



**COMMUNITY
MENTAL HEALTH**

Accessibility Plan

2023

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Mission Statement

Community Mental Health of Ottawa County partners with people with mental illness and developmental disabilities and the broader community to improve lives and be a premier mental health agency in Michigan.

Introduction

Accessibility is the ability of a person to receive timely mental health services to achieve optimal health and treatment outcomes. It includes the creation of environments—physical, emotional, and intellectual—in which persons with diverse backgrounds feel comfortable and welcomed. To this end, Community Mental Health of Ottawa County (CMHOC) strives to promote accessibility by systematically identifying and reducing or eliminating barriers for consumers, families, stakeholders, staff and the community.

A growing number of individuals experience barriers in the delivery of appropriate mental health services. There are many factors that have the potential to act as a barrier for a person seeking needed services, including availability of services, negative interactions with services in the past, cultural background or the stigma that still persists for those with mental health issues, to name but a few. These barriers and others may negatively impact a person’s ability or willingness to seek supports, the effectiveness of treatment once receiving services, or the long-term health and wellness outcomes over the course of their life.

CMHOC is committed to creating environments that support the achievement of optimal health and treatment outcomes. CMHOC recognizes the value and importance of inclusion and being cognizant of the needs of all stakeholders. To this end, CMHOC is committed to including the input and participation in the ongoing evaluation of needs, accessibility, and the reduction or removal of barriers from a variety of community and stakeholder groups. CMHOC addresses accessibility issues in order to:

1. Enhance the quality of life for those served in CMHOC programs and services;
2. In conjunction with the Cultural Competency Plan, implement nondiscriminatory employment practices and promote culturally aware and responsive supports and services;
3. Meet legal and regulatory requirements;
4. Meet the expectations of all stakeholders in the area of accessibility.
5. Individual’s ability to access CMHOC services in their preferred format

Methodology

Community Mental Health of Ottawa County (CMHOC) has developed and will maintain a comprehensive approach to identifying and working to remove barriers to service provision. Through the completion of an annual Accessibility Plan, CMHOC will identify and initiate efforts to address barriers negatively impacting consumers and community stakeholders. Progress will be monitored and reported as needed, but not less than annually. The purpose of this status report is to make CMHOC staff, stakeholders, consumers, families of consumers, and the community at large aware of barriers to service delivery, appropriate mental health services, and what CMHOC is doing to remove these deterrents. This will help to fulfill CMHOC's mission to improve the lives of persons with mental illness, Substance Use Disorders, and/or developmental disabilities.

The Quality Improvement (QI) Department will assess and prepare an Accessibility Plan and Summary of Initiatives to present to Leadership Group at least annually. This may be done more frequently as needs arise or as requested by Leadership.

CMHOC Commitment to Community Involvement

CMHOC is committed to person-centered and community-focused service delivery. Working with community stakeholders, consumers and advocates, and Ottawa County Human Resources (HR), CMHOC aims to reduce or eliminate any identified barrier that may or may not be expected to negatively impact its ability to meet our mission of improving the lives of Ottawa County residents.

CMHOC will ensure community input and involvement by:

- Soliciting input from the Consumer Advisory Council;
- Using consumer satisfaction surveys to gather input from a larger segment of persons served; and
- Through feedback and input gathered during community forums and community activities.
- Completion of the Stakeholder Survey as a part of the Annual Needs Assessment required by Michigan Department of Health and Human Services (MDHHS.)

Identifying Barriers

To achieve the objective of reducing or eliminating identified barriers, CMHOC shall ensure that:

1. Facilities and Maintenance receives ongoing feedback about the accessibility of physical buildings;
2. The Compliance Manager, in coordination with the QI Department and as part of Health and Safety initiatives, performs a yearly walk-through of all CMHOC operated locations to assess the safety and identify any barriers that may be present;
3. Detailed audits are conducted, which include review of policies related to accessibility, publications, information technology, and the phone service;
4. Quarterly tracking and review of MMBPIS Data, which reviews the following:
 - a. Percentage of Medicaid Recipients served by the CMHSP;
 - b. Timeliness of inpatient screenings;
 - c. Timeliness of assessment following initial request;
 - d. Timeliness from initial assessment date to start of ongoing services;
 - e. Follow-up after an inpatient discharge within seven (7) days;
 - f. Follow-up after SUD Detox discharge within seven (7) days;
 - g. The number of access denials, appeals, and results of appeals;
 - h. The outcomes for patient recidivism; and
 - i. Annual number of substantiated recipient rights complaints in the categories of Abuse I and II and Neglect I and II per 1,000 persons served by CMHSPs and PIHPs.

5. Formal and informal feedback is received, including input from consumer and stakeholder satisfaction surveys, employee evaluations, results of program site reviews, and the review of Incident Reports submitted to the Office of Recipient Rights, are included in the identification and review of potential barriers.

Accessibility Planning

CMHOC will document, using an annual Accessibility Plan, the identification of barriers and actions taken to remediate the accessibility concern noted. The accessibility plan shall:

1. Include the identification of barriers in the following areas:
 - a. Architectural: “physical” barriers at a site, building, or location that prevent or impede access.
 - b. Attitudinal: barriers associated with fears and assumptions that prevent people with and without disabilities from meaningful interaction with one another.
 - c. Communication: lack of alternative communication devices and materials that limit the verbal or written communication with all consumers, families, or other stakeholders.
 - d. Employment: barriers that prevent consumers from obtaining and retaining employment, as well as barriers that limit the accessibility of employees or potential employees.
 - e. Environmental: any location or characteristic of a setting that compromises, hinders, or impedes service delivery and/or benefits to be gained.
 - f. Financial: barriers associated with an organization’s ability to appropriately fund services identified as essential to meet the needs of its consumers.
 - g. Technology: barriers raised by evolving technology.
 - h. Transportation: limitations on a consumer’s ability to reach service locations or participate in service activities.
 - i. Community Integration
 - j. Other identified barriers: other barriers raised by consumers, stakeholders, or others not otherwise addressed above.
2. Include proposed/potential actions to be taken.
3. Include a timeline(s) for all proposed/potential actions.
4. Identification of organizational priority using the following scale:
 - a. A- Requires immediate and specific attention
 - b. B- Continual/Ongoing
 - c. C- As needed
 - d. D- No Action at this time
5. Include a progress report on initiatives to reduce and/or eliminate identified barriers.
6. Ensure any requests for reasonable accommodations made directly to CMHOC are:
 - a. Identified;
 - b. Reviewed, in partnership with Ottawa County HR;
 - c. Decided upon;
 - d. Documented.

Identified Barriers- 2022

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
Architectural	There are big cracks in the sidewalk, which pose as a tripping hazard.	A Building & B Building	Repair uneven paving. Trees are pushing up both sidewalks to get into the Admin building (behind and on the side), in addition the sidewalk to enter B building has large cracks in them.	A	N/A	Building Manager	A Building cracks have been repaired. Walkway behind Public Health to A Building has been replaced. 03/24/23 – Email sent addressing sidewalk cracks posing a tripping hazard by Building B.
	Parking Lot between A and B building needs to be repaved	A Building & B Building	Repair uneven pavement	A	Pending	Building Manager	Pending information from the County
	Remove rocks in parking lot as they pose an accessibility barrier from parking to building	A Building & B Building	Remove rocks from parking lot when it is getting repaved, multiple hazards due to these rocks	A	Pending	Building Manager	Pending information from the county Email sent on 03/24/2023 to Facilities and Maintenance (Abby Ritter) requesting removal of rocks as they pose an accessibility barrier. The pile of rocks is located adjacent to the accessible parking space closest to B Building. They block access to a person using the accessible parking space.

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
	The curb ramp is not level, has large cracks, and is unstable.	B Building	Reconfigure curb ramp and repair uneven paving. Request facilities to assess current status again in Spring 2018.	A	N/A	Building Manager	Will need to check if was addressed in the remodeling. Email sent to Facilities on 03/24/23, letting them know that the curb ramp is not level and has large cracks.
	Gender Neutral bathrooms	Admin, Clinic, B Building	Incorporate a single stall bathroom that can be identified as gender neutral. Correlate signs with the Grand Haven location	A	Summer /Fall 2021	Building Manager HR Committee	Admin and Clinic— Facilities continues to work on placement/location – Rich had emailed Facilities in the past, still hasn’t been completed. There is a one stall private bathroom available on the clinic side if needed. Building B—gender neutral bathroom is located in the JJI side of B building and available in the Training Center Room.
	Staff entrance/exit doors in A Building (admin side) do not close properly and require a great deal of force to open and close depending on the time of year.	A Building	Coordinate with Facilities to fix	B	Fall 2022	Building Manager	A new door was installed so it is easier to open and no longer sticks. Put signs on the door reminding staff to close the door properly.

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
	Door on clinic side in A building will not lock						Need to check clinic side door, see if there's still issues.
	Van Accessible Signage and painted parking spot lines	B Building parking lot	Update signs and parking lot lines so they are visible	A	Pending	Building Manager	Work order submitted to Facilities & Maintenance to update signs and parking lot lines. Scheduled to be completed when parking lot is repaved. On 03/24/2023 email.
	No Parking Fire Lane sign by A building is faded and difficult to read	A Building Parking Lot	Coordinate with Facilities to have new signs installed	B	Fall 2022	Building Manager	Work order will be submitted to correct these signs. Email sent on 03/24/23 to Facilities (Abby Ritter) that the "No Parking Fire Lane" signs are faded and difficult to read next to A Building.
	Lactation room and changing table station	Fulton	Install lactation rooms and changing table stations to improve accessibility	A	Pending	Building Manager	Work order submitted to Facilities & Maintenance for changing table. Lactation room will be set up by Fulton Building Mgr. Will check with Leah McConnell to check status. Was going to set up a lactation room and changing table.

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
							Emailed Facilities on 03/24/23 (Abby Ritter) requesting a changing table be installed in the lobby bathroom.
	Lack of CMHOC Signage	B Building	No signage designating where CMHOC in B Building is located	B	Pending	Building Manager	Sign identifying where to find B Building CMHOC; is removing overhang over drop-off driveway in front of B building at the same time they are refacing the brick work of the building. Will have to do walk through, not sure if they put one up after the remodeling.
	Lack of accessibility to staff entrance on side of building B. Is currently a step entrance, not ramp	B Building	Smooth and add ramp to staff's entrance	B	Pending	Building Manager	Completed with the remodeling.
Attitudinal	Stakeholders and community members identified ongoing stigma as a barrier.	All	CMHOC's Customer Services Department regularly distributes newsletters, press releases, and CMHOC employees attend anti-stigma events. CMHOC requires all staff including contractual providers to take Cultural Competency and Limited English Proficiency trainings	B	Ongoing	Customer Services All CMHOC staff	Continue to address and promote positive mental health associations

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
Communication	Actively recruit bilingual (Spanish/English) staff members as vacancies arise utilizing new and innovative recruitment efforts.	All	CMHOC provides translation services for a variety of languages upon request. Most informational materials are printed bilingually (Spanish/English.) If documents are needed in other languages, they will be translated in the requested language.	C	Ongoing	Hiring Supervisors	<p>CMHOC has hired multiple staff who are bilingual (English/Spanish), and continue to pursue as staff vacancies happen; hired 3 bilingual staff in FY 2022 and a family services staff will be a certified translator by the end of 2022</p> <p>Need to check on how many bilingual staff we have. – Emailed supervisors (Ann Heerde, Michele VanderSchel, and Beth Durkee) on 06/26/2023</p> <ul style="list-style-type: none"> -Family Services have 5 bilingual staff, none are certified to provide interpretation services. -MI doesn't have any bilingual staff. -Bethany Christian Services has 3 Spanish speaking MH Clinicians. -For SUD services, Arbor Circle has one therapist that speaks Spanish. <p>-Working with Associated Language consultants for additional interpreters needed such as for Swahili and Arabic.</p>

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
							<p>-Use the Language line.</p> <p>Check if we have translation services for other languages (IPAD)</p> <p>-Check who we use</p> <p>-Language International</p> <p>Otter program for hearing impaired.</p>
Employment	The DD Satisfaction Survey cited a lack of employment options for individuals with I/DD and individuals with MI.	All	CMHOC partnered with Disability Network: Lakeshore, to provide a McCarron/Dial Work Evaluation Report for CMHOC consumers looking for employment; MRS; and contractual providers to assist in the coordination, support and development of community employment opportunities	B	Ongoing	DD Team Supervisor	<p>Don't work with Disability Network anymore.</p> <p>Have a contract with Michigan Rehab services:</p> <p>-MRS Counselor is spending Mondays in our building to increase accessibility.</p> <p>-We have assigned a staff person to be our liaison for MRS to increase communication.</p> <p>-We are working on streamlining the referral and application process for MRS to reduce the time that people served need to wait.</p> <p>- We have increased our provider network to include those that are contracted with MRS so that the transition between MRS</p>

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
							<p>funding and CMH funded services will be seamless</p> <p>We are finalizing an outcome-based payment model so that providers will be incentivized monetarily to fade, increase hours worked for people served, and support employment longevity for people served.</p> <p>Supports Coordinators and DD supervisors will be participating in SELN training.</p> <p>We had a meeting with the County who is interested in hiring people served to clean the buildings starting in October and to run a café in the new Courthouse.</p> <p>We are also working with the County to hire people served into the Parks department. At least one person has an interview.</p>
Environmental	In hallways, there are white noise machines on the floor and are tripping hazards.	Grand Haven & B Building	Place white noise machines in an alternate location.	B	Ongoing	Building Designee	There are less machines being used, and staff are instructed to remove from hallway when not in use. Continue to monitor as more staff and consumers

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
							utilize the office space; label them to say, “put away immediately after meeting has concluded”; check with maintenance to see if they can be mounted. Maintenance didn’t want to do that, thought it would be better to put away after use.
Financial	Provider Network Capacity-Providers having a challenging time hiring individuals due to current hire rate	All	Target hourly pay for provider staff to increase by 20%. Start with our a few of our targeted providers	A	Winter 2022	Leadership Group	Direct Care Worker wage increase was applied to incentivize new hires; Lynne Doyle has been working with GRCC to create a Direct Care Worker course/classes that train and provide certification to increase the number of available employees; -sent an email to Lynne on 06/26/2023 to get a status update Bill is part of Statewide Training Guidelines Workgroup
Technology	Access to Telehealth services	All	CMHOC implemented a telehealth policy, sent out consumer satisfaction surveys on the telehealth services they’ve received, evaluate results when they come in, and are currently evaluating the Netsmart telehealth platform module. For those who did/do not have access to technology to support these services,	D	Ongoing	All CMHOC Staff	MDHHS put out a new guidance for Telehealth. -As needed, periodic reviews if it’s beneficial to be used. -People using it need to have the proper training, equipment, and supports to be able to use it.

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
			computer access in buildings for consumer use				Continue to work with consumers and their guardians when they run into technical issues; provide telehealth services as a choice, not a requirement
	Utilization of new technology to assist in service delivery, safety for employees and consumers,	All	Now have IPADs, E-Sertifi, Updox, PERS, providing a variety of ways for consumers to grant their consent for services and implementation of services	A	Ongoing	All clinical staff Customer Services	Initial and ongoing training on new technology to increase ease and safety of services provided and documentation collection
Transportation	Consumers and community stakeholders have identified transportation as an ongoing barrier to accessing services and community activities.	All	CMHOC promotes access to a variety of transportation options within the community, including private and public providers. CMHOC maintains a fleet of safe, reliable transportation for employees and consumers. Where there are limitations to transportation access, such as dislocated areas within the county, CMHOC schedules home visits by clinicians and staff.	B	Ongoing	All clinical staff Customer Services	Have additional contracts for transportation services, ongoing to continue to explore other options. Locations are on bus routes, limited if it goes to the consumers' homes.
	Finding Contracted Taxi Service Providers	All	Continual outreach to transportation service providers, mass public transports, to retain, maintain, and obtain consumer transportation	B	Ongoing	Contracts	Met with Kaizen Health Medical Transportation and are still exploring how to best utilize to improve transportation services. Need to check where we're at with this. Rick's transportation could be an option.

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
	No designated “van accessible” space.	B Building	Install sign under sign and update parking spot lines with new paint and with International Symbol of Accessibility that reads “Van Accessible.”	A	Pending	Building Designee	Continued efforts to coordinate with facilities to put van accessible signage and parking lot lines in place. Anticipated completion with parking lot resurfacing. Sent an email on 03/24/2023 to Facilities (Abby Ritter) that there is no designated “van accessible” space. Need to install a sign and update parking spot lines with new paint and with International Symbol of Accessibility that reads “Van Accessible”.

Identified Barriers- 2023

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
Architectural	There are big cracks in the sidewalk, which pose as a tripping hazard.	A Building & B Building	Repair uneven paving. Trees are pushing up both sidewalks to get into the Admin building (behind and on the side), in addition the sidewalk to enter B building has large cracks in them.	A	N/A	Building Manager	Have repaired some of the cracks, but the trees continue to cause raised areas in the sidewalk. Continue to follow up with Facilities and Maintenance.

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
	Parking Lot between A and B building needs to be repaved	A Building & B Building	Repair uneven pavement	A	Pending	Building Manager	Pending information from the County. Will continue to follow up with Facilities and Maintenance.
	Remove rocks in parking lot as they pose an accessibility barrier from parking to building	A Building & B Building	Remove rocks from parking lot when it is getting repaved, multiple hazards due to these rocks	A	Pending	Building Manager	Pending information from the county. Continue to follow up with Facilities and Maintenance.
	The curb ramp is not level, has large cracks, and is unstable.	B Building	Reconfigure curb ramp and repair uneven paving. Request facilities to assess current status again.	A	Pending	Building Manager	Still present, continue follow up to get cracks repaired.
	Family bathrooms	Admin, Clinic, B Building	Incorporate a single stall bathroom that can be identified as a family bathroom. Correlate signs with the Grand Haven location	A	Pending	Building Manager HR Committee	Admin and Clinic— Facilities continues to work on placement/location Building B—family bathroom is located in the JJI side of B building and available in the Training Center Room.
	Staff entrance/exit doors in A Building (admin side) do not close properly and require a great deal of force to open and close depending on the time of year. Door on clinic side in A building will not lock	A Building	Coordinate with Facilities to fix	B	Monitor	Building Manager	A new door was installed so it is easier to open and no longer sticks. Put signs on the door reminding staff to close the door properly. Door on clinic side has occasional issues with closing and locking which is addressed by facilities and maintenance through submitted work orders.

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
	Door to the clinic area doesn't stay open. People struggle to push a wheelchair through the door while holding it.	A Building	Install a handicap accessible button to hold the door open for those that need it.	A	Pending	Building Manager	Follow up with facilities to install a handicap accessible button.
	No "Van Accessible" Signage and painted parking spot lines	A Building, B Building, Fulton Street parking lot	Install "van accessible" sign (B Building) under handicap sign and update parking spot lines with new paint so they are visible (All Buildings).	A	Pending	Building Manager	Continue to follow up with facilities to put van accessible signage and parking lot lines in place.
	No Parking Fire Lane signs by A building are faded and difficult to read	A Building Parking Lot	Coordinate with Facilities to have new signs installed	B	Pending	Building Manager	Work order will be submitted to correct these signs.
	Lactation room and changing table station	Fulton	Install lactation rooms and changing table stations to improve accessibility	A	Completed	Building Manager	Changing table has been installed. Lactation room will be set up by Fulton Building Mgr.
	Lack of CMHOC Signage	B Building	No signage designating where CMHOC in B Building is located.	B	Pending	Building Manager	Sign identifying where to find B Building CMHOC
	Lack of accessibility to staff entrance on side of building B. Is currently a step entrance, not ramp	B Building	Smooth and add ramp to staff's entrance	D	Completed	Building Manager	Cement ramps have been created to the side entrances at B Building
	Barrier on counter, not accessible for those in a wheelchair	Fulton	Remove barrier.	A	Pending	Building Manager	Talk to Building Manager to remove barrier.

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
	Hands-free faucets in the bathrooms.	A Building, B Building, Fulton	Coordinate with facilities to install hands-free faucets in all the bathrooms.	B	Pending	Building Designee	Submit a request to Facilities and Maintenance.
	Sidewalk between Public Health and A Building is not level, poses a tripping hazard	A Building	Repair uneven sidewalk.	A	Pending	Building Manager	Still present, have a cone to prevent tripping. Continue to follow up to get repaired.
	Have cups on wall by the water fountain. Change water fountain to filling station water fountain.	A Building	Install new water fountain that has an option for filling water bottles and have cups on the wall by the water fountain instead of in the bathroom.	B	Pending	Building Manager	Coordinate with Facilities and Maintenance.
	Cracked tile in entryways, pose a tripping hazard	A Building, B Building	Repair cracked tile.	A	Pending	Building Manager	Continue to follow up with Facilities and Maintenance.
	No wheelchair accessible buttons for bathrooms.	A Building, B Building	Install wheelchair accessible buttons by the bathrooms. (On Clinic side in A Building, and all the bathrooms in B Building)	A	Pending	Building Manager	Coordinate with Facilities and Maintenance.
	Clinic bathrooms are not wheelchair accessible even though they indicate they are on the sign, need bars and a bigger stall for a wheelchair.	A Building	Remove stall walls and install bars.	A	Pending	Building Manager	Coordinate with Facilities and Maintenance.
	Water fountain in office area needs push buttons	B Building	Replace water fountain with one that has push buttons.	B	Pending	Building Manager	Coordinate with Facilities and Maintenance.
Attitudinal	Stakeholders and community members identified ongoing stigma as a barrier.	All	CMHOC's Customer Services Department regularly distributes newsletters, press releases, and CMHOC employees attend anti-stigma events.	B	Ongoing	Customer Services All CMHOC staff	Continue to address and promote positive mental health associations

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
			CMHOC requires all staff including contractual providers to take Cultural Competency and Limited English Proficiency trainings				
Communication	Actively recruit bilingual (Spanish/English) staff members as vacancies arise utilizing new and innovative recruitment efforts.	All	CMHOC provides translation services for a variety of languages upon request. Most informational materials are printed bilingually (Spanish/English.) If documents are needed in other languages, they will be translated in the requested language.	C	Ongoing	Hiring Supervisors	CMHOC has hired multiple staff who are bilingual (English/Spanish), and continue to pursue as staff vacancies happen; hired 3 bilingual staff in FY 2022.
	IPADS for translation	All	Use IPAD for Language Line, available at front desk if needed.	C	Ongoing	QI	Use of Language Line will be explored.
	Phone calls often go unanswered, and texting is the preferred method of communication for most	All	Low barrier access to a text line.	C	Ongoing	QI	Will explore options for various texting lines.
Employment	The DD Satisfaction Survey cited a lack of employment options for individuals with I/DD and individuals with MI.	All	CMHOC partners with MRS for increasing employment services; and contractual providers (Preferred Employment, MOKA, and Goodwill) to assist in the coordination, support and development of community employment opportunities	B	Ongoing	QI	MRS counselor is spending Mondays at CMH to increase accessibility. CMH has assigned a staff person to be the liaison with MRS to increase communication.

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
							<p>CMH is streamlining the referral and application process for MRS to reduce the time that people served need to wait.</p> <p>CMH in process of finalizing an outcome-based payment model so that providers will be incentivized monetarily to fade, increase hours worked for people served, and support employment longevity for people served.</p>
Environmental	In hallways, there are white noise machines on the floor and are tripping hazards.	Fulton	Place white noise machines in an alternate location.	B	Monitor	Building Designee	<p>There are less machines being used, and staff are instructed to remove from hallway when not in use. Continue to monitor as more staff and consumers utilize the office space; label them to say, “put away immediately after meeting has concluded”.</p>
Financial	Provider Network Capacity-Providers having a challenging time hiring and retaining staff due to current wages.	All	Increase hourly wage for Direct Care Workers.	A	Ongoing	Leadership Group	<p>Finalized a Direct Care Worker training course through GRCC to train and provide certification to increase the number of available employees; Training Program Coordinator is part of Statewide Training Guidelines Workgroup;</p>

Category of Barrier	Identified Barrier	Site/ Location	Mitigation/Removal Strategy	Priority	Time Frame	Person(s) Responsible	Progress
							Discussion of \$2.50 hourly increase for DCW wage.
Technology	Access to Telehealth services	All	Appropriate use of Telehealth to provide services in accordance with MDHHS guidelines.	D	Ongoing	All CMHOC Staff	<p>CMHOC Telehealth policy updated to align with MDHHS guidance.</p> <p>Ongoing training with staff on the use of Telehealth.</p> <p>Continue to work with consumers and their guardians when they run into technical issues.</p>
	Utilization of new technology to assist in service delivery, safety for employees and consumers,	All	Use of IPADs, E-Sertifi, Updox, PERS, providing a variety of ways for consumers to grant their consent for services, implementation of services, and service delivery.	A	Ongoing	All clinical staff Customer Services	Ongoing training on new technology to increase ease and safety of services provided and documentation collection
Transportation	Consumers and community stakeholders have identified transportation as an ongoing barrier to accessing services and community activities.	All	CMHOC promotes access to a variety of transportation options within the community, including private and public providers. CMHOC maintains a fleet of safe, reliable transportation for employees and consumers. Where there are limitations to transportation access, such as dislocated areas within the county, CMHOC schedules home visits by clinicians and staff.	B	Ongoing	All clinical staff Customer Services	Have additional contracts for transportation services, continue to explore other options.
	Finding Contracted Taxi Service Providers	All	Continual outreach to transportation service providers, mass public transports, to retain, maintain, and obtain consumer transportation	B	Ongoing	Contracts	Met with Kaizen Health Medical Transportation and are still exploring how to best utilize to improve transportation services.

Conclusion

CMHOC's efforts to reduce, limit, and/or remove barriers that individuals, families, or other community stakeholders may face in accessing services reflects its overall commitment to improving the health of all county residents. The Accessibility Plan is a vital component of those efforts, and works in conjunction with the Cultural Competency Plan, Risk Management Plan, and Performance Improvement Plan to outline and guide the organization's efforts to ensure inclusive, accessible, and community-focused supports and services throughout Ottawa County.

CMHOC's efforts to promote accessibility include:

- Close partnership with the Ottawa County HR Department on ADA compliance and accommodations;
- Offering alternative locations for services, including home visits and telehealth options, for the convenience of persons served;
- Remaining cognizant that any future development shall consider information obtained from the Michigan Department of Health and Human Services (MDHHS) and the Americans with Disabilities Act (ADA) regarding the most current applicable laws, standards, and guidelines;
- Working closely with Fiscal Services to develop and monitor the annual budget;
- Remaining active with regional and state-wide advocacy efforts to monitor and address funding issues that negatively impact CMHOC's ability to provide medically necessary services;
- Advocating for and promoting inclusive hiring practices, both at Ottawa County and throughout the larger business community;
- Participating in anti-stigma events locally and throughout the state to reduce the effects of stigma associated with mental illness, substance use disorders, and intellectual and developmental disabilities;
- Making resources available for individuals whose primary language is other than English, including translation services, informational materials printed bilingually, and recruitment of bilingual/bicultural staff; and
- Ensuring robust and diverse efforts on gathering input from consumers, families, and stakeholders in all levels of planning and development within the organization.

CMHOC will remain active in promoting and advocating for inclusive hiring practices, accessible service locations, and the development of person-centered service delivery models. It will continue to partner with consumers, families, and community stakeholders in the development and provision of important and vital services throughout the coming year.

Bibliography

CARF International. (2004). *CARF Guide to Accessibility*.

CARF International. (2021). *Behavioral Health Standards Manual*.