

OFFICE OF THE STATE INSPECTOR GENERAL

Department of Behavioral Health and
Developmental Services
State Operated Facilities
Americans with Disabilities Act Compliance
Performance Audit
May 2024



Michael C. Westfall, CPA
State Inspector General
Report No. 2024-PA-004



COMMONWEALTH OF VIRGINIA
Office of the State Inspector General

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May 3, 2024

The Honorable Glenn Youngkin
Governor of Virginia
PO Box 1475
Richmond, VA 23219

Dear Governor Youngkin,

The Office of the State Inspector General (OSIG) completed an audit of the Department of Behavioral Health and Developmental Services (DBHDS) state operated facilities' compliance with the Americans with Disabilities Act. The final report is attached.

OSIG would like to thank Commissioner Nelson Smith and his staff for their cooperation and assistance during this audit.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael C. Westfall".

Michael C. Westfall, CPA
State Inspector General

cc: The Honorable Jeff Goettman, Chief of Staff to Governor Youngkin
Tiffany Robinson, Deputy Chief of Staff to Governor Youngkin
Isabella Warwick, Deputy Chief of Staff to Governor Youngkin
The Honorable John Littel, Secretary of Health and Human Resources
Leah Mills, Deputy Secretary of Health and Human Resources
James Williams, Deputy Secretary of Health and Human Resources
Julie Hammel, Executive Assistant for the Secretary of Health and Human Resources

Lanette Walker, Chief Financial Officer for Health and Human Resources
Senator Ghazala F. Hashmi, Chair of the Education and Health Committee
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Nelson Smith, Commissioner, DBHDS
Andrew Diefenthaler, Chief of Staff, DBHDS
Angela Harvell, Deputy Commissioner for Facility Services, DBHDS
Divyajot Mehta, Director of Internal Audit, DBHDS
Staci Henshaw, Auditor of Public Accounts

Americans with Disabilities Act Compliance

What OSIG Found

DBHDS Has Taken Steps to Adhere to ADA Requirements

OSIG performed unannounced inspections at all 12 facilities in July 2023. At the time of OSIG's inspection, one facility had an ADA Coordinator, but the EWP did not reflect these duties. DBHDS began reviewing ADA requirements and actively identifying additional components that will assist in ensuring that ADA compliance is met and maintained.

DBHDS Facilities Do Not Have ADA Coordinators for Patients and the General Public

In July 2023, OSIG found that only one facility had an ADA Coordinator with assigned duties for patients and members of the public. None of the facilities had an active Employee Work Profile (EWP) that included the responsibilities required of an ADA Coordinator in accordance with ADA Title II 28 CFR, Part 35. During our announced visits between August 2023 and October 2023, eleven of the twelve facilities had designated an ADA Coordinator.

Physical Accessibility of DBHDS Facilities Does Not Comply with ADA Requirements

OSIG conducted a physical inspection of all 12 DBHDS facilities to ensure the facilities provided accessible parking, an accessible path of travel, and access to and within primary function areas. The results of OSIG's inspection are as follows:

- Nine of 12 facilities lacked proper signage for permanent rooms (i.e. sleeping rooms, activity rooms, restrooms).
- Eight of 12 facilities lacked accessible routes or entrances from parking areas.
- Six of 12 facilities lacked accessible parking, with deficiencies such as low parking signs, insufficient parking and van accessible spaces, and inadequate access aisle width and location.
- Four of 12 facilities lacked accessible telephones, citing issues with height, clear floor space, and volume control.

Management concurred with seven of 10 findings and plans to implement corrective actions from June 30, 2024 to December 31, 2025.

May 2024

HIGHLIGHTS

Why OSIG Conducted This Audit

OSIG completed this review in accordance with *Code of Virginia* § [2.2309.1.B.1](#), which requires OSIG to, "Provide inspections of and make policy and operational recommendations for state facilities and for providers, including licensed mental health treatment units in state correctional facilities, in order to prevent problems, abuses, and deficiencies in and improve the effectiveness of their programs and services."

What OSIG Recommends

- DBHDS Central Office should ensure that each facility has a designated ADA Coordinator for patients and the general public, under ADA Title II 28 CFR, Part 35.
- DBHDS Central Office should provide training to ADA Coordinators to ensure they are properly trained to implement and manage the requirements, under ADA Title II 28 CFR, Part 35, at each facility.
- Central Office should conduct a comprehensive review of all 12 DBHDS facilities and develop a prioritization plan for facility upgrades, with a focus on addressing accessibility issues.
- Central Office should consider engaging accessibility consultants to assess facilities and provide guidance on corrective actions.
- Central Office should establish a recurring schedule for ADA compliance reviews across all facilities to promptly identify and rectify emerging accessibility issues while simultaneously fostering an ongoing commitment to providing accessible services.



For more information, please contact OSIG at (804) 625-3255 or www.osig.virginia.gov

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REPORT ACRONYMS

The following is an alphabetical list of acronyms used in the report.

CAT – Catawba Hospital

CCCA – Commonwealth Center for Children and Adolescents

CFR – Code of Federal Regulations

CSH – Central State Hospital

DOJ – U.S. Department of Justice

DI – Departmental Instruction

ESH – Eastern State Hospital

HWDMC – Hiram W. Davis Medical Center

DBHDS – Department of Behavioral Health and Developmental Services

NVMHI – Northern Virginia Mental Health Institute

PGH – Piedmont Geriatric Hospital

SEVTC – Southeast Virginia Training Center

SVMHI – Southern Virginia Mental Health Institute

SWVMHI – Southwestern Virginia Mental Health Institute

OSIG – Office of the State Inspector General

VCBR – Virginia Center for Behavioral Rehabilitation

WSH – Western State Hospital

BACKGROUND

The Americans with Disabilities Act (ADA) is a federal civil rights law enacted in 1990 that provides protections from discrimination for individuals with disabilities. It is founded on the principle that people with disabilities have the same rights and opportunities as those without disabilities when participating in the many facets of public life, from employment to civic activities. Title II of the ADA covers all state and local governments, their departments, agencies, special purpose districts, and other instrumentalities. It applies to all public entity programs, services, and activities, including those contracted out to other entities, ensuring non-discrimination against people with disabilities.

The Department of Justice (DOJ) is responsible for promulgating regulations to define these Title II obligations and enforcement thereof. These regulations, amongst other things, require public entities, including DBHDS, to ensure programs and services in facilities are accessible and encompass various aspects such as:

- **Accessible Design:** Mandating that facilities and programs are physically accessible to individuals with disabilities, in accordance with the ADA Standards for Accessible Design, including providing accessible medical care.
- **Administrative Requirements:** Including notification to the public about ADA compliance, designation of responsible employees, procedures for resolving complaints related to ADA obligations and performing a self-evaluation and the development of transition plans to achieve ADA compliance.
- **Effective Communication:** Ensuring that individuals with disabilities can fully understand and participate in government-sponsored programs, services, or activities. This may involve providing sign language interpreters, real-time captioning, and other auxiliary aids.

The Department of Behavioral Health and Developmental Services (DBHDS) is an agency established under the executive branch and plays a vital role in the Commonwealth of Virginia by overseeing Virginia's public behavioral health and developmental services system. The system includes 12 facilities that encompass nine state hospitals, a training center, a medical facility, and a treatment center for sexually violent predators. They cater to a diverse population, ranging from children to geriatric individuals and those with complex needs or serious medical conditions and are as follows:

Facility	Capacity	Location	Services Provided
Catawba Hospital (CAT)	110	Catawba	Acute intensive psychiatric treatment for adults and geriatric adults.
Central State Hospital (CSH)	277	Petersburg	Acute intensive psychiatric treatment and extended rehabilitation services (community preparation/psychosocial and long-term rehabilitation, forensic maximum security) for adults.
Commonwealth Center for Children and Adolescents (CCCA)	48	Staunton	Child and adolescent services for individuals under 18 with behavioral health needs.
Eastern State Hospital (ESH)	302	Williamsburg	Acute intensive psychiatric treatment for adults, and long-term rehabilitation and forensic services medium security to adults and geriatric adults.
Hiram W. Davis Medical Center (HWDMC)	94	Petersburg	Acute medical/surgical services for adults, and skilled nursing and intermediate care facility for adults and geriatric adults.
Northern Virginia Mental Health Institute (NVMHI)	134	Falls Church	Acute intensive psychiatric treatment for adults and geriatric adults and forensic services medium security to adults.
Piedmont Geriatric Hospital (PGH)	123	Burkeville	Chronic disease for geriatric adults with behavioral health needs.
Southeastern Virginia Training Center (SEVTC)	75	Chesapeake	Intermediate care facility for adults and geriatric adults with intellectual disabilities.
Southern Virginia Mental Health Institute (SVMHI)	72	Danville	Acute intensive psychiatric treatment for adults.
Southwestern Virginia Mental Health Institute (SWVMHI)	175	Marion	Acute intensive psychiatric services for adults and geriatric adults, intermediate care facility for geriatric adults, and community preparation/psychosocial rehabilitation for adults.
Virginia Center for Behavioral Rehabilitation (VCBR)	676	Burkeville	Secure treatment for adults civilly committed as Sexually Violent Predators.
Western State Hospital (WSH)	246	Staunton	Acute intensive psychiatric services, long term rehabilitation, clinical evaluation, and forensic services medium security for adults.

SCOPE

The scope of this audit was reviewing compliance with the Americans with Disabilities Act (ADA) at DBHDS operated facilities from July 1, 2020 (FY21) through October 18, 2023. The scope did not include all requirements of the ADA. Instead, it focused solely on those that OSIG regarded as being of higher risk, based on the opinion of a subject matter expert in ADA law, who identified specific non-compliance trends more frequently observed in settings like the DBHDS facilities. OSIG conducted the annual unannounced inspections in accordance with *Code of Virginia* § 2.2-309.1.

OBJECTIVES

The objectives of this audit were to:

- Determine whether the facility under inspection is physically accessible by individuals with disabilities.
- Determine if DBHDS facilities provides means for effective communications for individuals with disabilities.
- Determine if DBHDS facilities have established and implemented effective policies, procedures and controls related to select ADA requirements.

METHODOLOGY

OSIG conducted this performance audit in accordance with Generally Accepted Government Auditing Standards. Those standards require that OSIG plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on the audit objectives. OSIG believes that the evidence obtained provides reasonable basis for the findings and conclusions based on the audit objectives.

OSIG applied various methodologies during the audit to gather and analyze information pertinent to the audit scope and to assist with developing and testing the audit objectives. The methodologies included:

- Requesting and reviewing policies and procedures from DBHDS Central Office and the 12 facilities, regarding the ADA requirements.
- Conducting an unannounced inspection at each of the 12 DBHDS facilities on July 12, 2023.
- Performing announced inspections at each of the 12 DBHDS facilities from August 2023 through October 2023.
- Conducting a physical inspection of each of the 12 DBHDS facilities to measure and verify specific elements within both clinical and non-clinical areas, according to the 2010 Standards for Accessible Design.

- Conducting interviews with officials at each of the 12 DBHDS facilities, including the employee(s) designated responsible for ensuring compliance with the ADA.
- Examining the following aspects at each of the 12 DBHDS facilities:
 - Assessing staff training regarding the ADA.
 - Reviewing any complaints alleging ADA violations by patients and the general public, and their resolution.
 - Evaluating the facility's public areas and website for information on accessible services.
 - Confirming the availability of communication aids, services, and equipment.
 - Verifying the availability of accessible medical equipment.
 - Reviewing health records for a sample of five patients from each facility, identified as having communication disabilities.

COMMENDATIONS

COMMENDATION 1 - DBHDS HAS TAKEN STEPS TO ADHERE TO ADA REQUIREMENTS

OSIG performed unannounced inspections at all 12 facilities in July 2023. ADA policies, training, and names of ADA Coordinators were requested. At the time of OSIG's inspection, only one ADA Coordinator had been assigned, but their EWP did not reflect these duties. Subsequent to this visit, DBHDS leadership was proactive in addressing this issue. DBHDS began reviewing ADA requirements and actively identifying additional components that will assist in ensuring that ADA compliance is met and maintained. During OSIG's announced visits, 11 of the 12 facilities had assigned an ADA Coordinator and DBHDS leadership had approved training for these individuals to become certified. DBHDS had also posted an ADA Coordinator position for Central Office to help with compliance.

The ADA requires state and local governmental entities to take affirmative steps to ensure compliance with the ADA. Anticipating and preparing for disability-related needs are key to successful compliance.

COMMENDATION 2 - VCBR PERFORMED A SELF-EVALUATION AND TRANSITION PLAN AND HAD NO EXCEPTIONS DURING ON-SITE TESTING

Under Title II of the ADA, states are required to assess services, policies, and practices as part of a self-evaluation; to modify any policies and procedures that discriminate against people with disabilities; and to develop a transition plan identifying any physical changes to facilities that are necessary to achieve program access. VCBR had performed a self-evaluation and transition plan. In addition, during our on-site review of compliance with certain ADA physical requirements, VCBR had no exceptions. VCBR had an expansion in 2018 and successfully rendered all sampled areas accessible, but challenges persist in the original building due to proximity to wetlands and unique occupancy codes in client areas, deviating from other DBHDS facilities.

Entities under Title II, including DBHDS facilities, are obligated to adhere to the ADA's physical access requirements. Compliance mandates for new construction and alterations demand adherence to the *2010 ADA Standards for Accessible Designs*. A transition plan for existing facilities was required by the 1991 standards when barriers to access were identified, with structural modifications completed or barriers removed by no later than January 26, 1995. The physical accessibility of state facilities is crucial given the already present challenges faced by the high bed utilization rate, increasing admissions of patients with complex medical needs, increased need of specialized services for geriatric individuals, and aging infrastructure.

FINDINGS

FINDING 1 - DBHDS FACILITIES DO NOT HAVE ADA COORDINATORS FOR PATIENTS AND THE GENERAL PUBLIC

In July 2023, OSIG found that only one facility had an employee with ADA Coordinator assigned duties for patients and members of the public. None of the facilities had an active Employee Work Profile (EWP) that included the responsibilities required of an ADA Coordinator in accordance with Department of Justice ADA Title II 28 CFR, Part 35. During our announced visits between August 2023 and October 2023, eleven of the twelve facilities had designated an ADA Coordinator.

Department of Justice ADA Title II 28 CFR, Part 35 covers nondiscrimination on the basis of disability in State and Local Government Services. Designation of responsible employee and adoption of grievance at 28 CFR §35.107 states: (a) Designation of responsible employee. A public entity that employs 50 or more persons shall designate at least one employee to coordinate its efforts to comply with and carry out its responsibilities under this part, including any investigation of any complaint communicated to it alleging its noncompliance with this part or alleging any actions that would be prohibited by this part. The public entity shall make available to all interested individuals the name, office address, and telephone number of the employee or employees designated pursuant to this paragraph.

Facility management had designated employees to be ADA Coordinators for DBHDS facility employees in compliance with Title I, but had not expanded this for Department of Justice ADA Title II to include patients and members of the public. Patients and the general public had no one assigned to help with issues as it relates to ADA.

Recommendations:

1. DBHDS Central Office should ensure that each facility has a designated ADA Coordinator for patients and the general public, under ADA Title II 28 CFR, Part 35.
2. Facility management should ensure EWPs are updated to reflect the responsibilities for an ADA Coordinator and that the responsibilities are understood.
3. DBHDS Central Office should provide training to ADA Coordinators to ensure they are properly trained to implement and manage the requirements, under ADA Title II 28 CFR, Part 35, at each facility.

DBHDS Management Response:

Management agreed with the conditions observed by OSIG and with the recommendations.

At the time of the unannounced inspection, DBHDS was in the process of assigning an ADA Representative at each facility. Presently, each DBHDS operated facility has an ADA Facility Representative that has either completed or is in the process of completing ADA Coordinator training. The EWP for each of these staff members has been updated to include the ADA duties and responsibilities.

DBHDS has outlined its strategies to meet compliance in the Corrective Action Plan (Appendix I).

FINDING 2 - PHYSICAL ACCESSIBILITY OF DBHDS FACILITIES DOES NOT COMPLY WITH ADA REQUIREMENTS

OSIG conducted a physical inspection of all 12 DBHDS facilities to ensure they provided accessible parking, an accessible path of travel, and access to and within primary function areas. The results of OSIG's inspection are as follows:

- Nine of 12 facilities lacked proper signage, missing key elements such as accessibility symbols, raised characters, and braille, for permanent rooms (i.e. sleeping rooms, activity rooms, restrooms); see Figure 1.



Figure 1: Lack of proper signage for permanent room

- Eight of 12 facilities lacked accessible routes or entrances from parking areas, with concerns including steep slopes, uneven surfaces, unsecured carpets, and elevated operable parts, such as door handles and automatic door controls, at designated accessible entrances; see Figures 2.1-2.4 and 3.2.



Figure 2.1: Uneven surface and steep slope



Figure 2.2: Facility lacks accessible route from parking area



Figure 2.3: Parking lot contains uneven surfaces and changing slopes



Figure 2.4: Parking lot contains uneven surfaces and changing slopes

- Six of 12 facilities lacked accessible parking, with deficiencies such as low parking signs, insufficient parking and van accessible spaces, and inadequate access aisle width and location; see Figures 3.1-3.3.



Figure 3.1: Low parking signs and inadequate access aisle width and location



Figure 3.2: Low parking signs and steep slope



Figure 3.3: No parking signs, no van accessible spaces, and inadequate access aisle width

- Four of 12 lacked accessible telephones, citing issues with height, clear floor space, and volume control; see Figure 4.



Figure 4: Floor space under telephone obstructed

DBHDS is mandated to comply with Title II of the Americans with Disability Act (ADA). Under the ADA, any new construction or alterations must comply with the *2010 ADA Standards for Accessible Design*. Existing facilities were expected to progress over time toward full compliance with these standards. These standards outline specific criteria, to include:

- Tactile and visual characters for room identification;
- Specifications for accessible parking spaces;
- Requirements for accessible routes linking areas; and
- Guidelines for accessible signage and telephones.

The criteria emphasize the importance of ongoing progress toward full compliance, particularly for existing facilities. When the ADA took effect entities were required to conduct a review of their facility and if any structural modifications were required to achieve program accessibility, facilities were required to complete the modifications as expeditiously as possible, but no later than January 26, 1995 (*The Americans with Disabilities Act Title II Technical Assistance Manual, II-8.3000 Transition Plan*).

The primary cause of these compliance issues, most notable in the facilities like CAT, CSH, HWDMC, NVMHI, PGH, SVMHI, and SWVMHI, stems from their status as the oldest buildings in the DBHDS system. These facilities, responsible for over 50% of the system's adult behavioral health beds and the sole medical center and geriatric hospital, face greater accessibility challenges due to their age. The aging buildings, averaging over 50 years old, require major renovations, and the lack of maintenance reserve funding poses risks to critical systems. In contrast, facilities like CCCA, ESH, SEVTC, and WSH, built after 1991 or having undergone alterations, exhibit fewer accessibility problems identified by OSIG.

The relationship between age of building and compliance with the ADA is exemplified by VCBR, a facility that had no physical accessibility issues identified by OSIG in the areas that were a part of their expansion in 2018. However, the original building, accommodating most of their population, remains a focal point of accessibility challenges. The walking surfaces between

units in this older section exhibit slopes exceeding ADA allowances. However, due to the facility's proximity to wetlands, expanding or modifying this area is deemed infeasible. Moreover, the bedrooms in these units, serving dual functions for two residents, fall short of the ADA's minimum size requirements.

The physical accessibility of state facilities is crucial given they already present challenges faced by the high bed utilization rate, increasing admissions of patients with complex medical needs, increased need of specialized services for geriatric individuals, and aging infrastructure. ADA compliance is not only a legal obligation but is vital for proactively addressing the diverse needs of individuals with disabilities. Ensuring physical accessibility is integral to providing inclusive and effective services while securing the long-term viability and adaptability of the facilities.

Recommendations:

1. DBHDS Central Office should conduct a comprehensive review of all 12 DBHDS facilities and develop a prioritization plan for facility upgrades, with a focus on addressing accessibility issues.
2. DBHDS Central Office should consider engaging accessibility consultants to assess facilities and provide guidance on corrective actions.
3. DBHDS Central Office should establish a recurring schedule for ADA compliance reviews across all facilities to promptly identify and rectify emerging accessibility issues while simultaneously fostering an ongoing commitment to providing accessible services.

DBHDS Management Response:

Management did not agree with the conditions observed by OSIG or with the recommendations.

DBHDS acknowledges that not all DBHDS operated facilities meet the physical accessibility requirements contained within the American with Disabilities Act. Prior to the physical inspection that OSIG conducted, DBHDS had implemented reasonable accommodations to ensure the services and rights of patients with physical accessibility needs were met and continues to provide accommodations based on patient and visitor needs.

DBHDS does not agree with an observation related to interior signage that occurred at the Training Center. The review acknowledged that the Administrative Building complied with the signage requirements but noted that the additional areas reviewed “did not have signage at fixed and permanent spaces, including restrooms in client houses”. The buildings in reference are considered residential homes, and unless a specific need, such as braille, were identified, signs in residential settings would not be applicable.

DBHDS has outlined its strategies to meet compliance in the Corrective Action Plan (Appendix I).

FINDING 3 - ELEVEN DBHDS FACILITIES HAD INACCESSIBLE RESTROOMS IN ACCORDANCE WITH ADA STANDARDS

OSIG's inspection revealed non-compliance with ADA standards for toilet rooms across eleven of the twelve DBHDS facilities. OSIG identified non-compliance issues ranging from moderate to severe, with numerous instances posing immediate barriers to accessibility for individuals with disabilities. These deficiencies are observed in a range of locations, including lobby areas, unit single-user and multi-user restrooms, groups/programming areas, patient bedrooms, and medical clinic spaces. Of the 60 toilet rooms reviewed in total, the most significant issues identified are as follows:

1. The general layout and spacing within toilet rooms often deviate from ADA standards and has one of the biggest impacts of the overall accessibility and convenience for individuals with disabilities.
 - Of the 18 multi-user toilet rooms reviewed between eight facilities, 13 (72%) were found to be inaccessible based on the size and spacing within the toilet room and toilet compartment(s).
 - Comparatively, of the 29 Unisex/Single-User Toilet Rooms reviewed (not counting patient bedroom adjoining rooms), only four (14%) had issues with the size and spacing. However, 17 (59%) did have non-size related elements out of compliance.
 - Two facilities had to modify their restrooms to make them accessible by removing two of the toilet compartment walls and either replacing it with a floor to ceiling curtain or converting a multi-user restroom into a single-user restroom; see Figure 5.
 - One facility acknowledged none of their restrooms were accessible.
 - Another facility did not have an accessible restroom due to size and spacing in two of the three buildings reviewed with patient units, and their main administrative building.



Figure 5: Toilet compartment wall replaced with a floor to ceiling curtain

2. Patient Rooms: Among the 13 audited toilet rooms that are a part of patient sleeping rooms between six facilities, only two were found to be ADA accessible. The remaining 11 (85%) had issues ranging from height of water closet to the size of the toilet room and clearance around, as follows:
 - Two facilities – one which serves medically complex individuals and the other which serves adults and geriatrics with behavioral health or nursing home levels

needs – did not have accessible toilet rooms or lavatories in the two rooms viewed at each facility; see Figure 6.

- One facility has a newly built unit with four patient sleeping rooms and adjoining toilet rooms designated as the ADA accessible rooms but lacked required elements, such as grab bars and the required size and spacing; see Figure 7.
- Another facility’s personnel verbally acknowledged that none of their patient bathrooms were accessible.



Figure 6: Toilet room adjoining patient sleeping room lacks required ADA elements

3. The elements most out of compliance in the restrooms reviewed are as follows:
 - Thirty-six (60%) of the 60 restrooms had grab bars misaligned or absent; see Figure 7.
 - Twenty-six (55%) of the 47 restrooms did not have signage with both visual and tactile characters; see Figure 8.



Figure 7: Absent grab bar



Figure 8: Restrooms lacks signage with both visual and tactile characters

- Twenty-six (45%) of the 58 restrooms had mirrors improperly positioned; see Figures 9.1-9.2.
- Twenty-five (43%) of the 58 restrooms had items, such as hand soap and towel dispensers, exceed the allowed reach ranges; see Figures 9.1-9.2.



Figure 9.1: Mirror improperly positioned, hand soap and towel dispensers exceeding reach range

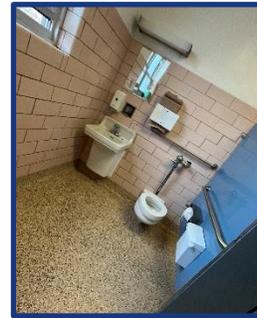


Figure 9.2: Mirror improperly positioned and hand soap, towel dispensers, and grab bar exceeding reach range

- Twenty-two (37%) of the 60 restrooms had water closets out of the required range for location or height.
- Nineteen (32%) of the 60 restrooms had doors with widths, hardware and/or maneuvering clearance outside of the allowed ranges or types.
- Nine (16%) of the 58 restrooms had sinks that were out of the required ranges for height, clear floor space and/or knee/toe clearance.

The ADA Standards for Toilet Rooms, specifically outlined in Sections 213 (Scoping) and 603/604 (Technical), set forth detailed requirements to ensure accessibility. These standards encompass a variety of factors, including the dimensions and features of toilet compartments, the placement and measurements of grab bars, the location and height of water closets, clearance around water closets, the presence of mirrors, coat hooks and shelves, and the overall layout of toilet rooms. Summary of scoping related to toilet rooms is as follows:

- Facilities providing both multi-user and unisex restrooms must ensure compliance for both types, even if in the same area as one another.
- Accessible unisex toilet rooms cannot substitute access to multi-user rooms, except in alterations where compliance is technically infeasible.
- If the patient sleeping room required to be accessible under the ADA Standards includes an attached bathroom, it must also meet accessibility requirements.
- The minimum number of patient sleeping rooms required varies based on type, but they must be dispersed throughout the facility. For long-term care facilities or licensed LTC beds, 50% must be accessible. For facilities that are not long-term care, no fewer than 10%, but no fewer than one, must be accessible.

- The ADA Standards cover independent accessibility and do not address design for use assisted by medical or resident care personnel. Features for assisted use that conflict with the ADA Standards can only be provided in those rooms not required to comply.

The primary cause of these compliance issues, most notable in the facilities like CAT, CSH, HWDMC, NVMHI, PGH, SVMHI, and SWVMHI, stems from their status as the oldest buildings in the DBHDS system. These facilities, responsible for over 50% of the system's adult behavioral health beds and the sole medical center and geriatric hospital, face greater accessibility challenges due to their age. Per DBHDS' strategic plan, the aging buildings, averaging over 50 years old, require major renovations, and the lack of maintenance reserve funding poses risks to critical systems. In contrast, facilities like CCCA, ESH, SEVTC, and WSH, built after 1991 or having undergone alterations, exhibit fewer, accessibility problems.

The physical accessibility of state facilities is crucial given the already present challenges faced by the high bed utilization rate, increasing admissions of patients with complex medical needs, increased need of specialized services for geriatric individuals, and aging infrastructure. ADA compliance is not only a legal obligation, but is vital for proactively addressing the diverse needs of individuals with disabilities. Ensuring physical accessibility is integral to providing inclusive and effective services while securing the long-term viability and adaptability of the facilities.

Recommendations:

1. DBHDS Central Office should conduct a comprehensive review of all 12 DBHDS facilities and develop a prioritization plan for facility upgrades, with a focus on addressing accessibility issues.
2. DBHDS Central Office should consider engaging accessibility consultants to assess facilities and provide guidance on corrective actions.
3. DBHDS Central Office should consider working to request funds needed to address any major renovation issues impacting patient accessibility issues.
4. DBHDS Central Office should establish a recurring schedule for compliance reviews across all facilities to promptly identify and rectify emerging accessibility issues while simultaneously fostering an ongoing commitment to providing accessible services.

DBHDS Management Response:

Management did not agree with the conditions observed by OSIG or with the recommendations.

DBHDS acknowledges that not all DBHDS operated facilities meet the restroom accessibility requirements contained within the American with Disabilities Act. Prior to the physical inspection that OSIG conducted, DBHDS had implemented reasonable accommodations to ensure the services and rights of patients with physical accessibility

needs were met and continues to provide accommodations based on patient and visitor needs.

DBHDS has outlined its strategies to meet compliance in the Corrective Action Plan (Appendix I).

FINDING 4 - NOT ALL DBHDS FACILITIES HAVE ADA ACCESSIBLE EXAM ROOMS AND EQUIPMENT AVAILABLE

In the examination of all 12 DBHDS facilities by OSIG, a gap in ADA compliance related to accessible medical examination rooms and equipment was identified. Of the 12 facilities, only three possessed both accessible exam rooms and the minimum level of medical equipment that was necessary for the safe transferring, lifting, and positioning of patients. The remaining nine facilities exhibited the following:

- Four facilities lacked height-adjustable exam tables/chairs but had adequately sized exam rooms, one of which stated the exam chair viewed was broken, rendering the height-adjustable function inoperable.
- One facility, with a medical clinic providing outpatient services, had undersized exam rooms without adjustable equipment for wheelchairs.
- Two facilities did not have an accessible exam room or medical equipment, including an adjustable-height exam chair/table and positioning aids, resorting to examining patients in their dual-occupancy rooms, which were not designed for such purposes; see Figure 10.
- One facility did not have an adjustable-height exam table/chair in both their admission suites, which were inaccessible due to size, nor a designated exam room that was accessible. They had no lifts or scales available for individuals in wheelchairs or positioning/support aids readily available, but did have the ability to utilize a nearby facility's equipment if the need arose.
- One facility had accessibility features in its clinic exam room, but lacked them in unit-based exam rooms, with a reported preference for unit-based examinations, suggesting potential resource optimization.



Figure 10: Lack of clear floor space and nonadjustable height exam chair

Title II of the ADA (28 CFR 35) requires that all state and local government services, programs, and activities, are accessible by individuals with disabilities. This includes hospitals, clinics and medical offices operated by state and local governments. DBHDS facilities must ensure that patients, including those in wheelchairs, are examined as any other patient may be while respecting privacy and dignity. The DOJ emphasizes equal examination standards, necessitating the availability and accessibility of medical equipment like adjustable exam tables and lifts, when necessary, to provide care. This is outlined in their *Access to Medical Care for Individuals with Mobility Disabilities* technical assistance publication. Staff should be adequately trained to use such equipment, facilitating, and assisting with patient transfers and lifts. The importance of adjustable-height exam tables and chairs with removable handrails is underscored, empowering

individuals with mobility disabilities to transfer independently when able and maintain their dignity.

The identified gap in ADA compliance regarding accessible medical examination rooms and equipment across nine of the 12 examined DBHDS facilities can likely be attributed to a combination of historical facility construction predating ADA Design Standards, competing resource needs and an adoption of ad-hoc workarounds. Facilities built before the ADA standards were implemented faced challenges in retrofitting spaces to meet accessibility requirements.

Ensuring accessible medical care at state facilities is crucial, especially given the existing challenges of high bed utilization, increasing admissions of patients with complex medical needs, the growing need for specialized services for geriatric individuals, and aging infrastructure. ADA compliance is not merely a legal obligation but is vital for proactively addressing the diverse needs of individuals with disabilities. Accessible equipment and proper room design are integral to providing individuals with mobility disabilities equal access to quality medical care. Therefore, the provision of accessible medical equipment is crucial, not only for enhancing the quality of care but also for safeguarding staff and patients from injuries.

Recommendations:

1. DBHDS Central Office should conduct a comprehensive review of all 12 DBHDS facilities and develop a prioritization plan for facility upgrades, with a focus on addressing accessibility issues.
2. DBHDS Central Office should consider engaging accessibility consultants to assess facilities and provide guidance on corrective actions.
3. DBHDS Central Office should establish a recurring schedule for compliance reviews across all facilities to promptly identify and rectify emerging accessibility issues while simultaneously fostering an ongoing commitment to providing accessible services.

DBHDS Management Response:

Management agreed with the conditions observed by OSIG and did not agree with the recommendations.

DBHDS acknowledges that not all DBHDS operated facilities meet the exam room accessibility requirements contained within the American with Disabilities Act. Prior to the physical inspection that OSIG conducted, DBHDS had implemented reasonable accommodations to ensure the services and rights of patients with physical accessibility needs were met and continues to provide accommodations based on patient accessibility needs. DBHDS has outlined its strategies to meet compliance in the Corrective Action Plan (Appendix I).

FINDING 5 - POLICIES AND PROCEDURES DO NOT COMPLY WITH THE ADA REQUIREMENTS FOR PROVIDING EFFECTIVE COMMUNICATION TOOLS

Policies and procedures related to providing adequate communication aids to persons with disabilities were not consistent throughout the facilities. In addition, the policies and procedures provided to satisfy ADA requirements did not include many elements recommended in CFR 28 §35.160 which is part of the ADA.

The following ADA required elements related to providing effective communication were not included in policies provided by the facilities:

- Five of 12 facilities did not include internal procedures for ordering interpreting services, including methods for when requests for interpreting services are non-scheduled, or included Treatment Team meeting frequency requirements.
- Seven of 12 facilities did not include the requirement that when determining what communication needs are needed, primary consideration should be given to the request of the individual with a disability.
- Eight of 12 facilities did not include the requirements that deaf persons requesting interpreters should not be charged for the cost of the interpreter, the method for securing these services, including guidance on when and where these services will be provided, or how they ensure that its equipment (hearing aids, ASL interpreter services, devices used for Video Remote Interpreting services, etc.) is maintained in operable working order.
- Nine of 12 facilities did not include requirements that it is generally inappropriate to request family members and companions of deaf persons to serve as sign language interpreters. In addition, the policies do not include how exceptions to honoring an individual's choice are managed.
- Ten of 12 facilities did not include language that sign language, oral, and cued speech interpreters can be obtained within a short period of time when necessary.
- Eleven of 12 facilities did not include that the public entity's decision to deny an interpreter based on undue financial and administrative burden must be made after considering all resources available for use in funding the operation of the program and must be accompanied by a written statement of the reasons for reaching the conclusion, or that, in any instance where the provision of an interpreter would result in an undue financial and administrative burden, the entity will take any other action that would not result in an undue financial and administrative burden but would nevertheless ensure that the individual with a disability receives the benefits or services provided.
- Twelve of 12 facilities did not include documentation requirements for both patients and their companions.

CFR 28 §35.160 – Nondiscrimination on the Basis of Disability in State and Local Government Services states: “(a)(1) A public entity shall take appropriate steps to ensure that communications

with applicants, participants, members of the public, and companions with disabilities are as effective as communications with others....(b)(1) A public entity shall furnish appropriate auxiliary aids and services where necessary to afford individuals with disabilities, including applicants, participants, companions, and members of the public, an equal opportunity to participate in, and enjoy the benefits of, a service, program, or activity of a public entity.”

DBHDS is in the process of recruiting for a Central Office ADA Coordinator that will assist the facilities with their policies and procedures. This will help ensure there are consistent ADA compliant policies and procedures across all the facilities. Without these procedures, the facilities do not have a documented process to reference in the event there are communication aides that need to be provided to ensure that individuals with disabilities have the same access and opportunities as those without disabilities. In addition, standard policies and procedures to handle accommodation requests help ensure that they are handled consistently at each facility.

Recommendations:

1. DBHDS Central Office should develop policies and procedures related to providing effective communication needs to ensure patients and members of the public with communication disabilities have the same access and opportunities as those without disabilities.
2. DBHDS Central Office should incorporate the ADA suggested elements found in *ADA Requirements: Effective Communication* published by the DOJ in these policies and.

DBHDS Management Response:

Management agreed with the conditions observed by OSIG and with the recommendations.

DBHDS has outlined its strategies to meet compliance in the Corrective Action Plan (Appendix I).

FINDING 6 - TELEPHONE DEVICES PROVIDED FOR EFFECTIVE COMMUNICATION NEED IMPROVEMENT

During our unannounced inspections of the 12 DBHDS facilities in July 2023, we toured the facilities and inquired as to the existence of text telephone (TTY) devices and viewed whether phones were hearing aid compatible. None of the facilities had phones that indicated they were hearing aid compatible. One facility (CAT) did not have volume controls on the phones. Three facilities (CSH, SEVTC, and SVMHI) did not have TTY machines or were not sure where they were located.

28 CFR §35.160 (a)(1) states: “A public entity shall take appropriate steps to ensure that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with others...(b)(1) A public entity shall furnish appropriate auxiliary aids and services where necessary to afford individuals with disabilities, including applicants, participants, companions, and members of the public, an equal opportunity to participate in, and enjoy the benefits of, a service, program, or activity of a public entity.” 28 CFR §35.104 also provides that: “Auxiliary aids and services includes... (1) Qualified interpreters on-site or through video remote interpreting (VRI) services; notetakers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids...”

In addition, the Federal Communications Commission (FCC) requires “wireless phones and wireline telephones to be compatible with (do not cause interference with) hearing aids, and requires wireline telephones to provide sufficient volume.”

As with the facilities, many of the phones have been in place for years and have not been updated. If necessary auxiliary aids and services are not provided, individuals may not be able to communicate with those outside the facility.

Recommendation:

Facility management should ensure telephones are equipped to assist those with communication disabilities.

DBHDS Management Response:

Management did not agree with the conditions observed by OSIG or with the recommendations.

*DBHDS acknowledges that not all DBHDS operated facilities maintained text telephone (TTY) devices onsite and defers to 28 CFR §35.160 (b)(2) which states: “The type of auxiliary aid or service necessary to ensure effective communication **will vary in***

accordance with the method of communication used by the individual...” 28 CFR Appendix B to Part 35.161 provides guidance related to Telecommunication Devices for the Deaf (TDD’s) stating, “Problems arise when a public entity which does not have a TDD needs to communicate with an individual who uses a TDD or vice versa. Title IV of the ADA addresses this problem by requiring establishment of telephone relay services to permit communications between individuals who communicate by TDD and individuals who communicate by the telephone alone. The relay services required by title IV would involve a relay operator using both a standard telephone and a TDD to type the voice messages to the TDD user and read the TDD messages to the standard telephone user.” Additionally, 36 CFR Appendix B to Part 1191, 217.4.6 states: “Hospitals. Where at least one public pay telephone is provided serving a hospital emergency room, hospital recovery room, or hospital waiting room, at least one public TTY shall be provided at each location.”

Prior to the inspections occurring, DBHDS had implemented accommodations such as making an app free mobile phone available for private use that has volume control as well as making a centrally located phone (Polycom) available that has volume control.

DBHDS has outlined its strategies to meet compliance in the Corrective Action Plan (Appendix I).

FINDING 7 - DOCUMENTATION FOR EFFECTIVE COMMUNICATION NEEDS IMPROVEMENT

During our unannounced inspections of the 12 DBHDS facilities in July 2023, we requested a list from each facility of patients with communication disabilities. Most of the lists provided by the facilities did not have any patients that needed auxiliary aids or ASL services. However, at one facility the information in the electronic health record indicated a hearing aid was used, but it was not clear if the facility had to supply the hearing aid or if, without a hearing aid, ASL services were required. Overall, the information in the electronic health record related to communication aids for patients with disabilities could be improved.

28 CFR §35.160 (a)(1) states: “A public entity shall take appropriate steps to ensure that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with others...(b)(1) A public entity shall furnish appropriate auxiliary aids and services where necessary to afford individuals with disabilities, including applicants, participants, companions, and members of the public, an equal opportunity to participate in, and enjoy the benefits of, a service, program, or activity of a public entity.”

The information in the electronic health record system did not identify who was to provide the auxiliary aids and whether ASL services were required. If necessary auxiliary aids and services are not provided, individuals may not be able to participate effectively in their own treatments. In addition, if the information in the electronic health record is not clear, staff unfamiliar with the individual may not provide the necessary communication aids timely.

Recommendation:

Facilities management should ensure information in the electronic health record clearly indicates if there is a need for auxiliary aids and services and if so, who is responsible for providing them.

DBHDS Management Response:

Management agreed with the conditions observed by OSIG and with the recommendations.

DBHDS has outlined its strategies to meet compliance in the Corrective Action Plan (Appendix I).

FINDING 8 - POLICIES AND PROCEDURES DO NOT COMPLY WITH THE ADA REQUIREMENTS FOR MANAGING GRIEVANCES

Policies and procedures related to the grievance and complaint processes did not comply with ADA requirements. Only one facility had a grievance policy; however, it was not published. In addition, the policies and procedures provided to satisfy ADA requirements did not include many elements in accordance with CFR 28 §35.107(b) which is part of the ADA and the *ADA Tool Kit: Chapter 2, Addendum, Checklist Section C*.

CFR 28 §35.107(b) states: “A public entity that employs 50 or more persons shall adopt and publish grievance procedures providing for prompt and equitable resolution of complaints alleging any action that would be prohibited by this part.”

DBHDS is in the process of recruiting for a Central Office ADA Coordinator that will assist the facilities with their policies and procedures. This will help ensure there are consistent ADA compliant policies and procedures across all of the facilities. Without these procedures, the facilities do not have a documented process to reference in the event there are complaints. In addition, standard policies and procedures to handle complaints and accommodation requests ensure that they are handled consistently at each facility.

Recommendations:

1. DBHDS Central Office should develop policies and procedures related to the process of filing, investigating, and resolving grievances/complaints related to ADA, within the facilities.
2. DBHDS Central Office should incorporate the ADA suggested elements to include in these policies and procedures located at *ADA Tool Kit: Chapter 2, Addendum, Checklist Section C*.

DBHDS Management Response:

Management agreed with the conditions observed by OSIG and with the recommendations.

DBHDS has outlined its strategies to meet compliance in the Corrective Action Plan (Appendix I).

FINDING 9 - FACILITY TRAINING DOES NOT COVER ADA REQUIREMENTS FOR TREATING PATIENTS WITH DISABILITIES

DBHDS facility training for staff treating patients does not include all of the ADA Resource suggested training requirements for providing care. OSIG determined that the training offered did not include ADA Resource suggested topics as follows:

- Three of 12 facilities did not include training for medical practitioners and staff on how to properly assist with patient transfers and lifts.
- Four of 12 facilities did not include training for medical practitioners and staff on how to use positioning aids.
- Five of 12 facilities did not include training for medical practitioners and staff on how to properly use equipment.
- Eight of 12 facilities did not include training for medical practitioners and staff on how to maintain equipment.
- Nine of 12 facilities did not include instructions for medical practitioners and staff to understand and assess what level of assistance is needed for patients with disabilities and communication needs, or how to provide the level of assistance needed.
- Ten of 12 facilities did not include training on communicating with and assisting patients with disabilities and communication needs.
- Eleven of 12 facilities did not include training on alternate ways to provide access to programs and services when necessary to accommodate individuals based on their disability.
- Twelve of 12 facilities did not include training on requirements for modifying policies and procedures, identifying who to contact for questions or concerns, or how to operate Video Remote Interpreting (VRI) Equipment.

ADA Update: A Primer for State and Local Governments (updated February 28, 2020) states: “It is important that staff – especially front line staff who routinely interact with the public – understand the requirements on modifying policies and practices, communicating with and assisting customers, accepting calls placed through the relay system, and identifying alternate ways to provide access to programs and services when necessary to accommodate individuals with a mobility disability.” Access to Medical Care for Individuals with Mobility Disabilities states: “A critical, but often overlooked component to ensuring success is adequate and ongoing training of medical practitioners and staff. Purchasing accessible medical equipment will not provide access if no one knows how to operate it. Staff must also know which examination and procedure rooms are accessible and where portable accessible medical equipment is stored. Whenever new equipment to provide accessible care is received, staff should be immediately trained on its proper use and maintenance. New staff should receive training as soon as they come on the job and all staff should undergo periodic refresher training during each year.”

If staff are not aware of ADA policies and procedures or do not know how to implement them, problems can arise. In addition, training on proper usage of accessible medical equipment will minimize the chance of injury to patients and staff. DBHDS is in the process of recruiting for a Central Office ADA Coordinator that can assist the facilities with training development. This will help ensure there is consistent training across all facilities that aligns with ADA requirements.

Recommendations:

1. DBHDS Central Office should update training policies and procedures to ensure that ADA requirements are included for staff providing care at the facilities.
2. Facility management should ensure medical staff understand how to operate and maintain ADA accessible medical equipment.

DBHDS Management Response:

Management agreed with the conditions observed by OSIG and with the recommendations.

DBHDS has outlined its strategies to meet compliance in the Corrective Action Plan (Appendix I).

FINDING 10 - DBHDS FACILITIES DO NOT HAVE THE REQUIRED PUBLIC NOTICE POSTED

During OSIG's unannounced inspection of the 12 DBHDS facilities in July 2023, OSIG inquired and observed if the public notice related to ADA was posted in the facility, on their website, and if alternate formats of the public notice were available. At the time, none of the DBHDS facilities had a public notice related to ADA posted in public areas or on the facility website, and alternate formats of the notice were not available. During a second inspection of DBHDS facilities, conducted between August 2023 and October 2023, OSIG found that one facility had developed a public notice related to ADA and posted it.

The following information should be included in the public notice posted in public areas and on the facility website:

- Employment (does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the ADA);
- Effective Communication (will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments);
- Making reasonable modifications to policies and procedures (will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all its programs, services, and activities);
- Not placing surcharges on modifications or auxiliary aids and services, and
- Filing Complaints.

It should also include the name and contact information of the ADA coordinator.

Department of Justice Title II ADA CFR 28 §35.106 Notice. States: "A public entity shall make available to applicants, participants, beneficiaries, and other interested persons information regarding the provisions of this part and its applicability to the services, programs, or activities of the public entity, and make such information available to them in such manner as the head of the entity finds necessary to apprise such persons of the protections against discrimination assured them by the Act and this part."

Posting this notice helps to ensure that the needs of patients and the general public with disabilities are addressed in the programs, activities, and services operated by DBHDS. DBHDS is in the process of recruiting for a Central Office ADA Coordinator that will assist the facilities with compliance with ADA requirements, to include public notices. This will help ensure there is a public notice consistent for all the facilities.

Recommendations:

1. DBHDS Central Office should develop a public notice that complies with ADA requirements.
2. Facility management should post the public notice and make it available to all patients and interested persons.
3. DBHDS Central Office should work with the facilities to post the public notice on each of the facilities' websites.
4. Facility management should ensure there are alternate formats for the public notice available in compliance with ADA requirements.

DBHDS Management Response:

Management agreed with the conditions observed by OSIG and with the recommendations.

DBHDS has outlined its strategies to meet compliance in the Corrective Action Plan (Appendix I).

AUDIT RESULTS

This report presents the results of OSIG’s audit of Department of Behavioral Health and Developmental Services State Operated Facilities Americans with Disabilities Act Compliance. Based on the results and findings of the audit test work conducted of certain ADA requirements at DBHDS facilities, OSIG concluded that internal controls were operating properly, except as identified in the report findings.

APPENDIX I - CORRECTIVE ACTION PLAN

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
<p style="text-align: center;">1</p> <p>DBHDS Facilities do not have ADA Coordinators for Patients and the General Public</p>	<ol style="list-style-type: none"> 1. DBHDS Central Office should ensure that each facility has a designated ADA Coordinator for patients and the general public, under ADA Title II 28 CFR, Part 35. 2. Facility management should ensure EWP's are updated to reflect the responsibilities for an ADA Coordinator and the responsibilities are understood. 3. DBHDS Central Office should provide training to ADA Coordinators to ensure they are properly trained to implement and manage the requirements, under ADA Title II 28 CFR, Part 35, at each facility. 	<p>DBHDS is pleased to report that actions 1-3 (as listed below) have been completed at all 12 DBHDS operated facilities.</p> <p>DBHDS will take the following corrective action measures to ensure all DBHDS operated facilities have a designated employee to implement and manage the requirements under ADA Title II 28 CFR, Part 35:</p> <ol style="list-style-type: none"> 1. DBHDS operated facilities will designate an employee to serve as the ADA Facility Representative. 2. The designated employee will complete ADA Coordinator Training. 3. The EWP of the ADA Facility Representative 	<p>All DBHDS operated facilities will have a trained ADA Facility Representative to implement and manage the requirements under ADA Title II 28 CFR, Part 35.</p>	<p style="text-align: center;">6/30/2024</p>	<p style="text-align: center;">Facility Director, Central Office</p>

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
		<p>will be updated to reflect the ADA related duties and responsibilities.</p> <p>4. The Public Notice will be updated, as needed, with the contact information for the ADA Facility Representative and made available to the patients and general public.</p>			
<p>2</p> <p>Physical Accessibility of DBHDS Facilities does not Comply with ADA Requirements</p>	<p>1.DBHDS Central Office should conduct a comprehensive review of all 12 DBHDS facilities and develop a prioritization plan for facility upgrades, with a focus on addressing accessibility issues.</p> <p>2.DBHDS Central Office should consider engaging accessibility consultants to assess facilities and provide guidance on corrective actions.</p> <p>3.DBHDS Central Office should establish a</p>	<p>DBHDS will take the following corrective action measures to ensure all DBHDS operated facilities are physically accessible to patients and the general public or provide reasonable accommodations when physical accessibility requirements are not able to be achieved:</p> <p>1. Central Office will recruit and hire an Agency ADA Coordinator.</p> <p>2. Once the Agency ADA Coordinator has been employed, an ADA</p>	<p>All DBHDS operated facilities will have an updated self-evaluation and transition plan and have reasonable accommodations in place that ensures service delivery to people with disabilities.</p>	<p>12/31/2025</p>	<p>Central Office, ADA Facility Representative, Facility Director</p>

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
	<p>recurring schedule for ADA compliance audits across all facilities to promptly identify and rectify emerging accessibility issues while simultaneously fostering an ongoing commitment to providing accessible services.</p>	<p>compliance and audit program will be developed.</p> <p>3. With the support of the Agency ADA Coordinator, each facility will complete a self-evaluation and transition plan. The transition plan will identify any physical changes to the facility and equipment needs that are necessary to meet the ADA requirements. If physical alterations or equipment needs would create undue financial burden, the plan will identify accommodations that have been or will be implemented to ensure services can be provided to people with disabilities.</p> <p>4. ADA Facility Representatives, or responsible department leads, will submit work orders to correct deficiencies that can be</p>			

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
		<p>achieved within the facility budget. Deficiencies that exceed budgetary allowances will be included in the next budget cycle request.</p>			
<p>3 Eleven DBHDS Facilities had Inaccessible Restrooms in accordance with ADA Standards</p>	<p>1.DBHDS Central Office should conduct a comprehensive review of all 12 DBHDS facilities and develop a prioritization plan for facility upgrades, with a focus on addressing accessibility issues. 2.DBHDS Central Office should consider engaging accessibility consultants to assess facilities and provide guidance on corrective actions. 3.DBHDS Central Office should consider working to request funds needed to address any major renovation</p>	<p>DBHDS will take the following corrective action measures to ensure all DBHDS operated facilities have accessible restrooms or provide reasonable accommodations when restroom accessibility requirements are not able to be achieved:</p> <ol style="list-style-type: none"> 1. Central Office will recruit and hire an Agency ADA Coordinator. 2. Once the Agency ADA Coordinator has been employed, an ADA compliance and audit program will be developed. 3. With the support of the 	<p>All DBHDS operated facilities will have an updated self-evaluation and transition plan and have reasonable accommodations in place that ensures service delivery to people with disabilities.</p>	<p>12/31/2025</p>	<p>Central Office, ADA Facility Representative, Facility Director</p>

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
	<p>issues impacting patient accessibility issues.</p> <p>4.DBHDS Central Office should establish a recurring schedule for compliance reviews across all facilities to promptly identify and rectify emerging accessibility issues while simultaneously fostering an ongoing commitment to providing accessible services.</p>	<p>Agency ADA Coordinator, each facility will complete a self-evaluation and transition plan. The transition plan will identify any physical changes to the facility and equipment needs that are necessary to meet the ADA requirements. If physical alterations or equipment needs would create undue financial burden, the plan will identify accommodations that have been or will be implemented to ensure services can be provided to people with disabilities.</p> <p>4. ADA Facility Representatives, or responsible department leads, will submit work orders to correct deficiencies that can be achieved within the facility budget. Deficiencies that exceed budgetary allowances</p>			

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
		will be included in the next budget cycle request.			
<p>4</p> <p>Not all DBHDS Facilities have ADA Accessible Exam Rooms and Equipment Available</p>	<p>1.DBHDS Central Office should conduct a comprehensive review of all 12 DBHDS facilities and develop a prioritization plan for facility upgrades, with a focus on addressing accessibility issues.</p> <p>2.DBHDS Central Office should consider engaging accessibility consultants to assess facilities and provide guidance on corrective actions.</p> <p>3.DBHDS Central Office should establish a recurring schedule for compliance reviews across all facilities to promptly identify and rectify emerging accessibility issues while simultaneously fostering an ongoing commitment to</p>	<p>DBHDS will take the following corrective action measures to ensure all DBHDS operated facilities have accessible exam rooms and equipment or provide reasonable accommodations when accessibility requirements are not able to be achieved:</p> <p>1. Central Office will recruit and hire an Agency ADA Coordinator.</p> <p>2. Once the Agency ADA Coordinator has been employed, an ADA compliance and audit program will be developed.</p> <p>3. With the support of the Agency ADA Coordinator, each facility will complete a self-evaluation and transition</p>	<p>All DBHDS operated facilities will have an updated self-evaluation and transition plan and have reasonable accommodations in place that ensures service delivery to people with disabilities.</p>	<p>12/31/2025</p>	<p>Central Office, ADA Facility Representative, Facility Director</p>

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
	<p>providing accessible services.</p>	<p>plan. The transition plan will identify any physical changes to the facility and equipment needs that are necessary to meet the ADA requirements. If physical alterations or equipment needs would create undue financial burden, the plan will identify accommodations that have been or will be implemented to ensure services can be provided to people with disabilities.</p> <p>4. ADA Facility Representatives, or responsible department leads, will submit work orders or purchase orders to correct deficiencies that can be achieved within the facility budget. Deficiencies that exceed budgetary allowances will be included in the next budget cycle request.</p>			

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
<p>5</p> <p>Policies and Procedures do not Comply with the ADA Requirements for Providing Effective Communication Tools</p>	<p>1.DBHDS Central Office should develop policies and procedures related to providing effective communication needs to ensure patients and members of the public with communication disabilities have the same access and opportunities as those without disabilities.</p> <p>2.DBHDS Central Office should incorporate the ADA suggested elements to include in these policies and procedures located at guidance on effective communication published by the U.S Department of Justice.</p>	<p>DBHDS will take the following corrective action measures to ensure agency and state-operated facility policies and procedures comply with ADA policy requirements:</p> <ol style="list-style-type: none"> 1. Central Office will recruit and hire an Agency ADA Coordinator. 2. Central Office will recruit and hire a Facility Services Policy Analyst and Writer. 3. In the absence of the ADA Agency Coordinator, Central Office will designate an employee to review/revise current ADA related agency policies and procedures. 4. ADA Facility Representatives, in conjunction with other facility employees, will review/revise or create 	<p>DBHDS and all DBHDS operated facilities will have policies and procedures that comply with ADA policy requirements.</p>	<p>4/1/2025</p>	<p>Central Office, ADA Facility Representative, Facility Director</p>

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
		<p>facility specific policies and procedures that align with the agency ADA related policies and procedures.</p>			
<p>6 Telephone Devices Provided for Effective Communication Need Improvement</p>	<p>Facility management should ensure telephones are equipped to assist those with communication disabilities.</p>	<p>DBHDS will take the following corrective action measures to ensure all DBHDS operated facilities have telephone devices that meet accessibility requirements or provide reasonable accommodations when accessible devices are not available:</p> <ol style="list-style-type: none"> 1. Central Office will recruit and hire an Agency ADA Coordinator. 2. Once the Agency ADA Coordinator has been employed, an ADA compliance and audit program will be developed. 3. With the support of the Agency ADA 	<p>All DBHDS operated facilities will have an updated self-evaluation and transition plan and have reasonable accommodations in place that ensures service delivery to people with disabilities.</p>	<p>12/31/2025</p>	<p>Central Office, ADA Facility Representative, Facility Director</p>

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
		<p>Coordinator, each facility will complete a self-evaluation and transition plan. The transition plan will identify any physical changes to the facility and equipment needs that are necessary to meet the ADA requirements. If physical alterations or equipment needs would create undue financial burden, the plan will identify accommodations that have been or will be implemented to ensure services can be provided to people with disabilities.</p> <p>4. ADA Facility Representatives, or responsible department leads, will submit work orders or purchase orders to correct deficiencies that can be achieved within the facility budget. Deficiencies that exceed budgetary allowances will be included in the</p>			

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
		next budget cycle request.			
7 Documentation for Effective Communication Needs Improvement	Facility management should ensure information in the electronic health record clearly indicates if there is a need for auxiliary aids and services and if so, who is responsible for providing them.	<p>DBHDS is pleased to report that the electronic health record has been provisioned to capture the effective communication needs of the patient.</p> <p>DBHDS will take the following corrective action measures to ensure patient electronic health records indicate the effective communication needs of the patient:</p> <ol style="list-style-type: none"> 1. Central Office will recruit and hire an Agency ADA Coordinator. 2. Facility ADA Representatives will work with applicable department managers to ensure staff responsible for completing eHR entries are trained and knowledgeable of the communication related 	DBHDS operated facilities will effectively utilize the electronic health record to document a patients communication needs and preferences. Documentation will consist of communication related diagnoses, auxiliary aid and/or service needs and identification of responsibility.	4/1/2025	Central Office, ADA Facility Representative, Facility Director

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
		<p>documentation requirements.</p> <p>3. Facility ADA Representatives will work with their Clinical Informaticist and the Agency ADA Director if additional eHR provisions are needed.</p>			
<p>8</p> <p>Policies and Procedures do not Comply with the ADA Requirements for Managing Grievances</p>	<p>1.DBHDS Central Office should develop policies and procedures related to the process of filing, investigating and resolving grievances/complaints related to ADA, within the facilities.</p> <p>2.DBHDS Central Office should incorporate the ADA suggested elements to include in these policies and procedures located at ADA Tool Kit: Chapter 2, Addendum, Checklist Section C.</p>	<p>DBHDS is pleased to report that the revision of the Agency and Facility ADA Grievance Procedure has been completed.</p> <p>DBHDS will take the following corrective action measures to ensure agency and state-operated facility policies and procedures comply with ADA policy requirements:</p> <p>1. Central Office will recruit and hire an Agency ADA Coordinator.</p> <p>2. Central Office will recruit and hire a Facility</p>	<p>DBHDS and all DBHDS operated facilities will have policies and procedures that comply with ADA policy requirements.</p>	<p>4/1/2025</p>	<p>Central Office, ADA Facility Representative, Facility Director</p>

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
		<p>Services Policy Analyst and Writer.</p> <p>3. In the absence of the ADA Agency Coordinator, Central Office will designate an employee to review/revise current ADA related agency policies and procedures.</p> <p>4. ADA Facility Representatives, in conjunction with other facility employees, will review/revise or create facility specific policies and procedures that align with the agency ADA related policies and procedures.</p> <p>5. Notification of revised ADA related policies and procedures will be communicated to staff and public notifications will be made as required.</p>			
9 Facility Training	1.DBHDS Central Office should update training	DBHDS will take the following corrective action	DBHDS and all DBHDS operated facilities will	4/1/2025	Central Office, ADA Facility

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
<p>does not Cover ADA Requirements for Treating Patients with Disabilities</p>	<p>policies and procedures to ensure that ADA requirements are included for staff providing care at the facilities.</p> <p>2.Facility management should ensure medical staff understand how to operate and maintain ADA accessible medical equipment.</p>	<p>measures to ensure agency and state-operated facility policies, procedures, and trainings comply with ADA policy and training requirements:</p> <ol style="list-style-type: none"> 1. Central Office will recruit and hire an Agency ADA Coordinator. 2. Central Office will recruit and hire a Facility Services Policy Analyst and Writer. 3. In the absence of the ADA Agency Coordinator, Central Office will designate an employee to review/revise current ADA related agency policies, procedures and trainings. Following review, the revision or development of training/training material will be coordinated with Training Specialists. 	<p>have policies, procedures, and trainings that comply with ADA policy and training requirements.</p>		<p>Representative, Facility Director</p>

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
		<p>4. ADA Facility Representatives, in conjunction with other facility employees, will review/revise or create facility specific policies and procedures that align with the agency ADA related policies and procedures. The revision or development of training/training material will be coordinated with Training Specialists.</p>			
<p>10 DBHDS Facilities do not have the Required Public Notice Posted</p>	<p>1.DBHDS Central Office should develop a public notice that complies with ADA requirements. 2.Facility management should post the public notice and make it available to all patients and interested persons. 3.DBHDS Central Office should work with the facilities to post the public</p>	<p>DBHDS is pleased to report that a standardized Public Notice that will be posted on the Agency and Facility websites has been developed and will be posted on all DBHDS public websites.</p> <p>DBHDS will take the following corrective action measures to ensure the Public Notice is updated, as needed, and posted to the</p>	<p>DBHDS websites will have a Public Notice posted on the Agency and Facility websites that complies with ADA requirements.</p>	<p>6/30/2024</p>	<p>Central Office, ADA Facility Representative, Facility Director</p>

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
	<p>notice on each of the facilities' websites.</p> <p>4. Facility management should ensure there are alternate formats for the public notice available in compliance with ADA requirements.</p>	<p>public:</p> <ol style="list-style-type: none"> 1. Central Office will recruit and hire an Agency ADA Coordinator. 2. In the absence of an Agency ADA Coordinator, Central Office will designate an employee to collaborate with the party responsible for the agency website to ensure the Public Notice is posted. 3. The ADA Facility Representatives will collaborate with facility IT personnel to ensure the Public Notice is posted on facility websites. 4. The Agency ADA Coordinator and ADA Facility Representatives will update the Public Notice, as needed, with the contact information for the respective ADA 			

FINDING NUMBER	RECOMMENDATIONS	CORRECTIVE ACTION	DELIVERABLE	ESTIMATED COMPLETION DATE	RESPONSIBLE POSITION
		contact and make it available to the patients and general public.			