

POLICY MANUAL

Subject: Vision, Deaf and Hard of Hearing
Accommodations

Effective Date: 3/1/01

Initiated By: Cinde Stewart Freeman
Chief Quality Officer

Approved By: Billie Alexander Avery
Chief Clinical Officer

Review Dates: 12/02 CSF 02/09 DNF 05/09 BLA
03/10 Committee, 03/13 NC, 2/14 NC

Revision Dates: 02/11 Committee
04/12 Committee

POLICY:

Cumberland Heights acknowledges that physical disabilities may be barriers for persons seeking alcohol and drug treatment services. In keeping with the American Disabilities Act of 1990, Cumberland Heights makes every effort to remove those barriers in order to ensure that visually challenged, deaf or hard of hearing persons have the same access to treatment services as those persons with normal vision and hearing capacity. These mechanisms include, but are not limited to, staff education, raised character signage and materials, audiotapes, sign language interpreters, use of specialty resources outside of the organization both during treatment and for continuing care planning, and telephonic communication devices for the deaf.

PROCEDURE:

1. Staff trained in sign language or sign interpreters provided by outside agencies is available upon request when a hearing impaired person comes for an initial assessment.
2. The hearing and/or visual impairment and its impact on the person's psychosocial development, addiction process, and recovery process are factors considered in the initial assessment and recommendations for services.
3. Treatment planning for services considers the special issues surrounding the visually and/or hearing impaired person. Sign language interpreters and/or raised character material are made available upon request. Closed caption/signed video tapes or audio tapes are used as adjuncts to the treatment process as appropriate.
4. Telecommunication devices for the deaf are made available to patients receiving treatment at Cumberland Heights' facilities upon request.
5. Continuing care planning utilizes outside agencies to assist the patient in maintaining contact with the visually and/or hearing and non-hearing communities at large and in the recovering communities in particular.
6. Specific outside agencies include the Alcohol and Drug Council of Middle Tennessee and its affiliates, as well as the League for the Hearing Impaired.
7. The impact of the visual and/or hearing impairment on the family is considered as well.