

Auxiliary Aids Plan Peace River Center June 2023

Peace River Center shall comply with Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as implemented by 45 C.F.R. Part 84 (hereinafter referred to as Section 504) and the Americans with Disabilities Act of 1990, 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35 (hereinafter referred to as ADA). This plan is available in alternative formats at the request of staff and participants.

Single Point of Contact

The Single Point of Contact and Section 504 Coordinator, Chief Operating Officer, will ensure effective communication with deaf or hard-of-hearing customers or companions in accordance with Section 504 and the ADA. The Single Point of Contact and Section 504 Coordinator shall ensure that employees are aware of the requirements, roles, responsibilities, and contact points associated with compliance with Section 504 and the ADA.

Provision of Auxiliary Aids and Services

Peace River Center will at all times recognize that the customer or companion's preference is the primary consideration in determining what auxiliary aids or services to provide. If communication through a specific auxiliary aid or service is deemed to be ineffective, staff will ask the customer or companion to determine a more effective auxiliary aid or service for communication. Documentation shall be made in the customer's file regarding the attempt to improve the effectiveness of auxiliary aids and services.

Staff shall obtain auxiliary aids according to the individual's communication assessment and request for services for any customer or companion that identifies as being Deaf or hard of hearing. All Deaf interpreters' certifications shall be verified.

If staff is not familiar with an auxiliary aid or service requested by a customer or companion they should access the information from their direct manager, our single point of contact, or from the center's policies.

Provision of Interpreters in a Timely Manner

The Peace River Center's staff shall provide interpreters for customers and companions who are Deaf or hard-of-hearing in a timely manner in accordance to the following standards:

a. **Non-Scheduled Interpreter Requests:** For any emergency situation that is not a scheduled appointment, staff shall make a certified or qualified interpreter available as soon as possible, but in no case later than two (2) hours from the time the customer or companion or staff requests an interpreter, whichever is earlier. If the situation is not an emergency, staff shall offer to schedule an appointment (and provide an interpreter where necessary for effective communication) as convenient to the customer or companion, but at least by the next business day.



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

Auxiliary Aids Documentation

Peace River Center shall document the customer or companion's preferred method of communication and any requested auxiliary aids and services provided in the customer's program file. Documents and forms evidencing when and how the center provided auxiliary aids and services to customers or companions shall be retained within the customer's corresponding file (EHR / paper) for seven years. Forms include but are not limited to:

- Customer or Companion Communication Assessment and Auxiliary Aid and Service Record
- Customer or Companion Request for Free Communication Assistance or Waiver

Denied Auxiliary Requests

Documentation, with supporting justification, must also be made on the DCF Communication Assessment and Auxiliary Aid/Service Record form if any request was not honored; the client (or companion) will be provided a copy of the documentation. The Chief Executive Officer is the only person that can deny auxiliary aid requests made by a customer or companion.

Referrals

If customers or companions are referred to other agencies, the provider must ensure that the receiving agency is notified of the customer or companion's preferred method of communication and any auxiliary aid or service needs. In order to accommodate this, Peace River Center will ensure that the referral is desired by the participant and that he or she signs a Release of Information Form.

Customer Feedback Form

The provider shall distribute Customer/Companion Feedback Forms to customers or companions that are Deaf or hard of hearing and provide assistance in completing the forms if requested by the customer or companion. The original Customer/Companion Feedback Form shall be mailed to DCF, Office of Civil Rights, 1317 Winewood Boulevard, Building 1, Room110, Tallahassee, FL 32399-0700 by the participant or if requested, by the center. A copy of the Customer Feedback Form **shall not be kept in the file.**

Signage

A copy of the agency's Auxiliary Aids Plan will be posted on the agency's website in both English and Spanish, and will be available to staff for printing on the agency's intranet. Copies in an alternative form will be provided upon request. The Single-Point-of-Contact and Section 504 Coordinator will ensure that conspicuous Notices which provide information about the availability of appropriate auxiliary aids and services at no-cost to the deaf or hard-of-hearing customers or



companions are posted near where people enter or are admitted within the center locations. The approved Notices can be downloaded through the Internet at: http://www.dcf.state.fl.us

HHS Reports

The center shall submit HHS Reports monthly, no later than the 5th day of each month, to the CFBHN Contract Manager, DCF/SAMH Contract Manager, and Heartland for Children's Contract Manager.

Event Accommodations

The center shall ensure accessibility to meetings, conferences and seminars to persons with disabilities, limited English proficiency, and Deaf or hard of hearing by placing the following statement on all event notices and advertisements prior to the event:

The center will provide accommodations, including American Sign Language interpreters, assistive listening devices, alternative formats of printed materials and real-time captioning upon request for persons who are deaf, hard of hearing or are living with disabilities. To ensure accommodations, please make your request within 7 days prior to the event to Candace Barnes, at 863-519-0575 or candace.barnes@peacerivercenter.org.

Staff Training

The center's staff shall receive training on how to provide auxiliary aids and services for persons with disabilities and limited English proficiency (LEP) within 60 days of commencing employment. Refresher training will be done annually with a Learning Pointe course titled Florida's DCF Support of the Deaf or Hard-of-Hearing. Training documentation shall be maintained in each employee's training file.

Auxiliary Aid Resources

Sign Language Interpreters

Absolute Quality Interpreting Services, LLC (AQI)

(available 24 hours, 7 days a week)

Phone: 813-785-1214 (voice/text)

Fax: 813-200-3469

Email: info@AQIservices.com

American Sign Language Services, Inc. (ASL)

(available 24 hours, 7 days a week)

Phone: 888-744-6275/407-518-7900 (Mon-Thurs 8:30-4:30pm; Fri 8:30-1:00pm)

ER Pager: 407-931-8050 (After Hour Requests)

Fax: 407-518-7903

Email: scheduling@aslservices.com

Angel Interpreting, LLC

(available 24 hours, 7 days a week)
Phone: 863-226-4049
Email: info@angelvri.com



Assisted Listening Devices

Pocketalkers are located at the Gilmore HIS department, BCSU Registration department, LCSU Medication Room, SRT Medication Room, and Wauchula registration office. To reserve use of the device, please use the sign in and sign out sheet located near the device.

Florida Relay – 7-1-1

Through the Florida Relay Service, people who use specialized telephone equipment can communicate with people who use standard telephone equipment. To call Florida Relay, dial 7-1-1, or use the appropriate toll free numbers below:

1-800-955-8771 (TTY)

1-800-955-8770 (Voice)

1-877-955-8773 (Spanish)

<u>Video Relay Services (VRS):</u> (When Clients are not in the same room—Telephone Only)

Federal Video Relay Service (VRS) enables a user who uses sign language to communicate via videoconferencing with a certified Video Interpreter (VI) through the Internet. The VI then voices/relays the signed conversation over the phone – in real time – to the hearing caller (standard telephone users). By using sign language over the full motion video, this allows the sign language user their natural language to convey facial expression and cues to ensure that nothing gets lost in the translation.

If the sign language user has a Video Phone or Video Relay Software/Application- Dial 877-709-5797 (no appointment is necessary). Provide the interpreter with your agency name, and the sign language user's ten-digit telephone number.

<u>Video Remote Interpreting (VRI):</u> (When Clients are in the same room)

Video Remote Interpreting (VRI) uses video devices with cameras and screens to provide sign language and spoken language interpreting services through a remote or off-site interpreter. Contact American Sign Language Services (ASL, Inc.) at 888-744-6275 or 407-518-7900 to schedule.

<u>CART:</u> A CART provider uses a court reporting stenography machine, a computer and software to display everything that is being said, word for word. The text is displayed on a computer, television or projection screen.

Notify Chief Operating Officer if CART services are requested by Client / Companion.

Interpreters for Limited English Proficiency Participants:

If a participant speaks limited English and requires an interpreter, client shall be assigned to a PRC professional who speaks the same language. If no such professional is available, Optimal Phone Interpreters should be utilized by calling 1-877-746-4674 and requesting the needed language. In accordance with policy CM-301, "Only in a crisis situation should a non-certified professional, family member or significant other (of the individual) be called upon to interpret."



The Center's Qualified Foreign Language Interpreters

| STAFF NAME | LANGUAGE | JOB TITLE/LOCATION | CONTACT NUMBER | PROFICIENCY |
|------------------------------|---------------|--------------------------------|-----------------------------|--------------------|
| Adelina Camilo | Spanish | Psych Tech/SRT | | Read, Write, Speak |
| Benita Valdez | Spanish | Registration/ BCSU | Ext 7354 | Read,Write,Speak |
| Charles Barrios, MD | Spanish | Psychiatry/GOP | | Read, Write, Speak |
| Cristina Aguilar | Spanish | BH Navigation Team/Main St. | Ext. 7780 | Read, Write, Speak |
| Dahyana Jean Jacques | French/Creole | DV Care Case Specialist | | Read, Write, Speak |
| Diana Arcila | Spanish | Case Manager/CCM | | Read, Write, Speak |
| Eduardo Carrascal | Spanish | CAT Team I Case Manager | 863-738-4161 | Read, Write, Speak |
| Eliseo Melendez | Spanish | Registration/LCSU | Ext 7817 | Speak |
| Ellen Rotsgalm-Oris | Dutch | Client Advocate/SDVS | 863-386-1168 | Read, Write, Speak |
| Fedro Jean Laurent | Creole | Therapist/Lake Wales | Ext. 6855 | Read, Write, Speak |
| Gherlig Beltran | Spanish | Case Manager/CCM | | Read, Write, Speak |
| Jean Tropnas, MD | French/Creole | Psychiatry/GOP | | Read, Write, Speak |
| Jessica Gonzalez | Spanish | Care Coordinator | | Read, Write, Speak |
| Johanna Acosta | Spanish | Program Assistant/GOP | Ext. 6707 | Read, Write, Speak |
| John Chavez | Spanish | IT Support Tech/Main St. | | Read, Speak |
| Julia Rivera | Spanish | Registration/PRN/Gilmore | Ext 7492 | Read, Write, Speak |
| Katteline Rivera | Spanish | Registrar/Wellness | Ext. 6793 | Read, Write, Speak |
| Lizandra Chase | Spanish | OP Therapy Program Manager/GOP | Ext. 6694 | Read, Write, Speak |
| Lysette Cisneros | Spanish | Registration/Lake Wales | 863-452-3003 or Ext 6825 | Read, Write, Speak |
| Marcela Arellano | Spanish | Therapist/GOP | Ext. 6500 | Read, Write, Speak |
| Margalie Cadet Rosas | French/Creole | Clinician/FACT | 863-512-0195 | Read, Write, Speak |
| Myriam Buitrago | Spanish | Therapist/GOP | Ext. 7061 | Read, Write, Speak |
| Naomi Lopez Figueroa | Spanish | Therapist/OnTrack | 863-289-6976 | Read, Write, Speak |
| Rosa Villavicencio | Spanish | Therapist/Bartow | Ext. 7729 | Read, Write, Speak |
| Ruth Carrasquillo | Spanish | Managed Care Specialist/BCSU | Ext. 6142 | Read, Write, Speak |
| Teresa Trinidad- Calderon | Spanish | Nurse Supervisor/LCSU | Ext. 7406 | Read, Write, Speak |
| Thalia Santamaria | Spanish | Medical Assistant/GOP | Ext. 7904 | Read, Write, Speak |
| Violet Gonzalez | Spanish | SV Advocate | | Read, Write, Speak |
| Wileen De Jesus Caro | Spanish | Case Manager/ACM | Ext. 6868 | Read, Write, Speak |
| Yesenia Martin, APRN | Spanish | Psychiatry/Bartow & Lake Wales | | Read, Write, Speak |
| Zaury Suarez Rivera | Spanish | Case Manager/ACM | | Read, Write, Speak |



Customer Complaints

If you believe you were wrongfully denied access to services or discriminated against:

- 1. Inform the person who denied access to services that you believe they wrongfully denied you services and why you believe that is the case.
- 2. Ask to speak to a manager, immediately.
- 3. You may submit your complaint/grievance in writing or verbally. Direct your concern to the Program Manager and/or Peace River's Chief Operating Officer. Include the following information:
 - a. What service were you denied?
 - b. What were you told was the reason you were denied service?
 - c. What person denied you services?
 - d. What was the date you were denied service?

In addition to the above actions, discrimination complaints may also be filed externally with the state and federal government.

Department of Children & Families Office of Civil Rights 2415 N. Monroe St. Suite 400 Tallahassee, FL 32303 850-487-1901 or TTY 850-9622-9220

Executive Director Florida Commission on Human Relations 4075 Esplanade Way, Room 110 Tallahassee, FL 32399 850-488-7082 or TDD 800-955-1339 US Department of Health & Human Services Office for Civil Rights Atlanta Federal Center, Suite 3B70 61 Forsyth Street, SW Atlanta, GA 30303-8909 800-368-1019 or TDD (800) 537-7697

US Department of Justice Civil Rights Division Office of the Assistant Attorney General 950 Pennsylvania Avenue, NW Washington, DC 20531 202-544-3847 or TDD 202-514-0716