



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

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### POLICIES AND PROCEDURES

#### SECTION 6, CHAPTER 5, POLICY 006

#### ACCESSIBILITY OF SERVICE FOR PERSONS WITH DISABILITIES (PWD)

#### SUBSTANCE USE DISORDER

##### A. PURPOSE

The purpose of this policy is to ensure that HHS staff and subcontracted providers comply with:

- Americans with Disability Act (ADA);
- Section 504 of the Rehabilitation Act of 1973;
- 45 Code of Federal Regulations (CFR), Part 84, Non-discrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance;
- Title 24, California Code of Regulations (CCR), Part 2, Activities Receiving Federal Financial Assistance and;
- Unruh Civil Rights Act California Civil Code (CCC) Sections 51 through 51.3 and all applicable laws related to services and access to services for persons with disabilities (PWD).

The Checklist for Accessibility to Substance Use Disorder Program has been included for reference to ensure compliance of federal, state, and local laws and requirements.

##### B. FORMS REQUIRED/ATTACHMENTS:

- Checklist for Accessibility to Substance Use Disorder Program

##### C. DEFINITIONS:

N/A

##### D. POLICY:

In accordance to the federal, state, and local laws and requirements as detailed in DHCS SUD Bulletin 09-05 "Requirements to Ensure Access to Services for Persons with Disabilities" issued on May 27, 2009, the Yolo County HHS SUD program and its' providers shall maintain 1) The Checklist for Accessibility to Substance Use Disorder Program; 2) Disability Admission and Referral Policy; and 3) Accessibility Needs Assessment for all federal funded SUD programs.

For additional guidance, please refer to HHS Policy Number QM-SUD-0501.

##### E. PROCEDURES:

Yolo County HHS shall conduct one (1) annual assessment consisting of "The Checklist for Accessibility to Substance Use Disorder Program" every year or as needed and shall keep records of

the assessment in the QM SUD Certification folders. Records of the assessments shall be provided to the DHCS SUD branch upon request.

County-operated and contracted service providers shall complete and retain in program files a copy of the "Disability Admission and Referral Policy". In addition, providers shall offer to beneficiaries the "Accessibility Needs Assessment" and retain a copy as a record in the clients' file. These records may serve to identify clients for referrals to the HHS designated access coordinator for further evaluation.

**F. REFERENCES:**

1. ADP Bulletin 09-05
2. HHS Policy Number QM-SUD-0501

**Approved by:**



**Karen Larsen, LMFT Director**  
**Yolo County Health and Human Services Agency**



**Date**

**Checklist for Accessibility to Substance Use Disorder Program  
Yolo County HHSA**

Accessible Approach/ Entrance				
A) PARKING WALKWAYS: MINIMUM CONSIDERATIONS	YES	NO	N/A	COMMENTS
1. If off-street parking is available, is it as close to the accessible entrance as possible?				
2. Are walkways with necessary ramps and curb cuts available from the parking area to the accessible entrance? NOTE: Route travel should be at least 36" wide?				
3. Are designated reserved parking spaces provided for persons with disabilities.				
B) ENTRANCES: MINIMUM CONSIDERATIONS	YES	NO	N/A	COMMENTS
1. Is at least one primary building entrance accessible at ground level or ramped with no steps? NOTE: Ramp slope should not exceed 1:12. (One foot of ramp is equal to one foot of height.)				
2. Are accessible entrances identified with proper signage? (NOTE: A primary entrance is one that is a commonly used public entrance which does not involve transit through kitchens, storage facilities or similar areas.)				
3. Are accessible primary entrances left unlocked or are provisions made for a signaling device that is accessible if the entrance must be locked during certain hours for security purposes?				
4. Do entrance doors have a minimum clear opening of 32"?				
5. Is the pressure required to open exterior doors 8 lbs. or less? (NOTE: Fish scales are helpful in determining door pressure.)				

6. If revolving doors or turnstiles are located at a primary entrance, is there an accessible door as part of the same entrance?				
<b>Access to Goods and Services</b>				
<b>C) INTERIOR CIRCULATION: MINIMUM CONSIDERATIONS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Do all essential public areas have interior access for persons using a wheelchair or have other mobility impairments? (NOTE: This means the absence of steps to essential public areas and does not require leaving the facility to access an essential area that others can access without going outside.)				
2. If the facility has multiple stories and if essential services or activities are provided on various levels, is elevator service available?				
3. If elevators are present do they have the following features?				
a. Self-Leveling?				
b. Do the elevator doors stay open a minimum of five seconds?				
c. Controls are no more than 48" high, 54" to the top button or equipped with an adaptive device (wand)?				
4. Do interior doors to public areas (not including guest rooms) have a minimum clearance of 32"?				
5. Are interior door pressure required to open the door five lbs. or less? (NOTE: Fish scales are helpful in determining door pressure.)				
6. Are interior ramps:				
a. Permanent?				

b. Have a non-slip surface with handrails on at least one side?				
c. Is the slope a maximum of 1" rise for 12" of run? (NOTE: If the answer is no, please indicate slope. In rare situations, a ratio of 1in 8 will be acceptable if it does not prohibit participation in a meeting, conference, training session, group session or public hearing of persons with disabilities.)				
<b>D) TOILET ROOMS AND BATHING FACILITIES: MINIMUM CONSIDERATIONS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Does the Facility have accessible public restrooms for men and women?				
a. Are there accessible unisex restrooms available?				
2. Does the restroom entrance door have a minimum clear opening of 32"?				
a. Is there adequate space to permit a wheelchair user to approach fixtures? A 36" wide path to all fixtures is required.				
b. Is there adequate space to permit a wheelchair user to turn and enter stall? (NOTE: A person in a wheelchair needs 36 inches of clear width for forward movement, and a five foot diameter or T-shaped clear space to make turns.				
3. Is the pressure required to open the entrance door five lbs. or less?				
4. Do public toilet rooms have at least one fixture of each type, such as towel dispenser, sink, soap dispenser, etc., that is accessible and useable by persons using a wheelchair?				
5. Do public toilet rooms, either individual or group, have a minimum clear floor space of 5 ft. and 1 or permit a wheelchair user to turn and enter the stall?				
6. If stalls are provided, are they a minimum of 36" wide and 72" deep, or 48" wide and 57"				

deep, and have doors with a 30" clear opening? (NOTE: A 32" clear opening is preferred.)				
7. Is the toilet set 17" to 19" high?				
8. Is the sink rim no higher than 34"?				
9. Is there at least 29" from the floor to the bottom of the sink apron (excluding pipes)?				
10. Are exposed drain and hot water pipes insulated?				
11. Can the faucet be operated with one closed fist?				
12. Are other fixed objects located so as not to impede wheelchair access into stalls or other facilities?				
13. Does appropriate signage identify accessible toilet facilities? (NOTE: If all restrooms are accessible then signage identifying accessibility is not required.)				
<b>E) MEETING/HEARING ROOM FACILITIES: MINIMUM CONSIDERATIONS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Are there meeting rooms that can only be accessed by steps? NOTE: If so, identify in comments sections.				
2. If amplifiers and/or sound equipment are used, are individual handheld or lavalier microphones available?				
a. Are provisions made for assistive listening devices upon request for persons using hearing impairments?				
3. Can meeting room seating be arranged to accommodate and include persons using wheelchairs in an integrative manner?				

<b>F) RESIDENTIAL FACILITIES LODGING ACCOMODATIONS: MINIMUM CONSIDERATIONS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
What is the total number of sleeping rooms provided?				
a. How many sleeping rooms are accessible for people with mobility limitations?				
2. Entrance door to guest rooms have a minimum clear opening of at least 32"?				
3. Do accessible guest rooms allow sufficient turning space (5 ft. in diameter) to allow a person using a wheelchair to move about?				
4. If there is a phone in the room is there an unobstructed approach to the phone for a person using a wheelchair?				
<b>G) AUXILIARY AIDS: MINIMUM CONSIDERATIONS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Is there a written disability admission and referral policy in place?				
2. Does the facility have a TTY?				
a. If no, has staff been trained to use the California Relay System (CRS)?				
3. Does the alarm system have both visual and audible features?				
4. Do public televisions have closed caption capability?				
5. Are written materials available in alternative formats?				
a. If no, is there a policy in place for obtaining alternative formats?				
6. Are service dogs allowed in the facility:				

a. If no, please explain in comments:				
7. Is there a written policy in place that does not discriminate against persons with disabilities?				
8. Is there a written ADA plan on file?				



## Disability Admission and Referral Policy

(Sample)

It is the policy [Insert Name of the Program] to support and comply with the requirements of the Americans with Disabilities Act (ADA) and to ensure that, to the maximum extent practicable, persons with disabilities are afforded equal access to our facilities, programs, and services.

Reasonable accommodation shall be provided for individuals with a physical, sensory, or cognitive disability, who meet our admission criteria, shall receive consistent service within the capabilities of our program design and staff. Reasonable accommodations for individuals who identify as having a disability will be based on an assessment of their functional limitations and discussions with the individual.

In the event [Insert Name of the Program] is unable to accommodate an individual due to physical, sensory, or cognitive disabilities, the individual will be referred to the Yolo County HHSA designated access coordinator for further needs assessment and placement.

### County Contact Information:

Yolo County Health and Human Services Agency  
Quality Management  
137 N. Cottonwood Street Suite 2500  
Woodland, CA 95695  
[insert access number]  
[HHSAQualityManagment@yolocounty.org](mailto:HHSAQualityManagment@yolocounty.org)

### APPROVED BY:

\_\_\_\_\_  
[Insert Organization Director or Approved Designee ]  
[Insert Title of Signatory]

\_\_\_\_\_  
Date

## ACCESSIBILITY NEEDS ASSESSMENT

<b>Client Name:</b>				
<b>Circle One:</b>	Accepted Assessment / Declined Assessment			
<b>Client Signature and Date:</b>				
<b>Staff Signature and Date:</b>				
QUESTIONS	YES	NO	N/A	COMMENTS
Do you have a disability or have you ever been told that you have a disability?				
Are you currently under the care of a doctor or other medical care professional?				
Do you take medications?				
Do you have difficulty hearing in group settings (e.g., theaters, classrooms, family dinners)?				
Do you frequently need people to repeat what they have said to you?				
Have people complained that you don't hear or don't listen to them?				
Do you wear glasses or contact lenses?				

QUESTIONS	YES	NO	N/A	COMMENTS
Do you have difficulty seeing things that are far away or very close?				
Do you have frequent eye pain or headaches?				
Have you ever hit your head and lost consciousness?				
Have you ever received health or disability issues?				
Have you ever been unemployed for a long period of time?				
Have you ever been fired from a job, asked to leave a job, or passed over for a promotion?				
Did you ever have special classes or tutoring in school?				
In a school or work setting, do you like to learn or learn best by:				
Listening to someone talk				
Watching someone perform a task				
Reading on your own				
Performing tasks yourself				

QUESTIONS	YES	NO	N/A	COMMENTS
Discussing things with another person				
Discussing things with a group of people				
Have you had problems or difficulty with any of the following?				
Getting your point across to others				
Sitting still				
Focusing on the task at hand for more than several minutes at a time				
Understanding the point that others are making to you or what others are saying to you				
Communicating your feelings or thoughts to others.				
Have you ever had problems with or been bothered by any of the following:				
<ul style="list-style-type: none"> <li>• Controlling anger</li> </ul>				
<ul style="list-style-type: none"> <li>• Remembering things</li> </ul>				
<ul style="list-style-type: none"> <li>• Following instructions (verbal written, or demonstrated)</li> </ul>				
<ul style="list-style-type: none"> <li>• Concentrating</li> </ul>				

QUESTIONS	YES	NO	N/A	COMMENTS
<ul style="list-style-type: none"> <li>Becoming tired easily</li> </ul>				
<ul style="list-style-type: none"> <li>Getting along with others</li> </ul>				
Have you ever had problems or been bothered by any of the following:				
<ul style="list-style-type: none"> <li>Depression</li> </ul>				
<ul style="list-style-type: none"> <li>Anxiety</li> </ul>				
<ul style="list-style-type: none"> <li>Forgetfulness</li> </ul>				
<ul style="list-style-type: none"> <li>Sleep problems</li> </ul>				
<ul style="list-style-type: none"> <li>Nervousness</li> </ul>				
<ul style="list-style-type: none"> <li>Muscle tension or soreness</li> </ul>				
<ul style="list-style-type: none"> <li>Uncontrolled worry</li> </ul>				
<ul style="list-style-type: none"> <li>Excessive worry</li> </ul>				
<ul style="list-style-type: none"> <li>Irritability</li> </ul>				
<ul style="list-style-type: none"> <li>Restlessness (feeling on edge)</li> </ul>				
<ul style="list-style-type: none"> <li>Mind "going blank"</li> </ul>				

<ul style="list-style-type: none"> <li>• Rapid heart rate</li> </ul>				
<ul style="list-style-type: none"> <li>• Pounding in chest</li> </ul>				
<ul style="list-style-type: none"> <li>• Heart burn or stomach pain</li> </ul>				
<ul style="list-style-type: none"> <li>• Uncontrolled feeling of happiness or euphoria</li> </ul>				

If concerns or noticeable impairments are established, the client should be referred to the HHS designated access coordinator for a more in-depth screening. The manner in which the questions in the assessment are asked may further provide additional information concerning potential needs for referral and/or follow-up treatment planning. Throughout the assessment, it is important for the assessor to pay attention to the individual's affect and behavior in order to determine any possible cognitive or affective impairments. Screening for psychiatric disorders is discussed in TIP 9, Assessment and Treatment of Patient with Coexisting Mental Illness and Alcohol and Other Drug Abuse (CSAT,1994).