTY (Teletypewriter) or TDD (Telecommunications Device for Deaf) (Telecommunications Device for Deaf) are devices used with a telephone to communicate with persons who are deaf or hard- of-hearing or who have speech impairments by typing and reading communications.
- CC. <u>Undue Burden</u>: Term used in conjunction with programs and services (ADA Title II) to mean an unreasonably excessive financial cost or administrative inconvenience in providing modifications and accommodations in which programs, services or activities are conducted, in order to ensure equal benefit 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.

DD. <u>Visual Impairment</u>: Generic term used to describe any loss of vision

6. ACCOUNTABILITY

- A. The Chief Executive Officer in collaboration with the Board of Directors are responsible for the development of programmatic procedures for the implementation of the Auxiliary Aids and Service Plan, as required by the BBHC contract. Programmatic procedures shall supply employee with the necessary tools to provide assistive devices, certified sign language interpreters, qualified readers, and physical or policy modifications that will ensure all programs and services are accessible to persons with disabilities as well as foreign-language interpreters for persons who are identified as LEP.
- B. The CEO (Chief Executive Officer) in collaboration with the Board of Directors is the designated Title II V of the ADA and Section 504 Coordinator for SFWN. The Director is responsible for the coordination, development and implementation of this plan and the agency-wide procedures to ensure the non-discriminatory delivery of equally effective and equally accessible quality services.
- C. All SFWN Employees, Volunteers and Contracted Service Provider Employees are responsible for ensuring equally accessible and beneficial services to all participants and companions with disabilities, and persons who are LEP.
- D. ADA/Section 504 Coordinator: oversees service delivery to deaf or hard-of-hearing participants or companions seeking services from SFWN. The roles and responsibilities include:
 - i. Disseminate specific plans and procedures to fully implement the Auxiliary Service Plan agreement;
 - ii. Analyze data collected in the Auxiliary Aid and Service Record and implement any corrective action plan, if warranted;
 - iii. Answer questions and provide appropriate assistance regarding immediate access to and proper use of appropriate auxiliary aids and services;
 - iv. Keep informed of new technology and resources for ensuring effective communication with deaf or hard-of-hearing persons; and
 - v. Communicate with each Single-Point-of-Contact concerning services to deaf or hard-of hearing participant or companions.
- E. <u>Single-Point-of-Contact</u>: The CEO will coordinate the provision of auxiliary aids and services to deaf or hard-of-hearing participants or companions with disabilities. The roles and responsibilities include:
 - i. Communicate with ADA/Section 504 Coordinator concerning services to deaf or hard-of-hearing participant or companions with disabilities;
 - ii. Ensure that all employees are equipped with the resources necessary to provide effective communication with deaf or hard-of-hearing participant or companions;
 - iii. Ensure that all employees document auxiliary aid services delivered to the deaf or hard-of-hearing participant or companions;
 - iv. Manage service records and report data to the designated ADA/Section 504 Coordinator; and

v. Report resource and/or training needs to the designated ADA/Section 504 Coordinator.

7. DISSEMINATION

Copies of this plan will be distributed to all programs, employees, and volunteers through the CEO and Directors.

8. REVISIONS

The Auxiliary Aids and Service Plan will be updated as needed, but at least annually, no later than August 1 of each year.

9. ENSURING ACCESSIBILITY

The following procedures are to be followed by SFWN employees and contracted service provider staff to ensure accessibility of all programs and services to participant or companions with disabilities or persons who are LEP:

- A. SFWN employees will assess the needs of participant by consulting with the participant regarding his/her preferred communication method, and if applicable, with assigned caseworkers, counselors, parents, family members, guardians, or other representatives.
 - i. For participant who are deaf or hard-of-hearing, employees are required to determine, prior to providing services, the method of communication that the participant feels most comfortable with, and record this information in the participant medical record, utilizing the Customer/Companion Communication Assessment and Auxiliary Aid/Service Record form. (Appendix B)
 - ii. For participants who are LEP, employees shall identify, at first contact, the preferred language including dialect of each participant, and record this information in the medical record, utilizing the Customer/Companion Communication Assessment and Auxiliary Aid/Service Record form.
- B. SFWN employees will be aware of the communication options for persons who are deaf or hard-of-hearing, which may include but not be limited to the Florida Relay Service, TDDs (Telecommunications Device for Deaf), FAX (Telephone Facsimile Transmittal), phone amplifiers, qualified/certified sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, signs, or a combination of these, as appropriate.
 - i. For participants who are deaf or hard-of-hearing, employees are required to determine, prior to providing services, the method of communication that the PS (Peer Specialist) feels most comfortable with, and records this information in the medical record, utilizing the Customer/Companion Communication Assessment and Auxiliary Aid/Service Record form.
 - ii. For participants who are LEP, employees shall identify at first contact the preferred language including dialect of each participant, and record this information in the participant 's file, utilizing the Customer/Companion Communication Assessment and Auxiliary Aid/Service Record form.
- C. SFWN employees will direct requests for auxiliary aides and services to the SFWN official with budget approval over the program/unit;
- D. SFWN official (or designee) with budget approval over the program/unit or facility will approve the request assist employees in obtaining necessary auxiliary aid and/or service;

- E. SFWN employees, upon obtaining approval, will obtain the appropriate auxiliary aid and service.
- F. SFWN employees will make direct requests for modifications to the agencies Single-Point-Of-Contact.
- G.SFWN employees will inform participant or companions with disabilities and participant who are LEP that the use of auxiliary aids, certified sign language interpreters, translators, or foreign-language interpreters will be at no cost.
- H. SFWN employees will document the participant communication assessment in the medical record, utilizing the Customer/Companion Communication Assessment and Auxiliary Aid/Service Record form.
- I. SFWN employees will provide each deaf or hard-of-hearing participant or companion with a Customer Feedback form (**Appendix D**), following their visit.

10. TRANSLATION OF WRITTEN MATERIALS

Written material (vital documents) routinely provided in English to applicants, participant, and the public are to be available in regularly encountered languages other than English. It is vital that documents be identified and translated into the non-English language of each regularly encountered Limited English Proficient group eligible to be served or to be directly affected. Each program will ensure that non-English written materials, such as program forms, brochures, etc., are available to operational employees.

11. COMPETENCY OF INTERPRETERS AND TRANSLATORS

- A. Certification of foreign language interpreters is not required; however, competency is required is demonstrated by:
 - i. Proficiency in both English and the other language;
 - ii. Fundamental knowledge in both languages that include any specialized terms or concepts peculiar to the program or activity;
 - iii. Sensitivity to the person's culture; and
 - iv. Ability to accurately convey information in both languages.
- B. Employees who are utilized to interpret for the deaf or hard-of-hearing shall meet the requirements in CFOP 60-10, Chapter 3.

12. PROVISION OF INTERPRETERS IN A TIMELY MANNER

Staff shall provide interpreters for deaf or hard-of-hearing participant and companions in a timely manner in accordance to the following situations:

A. <u>Non-Scheduled Interpreter Requests</u>. For any emergency situation that is not a scheduled appointment, employee shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the participant, companion or employee requests an interpreter, whichever is earlier. If the situation is not an emergency, employee shall offer to schedule an

- appointment (and provide an interpreter where necessary for effective communication) as convenient to the participant or companion, but at least by the next business day, after a 24-hour period.
- B. <u>Scheduled Interpreter Requests</u>. For scheduled events, employee shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, employee shall take whatever additional actions are necessary to make a certified interpreter available to the deaf or hard-of-hearing participant or companion as soon as possible, but in no case later than two (2) hours after the scheduled appointment.

13. OTHER MEANS OF COMMUNICATION

Employee shall continue to try to communicate with the deaf or hard-of-hearing participant or companion as far as the participant or companion seeks to communicate, between the time an interpreter is requested and the time an interpreter arrives. Refer to **Appendix E** (In-Person Communication Etiquette) as a guide.

- A. Language services include, as a first preference, the availability of qualified bilingual employee that can communicate directly with participant or companions in their preferred language.
- B. When bilingual employee is not available; the next preference is face-to-face interpretation provided by qualified contract or volunteer language interpreter.
- C. Telephone 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.
- D. Sign language interpreters must be certified, unless they are a BBHC employee who has been determined qualified by an Independent Agency.
- E. Minor children should never be used as interpreters.
- F. The use of assistive devices (vibratory alarms) will be incorporated with relevant services (tactile communication) for persons with multiple disabilities such as deafness and blindness.
- G.If the individual declines the use of the free foreign language or sign language interpreter, or other auxiliary aids, the participant medical record must be noted, utilizing the Customer or Companion Waiver for Free Communication Assistance form. (Appendix C)

14. <u>IDENTIFYING LANGUAGE TRENDS</u>

To ensure meaningful access to all programs and services, each program and SFWN contracted providers will recognize language trends by identifying:

- A. Non-English languages that are likely encountered in its programs and estimating the numbers of LEP individuals eligible for services that are likely to be affected by its program. This can be accomplished by reviewing census data, participant utilization data, and the community's organizations. The estimate should be used as a guide for employee recruitment. While identifying languages, inform participant:
 - i. of purpose for collecting data on race, ethnicity and language;
 - ii. that data is confidential and will not be used for discriminatory purposes; and

- iii. they do not have to provide the information if they choose not to provide such information, unless required by law.
- B. Points of contact in the program or activity where language assistance is likely to be needed; and
- C. Resources needed along with the location and availability of these resources.

Report the identified language needs to the Office of Civil Rights or the Regional Civil Rights Officer.

15. MEETINGS/CONFERENCES/FACILITIES ACCESSIBILITY

The following procedures and minimum requirements ensure accessibility of meetings, conferences and seminars to persons with sensory, speech or mobility impairments or LEP:

- A. Facilities used for meetings, conferences and seminars will be reviewed for accessibility by the program sponsoring the activity.
- B. When meetings, conferences and seminars are scheduled, information will be included in the advertisements, conference registration materials or meeting notices that sensory impaired or LEP participants will be provided with necessary auxiliary aids or interpreters at no cost to them. The information will include the name of a contact person and a date by which the request for such assistance must be submitted. The registration process will include a method for determining the number and type of persons with disabilities or LEP needing assistance as well as the type of personal assistance or accommodation requested.
- C. The following provisions are required if sensory, speech, mobility impaired or LEP persons plan to attend the specific meeting, conference, or seminar:
 - i. Certified interpreters for hearing or speech impaired persons;
 - ii. TTY equipment when telephones are provided for use by participants, participant, or the public;
 - iii. TDDs (Telecommunications Device for Deaf) must be provided for participants who are deaf or hard-of-hearing when telephones are provided for use by participants, participant, or the public;
 - iv. Adequate lighting in meeting rooms so signing by interpreter can be readily seen;
 - v. Readers to enable full participation by vision impaired persons;
 - vi. Interpreters for LEP persons;
 - vii. Agenda and other conference materials translated into usable form for visually and hearing impaired or LEP participants;
 - viii. Accessible parking spaces clearly marked with appropriate ramps and curb cuts;
 - 1. 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 mobility-impaired participant requesting it in advance of the meeting. Two accessible parking spaces may share a common access aisle, or
 - 2. Where parking is not available on or adjacent to the site, valet parking or other alternative accommodations for mobility-impaired participants will be provided.
 - ix. Entrance ramps will be available and appropriate (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);

- x. Meeting rooms will be all on one level or capable of being reached by elevators or ramps that can be independently traversed by a mobility-impaired participant;
- xi. Stages, platforms, etc., to be used by persons in wheelchairs will be accessible by ramps or lifts;
- xii. Seating arrangements for persons in wheelchairs will integrate mobility impaired persons rather than to isolate them on the group's perimeter;
- xiii. One unobstructed entrance to each facility;
- xiv.Doors operable by single effort;
- xv. Door handles no more than 48" from floor;
- xvi.Elevator provided if over one story;
- xvii. Sensitive safety edges provided;
- xviii. Controls no more than 48" from floor;
- xix. Controls with Braille numbers or letters;
- xx. Accommodates wheelchair 29" X 45";
- xxi. Accessible restrooms to mobility impaired:
 - 1. Level access for each sex on each floor;
 - 2. Turn-around -space 5' X 5';
 - 3. Door clearance of 32";
 - 4. Grab rails provided;
 - 5. Shelves, racks, dispensers, etc., not more than 48" for forward reach or 54 " for side reach; and
 - 6. Restroom signs indicating accessibility;
- xxii. Wheelchair accessible telephones;
- xxiii. Accessible drinking fountains with cup dispensers; and
- xxiv. Audible and visible fire alarms.

16. NOTIFICATION

The Non-discrimination Policy, LEP and Hearing-Impaired posters will be displayed in buildings' main entrances, lobby areas, waiting areas, and on bulletin boards.

- A. The name, telephone number, and TDD (Telecommunications Device for Deaf) number for the Single-Point-of-Contact will be listed on the hearing-impaired poster to assure accessible services to PS (Peer Specialist) and companions. Descriptive information on the availability of auxiliary aids and services to persons requiring assisting devices or aids will be included in announcements related to meetings, seminars, workshops, and conferences, as well as to services offered by SFWN and its Contracted Service Providers.
- B. Employees shall be notified of all changes/updates to operating procedures and the Auxiliary Aids

and Service Plan within sixty (60) days of such changes.

17. TRAINING

Training is essential to the on-going success of providing Auxiliary Aid/Service to persons with disabilities, deaf or hard-of-hearing, or persons who are LEP.

- A. New employee orientation will include training on Title II and III of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.
- B. All employees will receive mandatory annual training on how to provide assistance to persons with disabilities and persons who are LEP in obtaining assistive devices and/or aids, or other reasonable accommodations. This training will be tracked and will include:
 - i. Procedures for participant and companions who are hearing- impaired, sight-impaired, mobility impaired, and LEP;
 - ii. Awareness of deaf or hard-of-hearing; speech impairments; sight impairments and blindness; reading impairments and dyslexia; and mobility impairments;
 - iii. Available communication options;
 - iv. How to provide reasonable accommodations for qualified participant and individuals seeking services, i.e., how to access or purchase auxiliary aids, interpreter services and physical modifications;
 - v. Requirements for making meetings, conferences, and services accessible; and
 - vi. Awareness of the Auxiliary Aids and Service Plan, including how to access the Plan for reference.

18. COMPLIANCE MONITORING

Monitoring will be conducted by BBHC to assess SFWN compliance with providing accessible and effective services to individuals who are deaf or hard-of-hearing and who are LEP. Monitoring may be conducted on-site or through desk reviews.

19. COMPLIANCE REVIEW

Reviews will be conducted annually or more often when grievances relating to equal opportunity are received on a program, to ensure compliance with all civil rights regulations as they apply to SPI/MHBC, its contracted providers and their subcontractors. Reviews will be conducted on-site and will consist of a full scope or limited scope review.

20. DOCUMENTATION/RECORD RETENTION

Records relating to the Auxiliary Aids and Service Plan, such as the Customer/ Companion Communication Assessment, Auxiliary Aid/Service Record form, and the Customer Feedback form shall be maintained in the participant medical record with copies forwarded to the Quality Improvement and Compliance Division.

SFWN will maintain copies for 7 years to support the agency's monthly reports submitted to the assigned BBHC ADA/Section 504 Coordinator.

21. ACKNOWLEDGEMENT

Proficiency and will ensure that all necessar	ice Plan for Persons with Disabilities and Limited Englishry and appropriate steps are taken to inform and educate
employees of this plan and its implementation	
Chief Executive Officer	Date

APPENDIX A STATEWIDE ADA/SECTION 504 COORDINATORS

Richard (Dick) Valentine, Compliance Manager – Civil Rights

415 N. Monroe Street

Suite 400, Room D-112 Tallahassee, Florida 32303Phone: 850-487-1901

Fax: 850-921-8470 TDD: 850-922-9220

Email: HQW.Office.Of.Civil.Rights.Information@myflfamilies.com

<u>Location</u>	Civil Rights	Contact Information	Mailing address
Headquarters	Sylvia Barge	P: 850-487-1904 C: 850-294-6037	Same as above, Room 116
Northwest Region	Sylvia Barge	P: 850-717-4277 F: 850-921-8470	2415 N. Monroe Street Tallahassee, Florida 32303
Florida State Hospital	Romina Artaza	Phone: 904-813-0814 Fax: 850-921-8470 5920	Circuit 53 100 North Main Street Building 1000 Chattahoochee, FL 32324
Northeast Region Includes NE FL State Hospital & N FL Evaluation and Treatment Center	Romina Artaza	Phone: 904-813-0814 Fax: 850-921-8470 5920	Arlington Expressway Roberts Building, Room 387F Jacksonville, Florida 32211
Suncoast Region	Vacant	Phone: Call 850-487- 1901	
Central Region	Vacant	Phone: Call 850- 487-1901	
Southeast Region	Shenna Fluriach	Phone: 786-257-5218 Fax: 850-921-8470	401 NW 2nd Avenue Suite S- 926C Miami, FL 33128
Southern Region	Shenna Fluriach	Phone: 786-257-5218 Fax: 850-921-8470	401 NW 2nd Avenue Suite S- 926C Miami, FL 33128

APPENDIX B

CUSTOMER/COMPANION COMMUNICATION ASSESSMENT AND AUXILIARY AID/SERVICE RECORD

To be Completed by SFWN Employee for Each Service Date.

To be Completed by Sr WN Employee	ioi Each Service Date.			
Agency:	Program:	Subsection:		
☐ Customer ☐ Companion Name:	Date:	Time:	Record No.:	
□ Deaf or Hard-of-Hearing □ V	isually Impaired	Limited Eng	lish Proficient	
□ Scheduled Appointment □ Non-Sche	duled Appointment	Date/Time:		
Name of Employee Completing Form:				
Section 1: Communication Assessment				
□ Initial □ Reassessment				
Individual Communication Ability:				
Nature, Length, and Importance of Anticipa	ted Communication Situation	on(s):		
☐ Communication Plan for Multiple or Lon	g-Term Visits Completed			
☐ Aid-Essential Communication Situation ☐ Non-Aid-Essential Communication Situation				
Number of Person(s) Involved with Communication: Name(s):				
Individual Health Status for Those Seeking	Health Services:			
Section 2: Auxiliary Aid/Service Requested	and Provided			
Type of Auxiliary Aid/Service Requested:				
Date Requested: Time Requested:				
Nature of Auxiliary Aid/Service Provided: Sign Language Interpreter: Certified Interpreter: Qualified Employee Video Relay Service Other:				
Foreign Language Interpreter: Language Qualified Employee	Line □ Certified (Onsite)	□ Qua	alified (Onsite)	
Interpreter Service Status: ☐ Arriv☐ No Show or Cancellation Without 24 Hr.	al Time: Notice	□ N	let Expectations	
Alternative Auxiliary Aid or Service Provided, Including Information on CD or Floppy Diskette, Audiotape, Braille. Large Print, of Translated Materials:				
Date and Time Provided:				

Section 3: Referral Agency Notification				
Name of Referral Agency:				
Date of Referral: Information Provided regarding Auxiliary Aid or Service Need(s):				
Section 4: Denial of Auxiliary Aid/Service by Program*				
Reason Requested Auxiliary Aid or Service Not Provided:				
Denial Determination made by QI and Compliance Director/CEO or Designee:				
Denial Date:		Denial Time:		

*Denial Determination can only Communication Plan for Ongoing needs

Communication Plan for Identifying All Reasonably Foreseeable "Aid Essential Situations" and Method of Communication to be Used Over Time. (Attach Additional Sheets as Needed):

□ Customer □ Companion

The term "Aid-Essential Communication Situation" shall mean 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 Aid-Essential, meaning that the requested auxiliary aid or service is always provided (e.g., Determination of a Customer's medical, psychiatric, psychosocial, nutritional, and functional history or description of condition, ailment or injury; Discussion of treatment plans; Provision of a Customer's rights, informed consent, or permission for treatment; Determination and explanation of a Customer's diagnosis or prognosis, and current condition; Explanation of procedures, tests, treatment options, or surgery; Explanation of medications prescribed, such as dosage, instructions for how and when the medication is to be taken, possible side effects or food or drug interactions; Explanation regarding follow-up treatments, therapies, test results, or recovery; Communication of relevant information prior to or as soon as possible after putting a person into restraints, including but not limited to the purpose for using restraints and the conditions under which restraints will be removed; Provision of discharge planning and discharge instructions; Provision of mental health evaluations, group and individual therapy, counseling, and other therapeutic activities, including but not limited to grief counseling and crisis intervention; Presentation of educational classes concerning Broward Behavioral Health Coalition programs and/or other information related to treatment and case management plans; Determination of eligibility for public benefits during the intake and review processes, except during completion of the

Federal law requires the Florida Department of Children and Families and its contracted services providers/vendors to furnish appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities. Such auxiliary aids and services may include: qualified sign language or oral interpreters, note takers, computer-assisted real time transcription services, written materials, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, videotext displays, and TTYs.

INFORMATION FOR CUSTOMER/COMPANION COMMUNICATION ASSESSMENT AND AUXILIARY AID/SERVICE RECORD

The Communication Assessment and Auxiliary Aid/Service Record is used at all points of contact with participant or companions who are deaf or hard-of-hearing, Limited English Proficiency, visual impaired or other services that require auxiliary aids or services.

- 1. Complete this form for each service date, including the top information regarding the facility/program/subsection, name of Participant and Companion.
- 2. Document the date and time of arrival of the Participant and/or Companion and Record Number.
- 3. Document the Participant' or Companion's communication challenge (e.g., deaf or hard-of-hearing, visually impaired, or Limited English Proficient).
- 4. Conduct an assessment of the Participant' or Companion's communication ability and complexity of the situation.
- 5. Complete a Communication Plan for foreseeable multiple or long-term visits.
- 6. Inform deaf or hard-of-hearing Participant and/or Companion of the status of employee efforts to secure a qualified interpreter on his or her behalf and the estimated wait until the interpreter will arrive once employee determines that a qualified interpreter is necessary for effective communication.
- 7. **Scheduled Appointment** Ensure that a qualified interpreter is available at the time of the scheduled appointment. If interpreter fails to appear, take whatever additional actions are necessary to make a qualified interpreter available to the deaf or hard-of-hearing Participant or Companion as soon as possible, but in no case later than **two (2) hours** after the scheduled appointment.
- 8. **Non-Scheduled Appointment** Ensure that an interpreter is made available as soon as possible, but in no case later than two (2) hours from the time the Participant or Companion or employee requests an interpreter, whichever is earlier. If the situation is not an emergency, offer to schedule an appointment (and provide interpreter when necessary for effective communication) as
 - convenient to the Participant or Companion, at least by the next business day, but after 24

hours when possible.

- 9. **Individual Health Status or Medical Concerns** Do not use electronic device or equipment constituting an appropriate auxiliary aid or service when or where its use may interfere with medical or monitoring equipment or may otherwise constitute a threat to any Participant' medical condition. Provide alternative means to ensure effective communication with the Participant and document the alternative provided and reason in the Participant medical record.
- 10. **Denial of Auxiliary Aid/Service** If denying a requested auxiliary aid or service, provide a reason for denial of service. Include the name and title of person that made the denial determination along with the time and date.
- 11. **Aid-Essential Communication Situation** In circumstance which the importance, length, and complexity of the information being conveyed is such that the exchange of information between parties should be considered as Aid- Essential, obtain and provide the requested auxiliary aid or service.
- 12. **Non-Aid Essential Communication Situation** When engaging with deaf or hard-of-hearing participant or ccompanions in any communication that is not designated as Aid Essential, staff may decide which auxiliary aid or service will be provided while primary consideration to the request of the Participant or Companion and the effectiveness of the communication.
- 13. **Document** all auxiliary aids and services requested and provided to the Participant, including the date and time provided.
- 14. **Referral Agency Notification** When making referrals, provide advance notice to referral agencies of the Participant' or Companion's requested auxiliary aid or service. Document the notification on the Communication Assessment and Auxiliary Aid/Service Record indicating agency and the requested auxiliary aid or service.
- 15. Place the original form in the Participant medical record and forward a copy to the Single-Point-of-Contact.
- 16. Waiver for Free Interpreter Services If the Participant or Companion declines the offer of the free auxiliary aids and services, provide them with the waiver form to complete. Request they indicate their preferred method of communication. Explain this form to the Participant or Companion using the appropriate auxiliary aid or service, as necessary. Prepare to secure the appropriate auxiliary aid or service in Aid Essential Situations, as needed.

APPENDIX C

WAIVER OF RIGHT FOR FREE INTERPRETER SERVICES OR OTHER AUXILIARY AIDS OR SERVICES

The Florida Department of Children and Families and its contractors are required to provide **FREE interpreters or other communication assistance** for persons who are deaf or hard-of hearing, visually impaired, or if you do not speak English. Please tell us about your communication needs.

My n	ame is:			
☐ I want a free interpreter. I need an interpreter who speaks:				
	Language:	Dialect:		
□ I	I want another type of communication assistan	nce (Check all desired assistance): Large		
	Print Materials: p Braille: p Note taker: p	TTY: p		
	Assistance Filling Out Forms: p Written M	Materials: p		
	Other (Please tell us how we can help you)	:		
	☐ I do not want a free interpreter or any other communication assistance. If I change my mind, I will tell you if I need assistance for my next visit.			
	He/she is over the age of 18. If I choose a entitle my interpreter to act as my Auth	to act as my own interpreter. my own interpreter, signing this waiver does not norized Representative. I also understand that the tertified interpreter to observe my own interpreter		
Part	icipant or Companion Signature:	Date:		
Cust	tomer or Companion's Printed Name:			
Inte	rpreter's Signature:	Interpreter's Printed or Typed Name:		
Witr	ness:	Date:		
Witı	ness Printed Name:	•		

APPENDIX D

CUSTOMER FEEDBACK FORM

SFWN is committed to providing excellent customer service. We value your opinion and request that you complete this short survey to assist us in evaluating and improving our services. While you are not required to respond, we thank you in advance for completing this survey. The survey is anonymous; therefore, please do not provide your name or any other personal information that could identify you. When the form is completed, please mail it to: Spectrum Programs, Inc./Miami Behavioral Health Centers, 11031 NE 6th Avenue, Miami, Florida 33161. If you need assistance completing this form, please contact the Single-Point-Of-Contact at (305) 398-8161; FRS 1-800-955-8771.

Please provide a response to the following:

1	Are you a participant, customer, or companion with deaf or hard-of-hearing?			
	□ Yes			
	□ No			
2	Were you provided an auxiliary aid(s) or interpretive service(s)?			
	□ Yes			
	□ No			
3	What was the nature of the auxiliary aid or service provided to you?			
	□ Sign Language Interpreter			
	□ Certified Interpreter			
	□ Qualified Employee			
	□ VRS			
4	Were you provided an alternate auxiliary aid or service?			
	□ Yes			
	□ No			
	If yes, what were you provided?:			
5	Were you denied auxiliary aid or interpretive service?			
	□ Yes			
	□ No			
6	If yes for 5, what reason were you given for denial of the requested auxiliary aid or interpretive service?			
7	What date was the request for an auxiliary aid or interpretive services made?			

8	Was the auxiliary aid or interpretive services provided within two hours?				
	□ Yes				
	□ No				
	If no, what was the timeframe after the request was made?				
9	Were you informed that all auxiliary aids or interpretive services were at no cost to you?				
	□ Yes				
	□ No				
	Please identify the service or office location in which you were provided the auxiliary aid or interpretive services:				
11	Did you feel that services were provided to you in a nondiscriminatory manner:				
	□ Yes				
	□ No				
12	Did you feel that employees treated you with respect:				
	□ Yes				
	□ No				
13	Use back for Additional Comments:				

APPENDIX E

IN-PERSON COMMUNICATION ETIQUETTE

1. INTERACTING WITH INDIVIDUALS WHO ARE DEAF

Deaf individuals have many different communication needs. Individuals who were born deaf (prelingual 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 s/he was raised, type of education received, level of education achieved, among other factors. Their ability to communicate in a language will vary from not very well to very well.

Some individuals 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 hindered by people who do not enunciate clearly, have mustaches shielding the lips, do not speak or look directly at the person, or that speaks 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 good light source, and keep your hands, gum, and food away from your mouth while you are speaking.

When to use Interpreters: Since communication is vital in the workplace and in service delivery, and the deaf person knows how he or she communicates best, supervisors and employees 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, Department 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 INDIVIDUALS 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:

- The person asks you to repeat yourself several times; and
- The person does not respond 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 demonstrate 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 your note and attempt to read your lips at the same time.
- Use a computer, if feasible, to type messages back and forth.
- Offer to provide an assistive listening device.
- If the person has a service animal, such as a dog, do not divert the animal's attention. Do not pet or speak to the animal.

3. INTERACTING WITH INDIVIDUALS WITH SPEECH IMPAIRMENTS

Be tolerant and sensitive to persons with speech impairment. Please use the following guidelines:

- 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.

4. INTERACTING WITH INDIVIDUALS WITH PHYSICAL DISABILITIES

As with all people, persons with physical disabilities have specific needs. Please use the following guidelines when communicating with a person with mobility or physical impairment:

- 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.
- Do not touch a person's wheelchair 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 wheelchair because it is part of the wheelchair user's personal space.
- Never move someone's crutches, walker, cane, or other mobility aid without permission.
- 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 demean or patronize the wheelchair user by patting him/her on the head.
- Do not discourage children from asking questions about the wheelchair. Open communication helps overcome fearful or misleading attitudes.
- When a wheelchair user "transfers" out of the wheelchair to a chair, toilet, car, or bed, do not move the wheelchair out of reach.
- 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.
- Be aware of the wheelchair user's capabilities. Some users can walk with aid and use wheelchairs because they can conserve energy and move about quickly.
- Do not classify persons who use wheelchairs as sick. Wheelchairs are used for a variety of non-contagious disabilities.
- Do not assume that using a wheelchair is a tragedy. It is a means of transportation/freedom that allows the user to move about independently.

5. INTERACTING WITH PEOPLE WHO ARE VISUALLY IMPAIRED

Persons with visual impairments have specific needs. Please use the following guidelines when communicating with persons who are blind or have a visual impairment:

- The first thing to do when you meet a blind person 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 participant if they would like assistance he or she will let you know.
- When giving directions or describing where things are in a room or in the participant's path, be as specific as possible, and use clock clues where appropriate.
- When directing the participant to a chair, let them know where the back of the chair is, and they will take it from there.
- If the participant has a service animal, do not distract, or divert the animal's attention. Do not pet or speak to the animal unless the owner has given you permission.
- The single greatest communication need is to have access to visual information by having information either read or provided in an accessible format (Braille, audio).

6. INTERACTING WITH PEOPLE WITH DUAL SENSORY IMPAIRMENTS

The means of communication with a participant with dual sensory impairments will depend on the degree of hearing and vision loss. Use all the suggestions in the above sections on hard-of-hearing and visual impairments. The participant with dual sensory impairments have unique and very challenging communications needs. Employees are to use every means of communication available.

7. INTERACTING WITH PEOPLE WITH LIMITED-ENGLISH PROFICIENCY

Many people who are eligible for services cannot effectively use those services because they are not proficient in English. Language barriers prevent us from effectively serving many people. Breaking down these barriers will allow individuals with Limited English Proficiency (LEP) to participate in the programs administered by the Department.

- The way a person with LEP communicates in English will vary from no English, to a little English or to very well. Use the following guidelines when communicating with a participant with LEP:
- Ask the participant if they need 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 participant, not the interpreter. However, the LEP individual 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 participant'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.

• Be patient and sensitive to the needs of the participant with limited LEP.

APPENDIX H FLORIDA -RELAY



Florida Relay

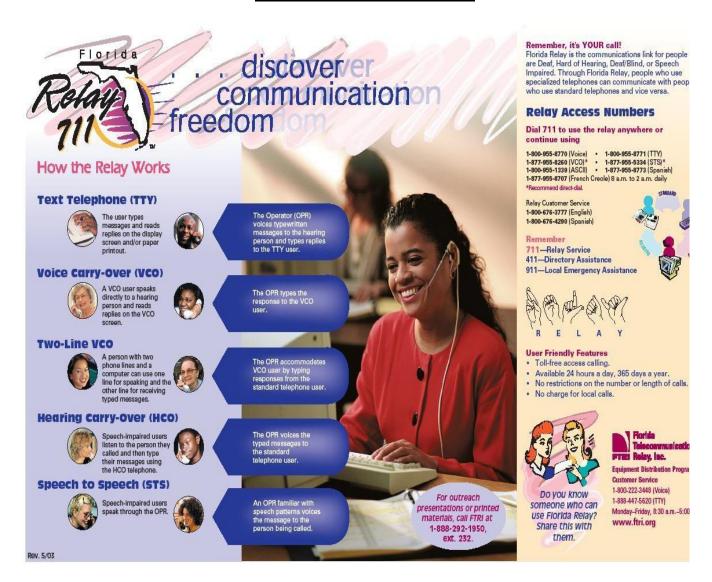
Dial 7-1-1 to get assistance communicating with standard (voice) telephone users.

Florida Relay is a service provided to residents in the State of Florida who are Deaf, Hard of Hearing, Deaf/Blind, or Speech Disabled that connects them to standard (voice) telephone users. Through the use of highly trained Operators, calls can be made 24/7, 365 days (about 12 months) a year allowing our

Florida residents who are in need of Relay services to connect and communicate with anyone at any time.

All calls remain confidential, and no records of conversations are ever maintained.

ABOUT FLORIDA RELAY 711



Florida Relay is the communications link for people who are Deaf, Hard-of-Hearing, Deaf/Vision Impaired, or Speech Impaired. Through the Florida Relay, people who use specialized telephone equipment can communicate with people who use standard telephone equipment.

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)
- 1-800-955-3771 (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 Calls

Thousands of Floridians depend upon Florida Relay every day to make both personal and business phone calls. Here are examples of how the specialized telephone equipment and services work.

Voice (for a hearing caller)

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, do not 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".
- 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.

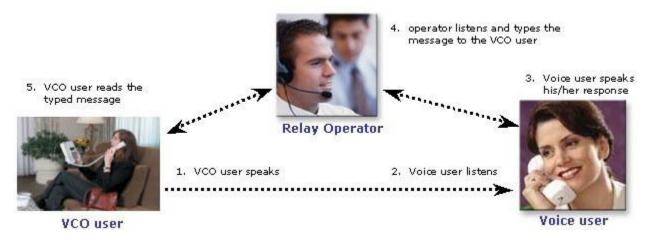
- 1. Dial 7-1-1 for the Florida Relay Service.
- 2. The Relay operator will answer with "Fl Relay OPR 8234" (for Relay operator identification), "F" or "M" (for Relay operator gender) and "GA." ("GA" denotes "go ahead.")
- 3. Type in the area code and telephone number you wish to call and then type "GA."
- 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 a 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.

- Dial Florida Relay 7-1-1.
- A Florida Relay operator will answer "Fl Relay OPR 8234M GA", where "8234" for relay operator identification, "F" or "M" for operator gender and "GA" denotes "go ahead."
- 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 (STS)

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. An STS call can be made from any standard telephone.

- Dial Florida Relay STS number 1-877-955-5334.
- You will hear "Florida Relay Speech-to-Speech operator (number). May I have the number you are calling to please?"
- Voice the area code and telephone number of the party you want to call.
- 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 the 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 CapTelTM 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 is how to make a CapTel call:

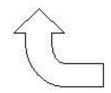
- 1. Get a special CapTel phone at no cost from FTRI.
- 2. When dialing out, simply dial the number of the person you want to call.
- 3. Your CapTel phone will automatically connect to both the captioning service and the party you wish to reach.
- 4. A captionist transcribes everything the party says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

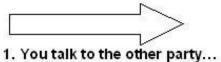
Here is how to **receive a call** using a CapTel:

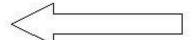
- 1. The voice user calling you should first dial 1-877-243-2823 (toll free).
- 2. Once connected, the voice user then enters your area code and phone number followed by the # symbol.
- 3. Whether it is an incoming or outgoing call, everything the voice user says to you is transcribed into captions that display in an easy-to-read window on your CapTel phone



5. ...for you to read on the CapTel display.







2. ... who talks back to you to hear.



Voice User

Captioning Service



3. Everything they say also goes through a Captioning Service...

4. ...who re-voices what is said to a powerful voice recognition system which transcribes the words into captions...

ATTACHMENT I

AUXILIARY AIDS AND SERVICES RESOURCES

Limited English Proficiency (LEP) and Sign Language Interpreters (EMPLOYEE)

LOCATION/PROGRAM	LANGUAGE	EMPLOYEE NAME	WORK NUMBER
RCC North	Spanish	Ledy Guzman	(954)533-0585
RCC North	Spanish	Yasmin Ribeiro	(954)533-0585
RCC South	Spanish	Christian Hernandez Torrez	(954)533-0585
RCC North	Spanish	Sandra Reyes	(954)533-0585
RCC South	Spanish	Ricardo Torres	(954)533-0585
RCC South	Spanish	Jessica Vazquez	(954)533-0585
RCC North	Spanish	Michael Barcenas	(954)533-0585

DIRECTORY OF AGENCIES AND ORGANIZATIONS

The following agencies or organizations may be able to assist in ensuring accessibility for individuals with disabilities or Limited English Proficiency:

AGENCY	TELEPHONE	TDD or 800	URL/Email
Language Line (Customer ID: 580036)	(800) 752-6096 (800) 752-6096		
Florida Relay Services	(800)955-8770	800-955-8771	www.ftri.org/relay
Florida Division of Blind Services (Visual Impaired)	(305)377-5339		http://www.soflacil.org/
Accessible Communications for the Deaf 10218 NW 47th St, Fort Lauderdale, FL 33351	(954)578-3081	Video Phone: 954-519-2975	http://acdasl.com/
Disability Rights Florida Advocacy Center for Persons with Disabilities	P:850-488-9071 F:850-488-8640	800-346-4127	https://disabilityrightsflorida.org/ https://disabilityrightsflorida.org/