County of Sacramento

Disability Advisory Commission

to the Board of Supervisors

*Randy Hicks, Chair EuGENE Lozano Jr., Vice Chair*

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December 5, 2023

Jennifer Reiman, Mental Health Program Coordinator

Alondra Thompson, Health Program Manager

Department of Health Services, Division of Behavioral Health Services

Dear Jennifer and Alondra,

We hope this finds you well. This letter is a follow-up to recent discussions regarding disability access in the Community Wellness Response Team (CWRT) and Mobile Crisis Support Team (MCST) programs.

The Sacramento County Disability Advisory Commission’s (DAC) Programs and Services Access Subcommittee was excited to learn that your department reached out to the Disability Compliance Office (DCO) and received training for some of staff on program accessibility for people who are blind or low vision. We appreciate your commitment to providing equitable and inclusive services.

As you know, the mission of the DAC is to review County programs, services and facilities, and advise on matters of compliance with the Americans with Disabilities Act (ADA) and other Federal and State disability civil rights laws, and usability and inclusion for people with disabilities. After learning more about the CWRT/MCST programs, we had the following questions regarding accessibility:

Have the buildings and facilities that are being used by program participants gone through plan reviews and field inspections for compliance with Title 24, Chapter 11B of the California Building Code, and accessible to and usable by people with disabilities?

* 1. Does your program have on staff a Certified Access Specialist or a contract with such a specialist who has performed plan reviews and conducted field inspections of the facilities used by your staff and/or clients?
  2. If not, how are staff trained in conducting plan reviews and field inspections of buildings and facilities for physical accessibility?
  3. What are the findings from plan reviews and field inspections of the buildings and facilities?
  4. When accessibility barriers were found, what modifications or accommodations were made to remedy these physical barriers?

1. Have you or your staff been trained in Deaf awareness and sensitivity, and to effectively communicate with people who are deaf, deaf-blind, or hard-of-hearing?
   1. Are any of your staff fluent in American Sign Language?
   2. Do staff possess the knowledge or are there clear procedures in place on how to access County contracted sign language interpreters and captioners, both in-person and remotely?
   3. Do staff have awareness of community based organizations that provide other resources and support services for people who are deaf, deaf-blind, or hard-of-hearing?

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1. Have you or your staff been trained in the overall Disability culture (i.e., the shared social and political history of the Disability Community) as it pertains to your work?
   1. Please identify and, if possible, share the training materials used.
2. What shelters and affordable housing have you found that meet accessibility standards for those with disabilities?
   1. Please identify the resources you and your staff found useful in looking for these shelters and affordable housing units?
   2. What methods are used to keep track of the locations and availability of these shelters and affordable housing units?
3. When gathering demographic data on program participants, what information was obtained on participants with disabilities? Disability is defined by 28 CFR Section 35.108 (a) (1) and (b) (1) and (2)\*\*
   1. What categories of disabilities or functional limitations did you use?
4. Please share the most surprising challenges you have encountered through serving the disability community?
   1. Please provide details describing the strategies utilized for resolving these challenges.

We would appreciate receiving responses to the above questions on or before Wednesday, January 31, 2024. Please reach out for questions or clarification in the meantime via our staff person, Cheryl Bennett in the Disability Compliance Office ([dco@saccounty.gov](mailto:dco@saccounty.gov)). Your cooperation is greatly appreciated.

Sincerely,

Angela Talent, Chair

DAC Programs & Services Access Subcommittee

Randy Hicks, Chair

Disability Advisory Commission

\*\*28 CFR Section 35.108

(a) (1) **Disability** means, with respect to an individual:

(i) A physical or mental impairment that substantially limits one or more of the major life activities of such individual;

(ii) A record of such an impairment; or

(iii) Being regarded as having such an impairment as described in [paragraph (f)](https://www.ecfr.gov/current/title-28/section-35.108#p-35.108(f)) of this section.

(b) (1) **Physical or mental impairment** means:

(i) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine;

(ii) Any mental or psychological disorder such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disability.

(2) **Physical or mental impairment** includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech, and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.