

**NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS (NBHS)
ACCESSIBILITY AND ACCOMMODATION PLAN
2019-2020**

The purpose of NBHS Accessibility and Accommodations Plan is to promote equal accessibility for all individuals, personnel and other stakeholders and ongoing staff training in the following areas:

- ✓ Access and accommodation of persons with limited English proficiency;
- ✓ Sensitivity and accommodation of diverse ethnic and cultural backgrounds (e.g. Native Americans, persons of color);
- ✓ Accommodations for those with visual impairments or mobility challenges;
- ✓ Accommodations for individuals with communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication: e.g. TTY);
- ✓ Staff education on the importance of each individual's diverse needs and the necessity to utilize person-centered thinking to create individual plans of service and actions to meet those needs. This training will recognize that the disabilities affecting individuals may not be visible to the naked eye and may require accommodations in areas such as recognizing the effects of medications and adjusting meeting schedules and the length of meetings.
- ✓ A commitment to remove any barrier that may not be currently addressed. This may be accomplished by a variety of means (e.g., focus groups, individual's complaints, surveys).

This plan provides detail to the Accessibility and Accommodations Policy. Individuals, staff, and stakeholders are provided the opportunity to address issues concerning accessibility through many venues, which include during the person-centered planning process, formal surveys conducted throughout the year, using the "Suggestion for Improvement" form, Customer Service Grievance/Complaint form, contacting the Safety/Risk Management Committee, through our Stakeholders Advisory Committee, Member Services Committee, Public Forums, and/or discussion with management/staff of Northpointe Behavioral Healthcare Systems.

1. Limited English Proficiency/Communication Access:

To overcome any communication barriers, NBHS will demonstrate the ability to identify and respond to a variety of different needs for language accommodations at no cost to the individual. These may include making accommodations for an individual with a hearing or speech loss; an individual with English as a second language or an individual with limited English proficiency. Choices regarding services and providers must be available in understandable and varied formats. Written and/or audio formats of materials will be provided as the need is identified. The individual/employee will have the "primary consideration" of auxiliary aids or services. This means that NBHS will honor the choice, unless it can demonstrate that another effective means of communication exists or that the use of the means chosen would result in a fundamental alteration or an undue burden ("fundamental alteration" and "undue burden" as described by Title II, ADA). Individuals may utilize family or friends for translation unless it is determined by the individual's clinician to be contra-indicated to the individual's treatment.

Barriers Addressed:

- List of Language Interpreters: a list of language interpreters can be found on NBHS's electronic Shared document directory (Shared/Access/Access Dept. Guidelines & Procedures/Language Line instructions) and paper copies are available from the Access Department. NBHS will contract with "Language Line" on a case by case basis, should a local interpreter not be available.
- Pocket Talkers, page magnifiers, and reading stands are also available for any person needing assistance with hearing or vision and can be obtained from the Customer Service Department.
- Audiocassettes and DVDs explaining individual's rights and the privacy notice are also available through Customer Service and Recipient Rights Departments.
- NBHS utilizes and advertises the Michigan Relay number (800-649-3777) for people who are

hearing impaired and need to call on the telephone.

- NBHS has a contract with Virtual VRI for persons who are deaf and need sign language interpretation services. (1-866-440-9140).
- Recipient Rights booklets will be obtained in languages other than English, from the MDCH Recipient Rights website, on an as-needed basis.

Goal: In FY17, Northpointe hired a nurse that is fluent in Polish and, in FY18, Northpointe hired a clinician that is proficient in Spanish, increasing access to members of the community. Through the hiring process, Northpointe will continue to recruit and hire bilingual personnel.

2. **Environmental Access:**

External Barriers - Geographic access to supports and services shall be in accordance with the following standards:

- For office or site-based mental health services, the individual's primary service provider (e.g., care manager/supports coordinator, psychiatrist, and primary therapist) must be within 60 miles or 60 minutes of the individual's residence
- If an individual with special needs requests transportation, NBHS will assist in making arrangements with the parties with whom that responsibility is shared such as the Department of Health and Human Services (DHHS) and the Upper Peninsula Health Plan (UPHP)
- Care managers are able to meet with individuals in safe areas in the community.

Barriers Addressed:

- NBHS opened a satellite office in Powers, MI in order to accommodate those individuals who live in the outer areas of Dickinson and Menominee counties who may have had difficulty attending appointments at either of the main sites due to distance and transportation problems.
- In order to ensure the safety of NBHS Care Managers who go out into remote areas of the communities, GPS systems were purchased in FY17 that allow the user to contact emergency personnel in areas where cell phone coverage is not adequate.

Goal: NBHS Information Technologies and Finance Department will assess the mobile needs of the entire agency and budget for equipment upgrades that can increase community or home base interactions of care managers, therapists, nursing, and psychiatrist.

Internal Barriers – NBHS will strive to keep all service areas in a manner that will respect the privacy and confidentiality of all persons served and includes keeping noise levels down, offices neat and clean, décor that impact the comfort level of the persons served and personnel, etc. Services will also be provided at alternative sites including home visits, as agreed upon during the person-centered planning process. Emergency Services will be conducted in locations with safety and supervision. (i.e. hospitals, jails.)

Goal: The Facilities Department, through the implementation of the Property Management Plan, will continue to create a trauma informed physical environment across all clinics and residential settings.

3. **Architectural or Physical Access:**

Alteration of existing facilities and/or construction of new facilities. Through the Property Management Plan, and on an on-going basis as needed, the Facilities Manager and NBHS Leadership will annually conduct evaluations to identify areas of concern in all programs, facilities and services. Evaluations will include:

- Identify physical obstacles that limit program access;
- Detail of methods to correct limitation;
- Set a schedule for structural changes.

Barrier: The Home and Community Based Services waiver provided new standards that must be implemented by NBHS residential providers over a five year timespan starting in 2014. These requirements maximize opportunities for individuals to have access to the benefits of community

living and the opportunity to receive services in the most integrated setting:

Standards that NBHS did not already have implemented include:

- Individuals must be allowed access to food 24/7 and not just at scheduled meal times
- Individuals must have the ability to lock their rooms
- Individuals must have a locked storage container where they can lock up personal belongings
- A choice of settings and an option for a private unit/room.
- Ability to control their schedules and activities
- May have visitors at any time

Barriers Addressed:

NBHS Community Housing Supervisor is organizing the changes needed to be in compliance with these regulations. Site reviews by MDHHS for the HCBS waiver will be performed and any further incidents of non-compliance will be discussed with the QI Team and plans of correction put in place.

4. Attitudinal Access:

- Terminology and language used in NBHS materials is written in “people first” language and will be written at a level that is easily understandable by people with various levels of abilities. Materials will be read to individuals in an easily understandable manner should this be required.
- NBHS will contribute to solving the problems associated with stereotypical behavioral health stigmas. Aside from personnel efforts to remove such barriers, programs will reinforce the elimination of attitudinal barriers through education and other prevention activities in the community.
- Individual’s input will be solicited and utilized as applicable. Individual’s input is gathered in a variety of ways including: Stakeholder Advisory Committee meetings, Member Services Committee, satisfaction surveys, public forums, focus groups, through the person-centered planning process, customer inquiry/complaint forms. A contact form is available on NBHS website www.nbhs.org which may be utilized for complaints, suggestions or requests for information. Peer Support Specialists may assist individuals at their discretion.
- All complaints or suggestions will be assessed by the Medical Records Manager within seven (7) days of receipt; resolvable suggestions/complaints will be completed within 30 days of receipt. If the individual or other stakeholder contributing the suggestion/complaint provides their name, the Medical Records Manager will inform them of the outcome of their suggestion/complaint within sixty (60) days.

Goals:

NBHS Stakeholder Advisory Committee shall review all NBHS brochures and individual forms for language and clarity. Suggestions and improvements shall be implemented by the NBHS Leadership Team.

The IT Manager created a workgroup made up of clinical and non-clinical staff, including peer support specialist, to review the website content. The workgroup will work to simplify the NBHS website and public image.

5. Employment Access:

NBHS will adhere to policies as listed in NBHS Administrative Policies, Human Resources Section, Equal Opportunity and Employee Selection. Accommodations for special needs will be addressed on a “case by case” basis in accordance with the Michigan Handicappers Civil Rights Act, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA). NBHS will also promote and enable individuals to pursue their employment desires through the person-centered planning process. Employment opportunities will be made available to all eligible individuals by posting all job openings on NBHS website.

6. Financial Access:

NBHS complies with the ability to pay standards mandated by the Michigan Department of Health and Human Services (MDHHS). The intake information given to individuals will address the ability to pay scales based on income guideline along with the insurances and prepaid health plan (Medicaid) entitlements.

Barriers Addressed:

Financial forms are completed at least annually in order to keep current information on file. Individuals are also assisted with completing necessary forms/applications for benefits when the need is identified. NBHS allow individuals who are experiencing financial hardship the opportunity to complete a financial re-determination, which may result in reduced fees. The financial re-determination form is offered by Customer Service on the day that a fee is assessed or at any time when an individual expresses financial concern regarding their assessed fee. NBHS clinical staff and Peer Supports Specialist assist individuals in navigating the system and signing up for Healthy Michigan Insurance, and a local DHS host monthly meetings onsite at the Kingsford Office in order to work with individuals with difficult cases.

7. Transportation Access:

The NBHS program sites are located in areas that are centrally located for the individuals receiving services. The catchment areas are very rural and arrangements for transportation are facilitated through natural supports, Department of Health and Human Services (DHHS), Upper Peninsula Health Plan (UPHP), and NBHS as appropriate.

The need for transportation options has been communicated to local governments for community needs assessment and direction to meet these needs.

Barrier: The cost of transporting an individual in need of hospitalization is often a barrier to treatment. Many of the hospitals that accept psychiatric admissions are anywhere from 2-10 hours away from the NBHS locations and the cost of transportation for individuals and family members may prevent them from getting the help they need. Currently NBHS and the other CMHSP in the Region have a transportation grant to help cover the cost, but the grant is scheduled to end September 30, 2019.

Barrier Addressed:

The Region is currently working together to obtain another transportation grant for when the current one ends, September 30, 2019. This grant would be utilized by the NBHS Emergency Services Manager to assist in alleviating the cost associated with transportation to/from inpatient psychiatric facilities.

Additional Access:

Crisis services are provided to anyone in need 24 hours a day 7 days a week by trained professionals.

Barrier: It was determined that clinical staff who are licensed in Michigan were not legally allowed to provide services to individuals in Marinette at Bay Area Medical Center or at The Anthony House, as it is outside their scope of licensure which does not cover Wisconsin.

Barrier Addressed:

The Crisis Line is encouraging individuals having a behavioral crisis to present to the Menominee Police or Sheriff's Departments where they can then be seen by NBHS staff. If the NBHS crisis worker determines that an individual needs inpatient hospitalization, they transferred to Dickinson County Hospital for medical clearance.

Barrier: There has been a continued decline in psychiatric beds available for inpatient psychiatric

hospitalization, therefore causing lengthy waits in emergency rooms trying to locate an available bed and sometimes causing the crisis worker to create an alternative crisis/safety plan because there are no beds available.

Goal: NBHS will finalize a contract with a hospital in Green Bay, WI to give us more beds and options for hospitalizing individuals. This will include beds for both Adults and Children.

8. Community Integration:

NBHS strives to make the most of community opportunities for our individuals. Participation in recreation and sporting activities improves the quality of life for individuals as well as providing first hand anti-stigma information to the community.

Individuals are encouraged to utilize swimming facilities, bowling alleys, attend and participate in sporting events and community gatherings. The community has recognized the need to make places more accommodating to all individuals and items such as a wheelchair ramp at the local Bocce Ball court was built (labor and materials were donated) so our individuals could participate more fully in this activity.

- ❖ NBHS Care Managers/Supports Coordinators continue to promote least restrictive residential placements through the process of Person-Centered Planning and Self-Determination initiatives.
- ❖ NBHS Care Managers/Supports Coordinators strive to conduct future planning when relevant for a proactive approach in fostering placements in community-based settings.
- ❖ Through contracts with local vocational employment agencies, NBHS continues to foster connections in the community to work with potential employers for job placement for individuals with disabilities

9. Timeliness of Services:

NBHS reports and monitors access standards on at least a quarterly basis. If a concern regarding the timeliness of access to service is noted for two consecutive quarters, NBHS will discuss this at the next scheduled monthly QI Team meeting and a Plan of Correction will be put in place within thirty (30) days. NBHS met these standards at least 99.06% for every population in FY18.

10. Accommodations:

Requests for reasonable accommodations are identified, reviewed and decided upon in a timely manner. A reasonable accommodation is a modification or adjustment that would assist the individuals served or personnel to access benefits and privileges that are equal to those enjoyed by others. The process of making a request for a reasonable accommodation does not automatically require that NBHS meet the request. A request for a reasonable accommodation initiates an investigation by the appropriate program supervisor and/or facilities manager within thirty (30) days and a resolution to the request within sixty (60) days, whenever possible. When an accommodation cannot be made, NBHS will provide referrals to assist the individuals served in the use of other resources that are accessible.

Barrier: All individuals have the right to request an Independent Facilitator; at this time this, there are no trained Independent Facilitators in the Upper Peninsula of Michigan. NBHS will continue to work with NorthCare Network to seek out volunteers to train as facilitators and for Care Managers to reference upon request.

Summary:

NBHS will address any accessibility and accommodation issues in order to:

- ✓ Enhance the quality of life for those served in our programs/services;
- ✓ Maintain nondiscriminatory employment practices;
- ✓ Meet legal and regulatory requirements;
- ✓ Meet the expectations of stakeholders in the areas of accessibility and accommodation.

Identified barriers will be discussed at appropriate Northpointe committee meetings.

Stakeholder Advisory Committee Reviewed: 06/04/19

QI Team Reviewed and Approved: 05/16/19

Operations Team Reviewed and Approved: 05/16/19

Board reviewed and approved: 3/27/17