

Accessibility Plan for Customer Service 2025-2030

Preamble

The Canadian Mental Health Association Brant Haldimand Norfolk (CMHA BHN) branch's Accessibility Plan for Customer Service 2025-2030 is intended to be a living document that will evolve and change as we receive client feedback and explore opportunities for new office and program space. We want to thank the clients, volunteers, and staff that reviewed the draft plan and provided invaluable feedback. Some of the input gathered had broad applicability reflected in this document's final version, while other feedback was specific to locations and/or programs. These suggestions will be presented to the Equity, Inclusion, Diversity, Accessibility, and Anti-Racism (EIDAAR) committee for discussion and follow-up.

Commitment Statement

The Canadian Mental Health Association Brant Haldimand Norfolk (CMHA BHN) branch is committed to providing accessible and inclusive services to all clients, including individuals with disabilities. We uphold the principles of dignity, independence, integration, and equal opportunity, ensuring that all clients have full and meaningful access to our mental health and addiction services. Our organization complies with the Accessibility for Ontarians with Disabilities Act (AODA) and the Ontario Human Rights Code, striving to remove and prevent barriers to accessibility in our programs, services, and facilities.

1. Barrier-Free Access to Buildings and Services

We are committed to maintaining physically accessible environments for clients with disabilities. Our organization will:

- Ensure ramps, elevators, and automatic doors are functional and, where possible, available.
- Provide seating near accessible doors and elevators.
- Maintain accessible washrooms and meeting rooms, where available.
- Provide clear signage with high-contrast lettering and Braille where needed.
- Address and remove physical barriers identified through accessibility audits and client feedback.
- Facilitate home visits for all clients, especially those with mobility challenges.

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2. Assistive Devices

We recognize that individuals with disabilities may use personal assistive devices. Clients are welcome to use their assistive devices when accessing our programs and facilities. Our staff will receive training on supporting clients using various assistive devices, such as wheelchairs, hearing aids, and communication boards.

3. Communication

We are committed to communicating with individuals with disabilities in ways that accommodate their needs. Our staff will be trained in respectful and effective communication methods, including:

- Providing written materials in accessible formats upon request (e.g., large print, plain language, electronic formats).
- Alternative communication methods such as email, phone, or video calls with closed captioning are offered.
- Using closed captioning during programming involving music or movies.
- Using plain language and visual aids where necessary to enhance understanding.
- Provide an updated client handbook and concise handouts electronically and on our website that explain relevant information about this plan.

4. Availability of Interpreter and Translation Services

We recognize that some clients may require translation services to access our services effectively. To ensure accessibility, we will:

- Maintain an up-to-date list of the languages our staff are fluent in and can support client interactions as needed.
- Provide interpretation services upon request, including American Sign Language (ASL) and other spoken languages.
- Offer translated written materials in key languages based on client needs and resources.
- Train staff to use translation and interpretation resources effectively.
- Collaborate with external language service providers as needed.

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5. Service and Support Animals

Clients with disabilities who require a service or support animal will be welcomed in all areas of our premises open to the public. Staff will be trained on the role of service animals and the rights of individuals who rely on them. If a service animal is prohibited by law (e.g., sterile environments), alternative accommodations will be arranged to ensure the individual can still access our services. Clients who require a service or support animal bear responsibility for any dog or service animal they bring into a CMHA facility. The rights and responsibilities of each party are outlined in the CMHA BHN branch “Service Animal Policy” (January 2025).

6. Support Persons

Individuals who require and want the assistance of a support person to access services are welcome to bring them. Support persons will not be charged additional fees for access to our facilities or services. However, they will be responsible for third-party fees for any special events they attend where cost is incurred. For example, if a client and support person elect to join an outing at a restaurant with the Alternatives Activity Centre, all participants are expected to pay their bills. Staff will engage directly with the client while ensuring the support person can provide necessary assistance. Client outings will be planned with community partners in mind, who allow a support person to accompany a person with a disability at no extra charge. When there is a limited number of participants for an activity, staff and clients will work together to problem-solve to allow the maximum number of people to participate.

7. Notice of Temporary Service Disruption

In the event of a temporary disruption to services, facilities, or accessibility features (e.g., elevator maintenance, accessible entrance closure), we will:

- Provide timely and clear notifications via our telephone answering message, website, social media, and on-site signage.
- Offer alternative solutions, such as virtual services, alternate entry points, or meeting spaces.
- Communicate expected resolution times and contact information for further assistance.

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8. Client Participation in Feedback and Satisfaction Processes

Clients with disabilities will have equal opportunities to provide feedback on our services or to make a complaint. We will ensure that:

- Feedback or complaint mechanisms are available in multiple formats (e.g., online forms, in-person, telephone, and accessible surveys). Where possible, QR codes will be supplied to facilitate access to the forms.
- Support is available for individuals needing assistance submitting feedback or a complaint.
- Responses to feedback are provided in accessible formats upon request.
- Continuous improvements are made based on feedback received from clients with disabilities.

10. Staff Training

All staff, volunteers, and third-party service providers interacting with clients will receive training on:

- The requirements of the AODA and Ontario Human Rights Code related to accessibility, including the requirements of the customer service standard.
- How to interact and communicate with individuals with different types of disabilities.
- How to aid or direct individuals to appropriate resources.
- Procedures for handling accessibility-related concerns and accommodations.

These trainings are embedded in the orientation of all new staff members and annual refreshers are available.

11. Ongoing Review and Improvement

We will review our Accessibility Plan regularly to ensure it meets the needs of our clients and complies with current accessibility legislation. This work will be embedded in the branch's health equity plan and be monitored by the Equity, Inclusion, Diversity, Accessibility, and Anti-Racism committee. Based on feedback, emerging best practices, and changes in regulatory requirements, updates and improvements will be made.

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Additionally, CMHA BHN commits to engaging with clients, caregivers, partners and staff to continually evolve and monitor the plan when designing new office or program space.

For more information about the plan, please contact:

Lynn Hinds, Chief Executive Officer, at lynnhinds@cmhabhn.ca or 519-752-2998.

To request an accommodation, please contact your CMHA care provider or any management team member by calling 519-752-2998 (Brantford) or 519-428-2380 (Simcoe).