

**BROWARD HOUSE
POLICY AND PROCEDURE MANUAL**

Title: **Communication Accessibility: Auxiliary Aids Plan**

Date originated: **08/2012**

Date reviewed: **01/2025**

Administration: Nicole Russell Title: CEO Date: 1/25

Reviewed: [Signature] Title: DCPM Date: 1/25

Policy:

Broward House will take reasonable steps to ensure effective communication so that all stakeholders have equal, meaningful access and an equal opportunity to participate in our services, recognizing that communication has physical, linguistic, literacy, and cultural components. This includes individuals with sensory impairment, such as a person who is hard of hearing, deaf, partially sighted, and/or blind or physically unable to speak.

This Plan will assist staff in identifying appropriate auxiliary aids to afford such persons an equal opportunity to participate in or benefit from Broward House programs and services. Staff should access the DCF Auxiliary Aids Plan for applicable forms, details, and instructions. The DCF Statewide Auxiliary Aids and Service Plan for Persons with Disabilities & Persons with Limited English Proficiency (LEP) can be found in its totality on the DCF website at

<https://www.myflfamilies.com/sites/default/files/2022-11/DCFStatewideAuxiliaryAidsandServicesPlan.pdf>

The policy also provides for communication of information contained in vital documents, including but not limited to waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators, and other aids necessary to comply with this policy shall be provided without cost to the person being served, and clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided with notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

Broward House will conduct a regular review of the language access needs of our client population and update and monitor the implementation of this policy and these procedures as necessary.

The Broward House Single Point of Contact (SPOC) is Lizbeth Guerra, the Director of Human Resources. Her office is at the agency's Administrative Building, 1726 SE 3rd Ave. Fort Lauderdale, FL, 33316. Her phone number is (954) 568-7373 ext. 1239.

Procedure:

1. Assessing Communication Needs

Staff are trained to assess the needs of each individual for effective communication and patience to address each situation.

Broward House will promptly identify each person's language and communication needs during the initial assessment or visit. If necessary, staff will use a language identification card. In addition, when records of past interactions with clients or family members are kept, the language used to communicate with the person will be included as part of the records.

2. Identification of Required Aids and Services

The Human Resources Department is responsible for:

- a) Maintaining an accurate and current list showing bilingual staff's name, language, phone number, and hours of availability.
- b) Contact the appropriate bilingual staff member to interpret if an interpreter is needed and if an employee who speaks the required language is available and qualified to interpret.
- c) Obtaining an outside interpreter if a bilingual staff member or staff interpreter is unavailable or does not speak the needed language.
- d) Maintain a Memorandum of Agreement or Contract with an agency providing sign language or other hard-of-hearing support.
- e) Each service location has an amplifying device for telephonic communication, and staff will utilize email to communicate if necessary.
- f) All documents will be made available as necessary: electronic format, large print, screen readers, Braille, sight guides, qualified readers, audio description, or recordings.

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after the LEP person has understood that the facility has offered an interpreter at no charge to the person.** Such an offer and the response

will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is deemed inappropriate, competent interpreter services will be provided to the LEP person. Children and other clients will not be used to interpret to ensure confidentiality of information and accurate communication.

Provision of Interpreters in a Timely Manner: Broward House staff shall provide interpreters for customers and companions who are Deaf or hard of hearing promptly per the following standards:

Non-Scheduled Interpreter Requests: For any emergency that is not a scheduled appointment, staff shall make an interpreter available as soon as possible, but in no case later than two hours from when 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.

Scheduled Interpreter Requests: For scheduled events, staff shall make a qualified interpreter available at the appointment. Suppose an interpreter fails to appear for the scheduled appointment. In that case, 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 no later than two hours after the scheduled appointment.

Auxiliary Aid Resources: Florida Video 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)
1-877-955-8707 (French Creole)

Sign Language Interpreters: Qualified sign language interpreters will be provided for meetings, events, or services for individuals who use ASL. Broward House will work with trusted interpreter agencies to ensure availability.

Florida Registry of Interpreters for the Deaf:
(703) 838-0030
www.fridcentral.org

CODA LINK, INC.
13762 W. State Road 84, Suite 134
Davie, Florida 33325
Phone: (954) 423-6893 Fax: (954) 333-7172

Hearthands LLC
300 E Oakland Park Blvd #275
Wilton Manors, Florida 33334
(786) 253-5520

Captioning Services: For individuals who prefer reading text or have hearing loss but can read lips, live captioning will be offered during meetings, training, or events.

Speech-to-Text Software: For real-time communication, speech-to-text software (e.g., CART or Otter.ai) will be provided during phone calls, meetings, or appointments. CART (Communication Access Realtime Translation) and real-time captioning are transcription services designed to provide live, accurate text representation of spoken communication displayed on a screen, monitor, or personal device for real-time accessibility.

Language Translation Services: Broward House will provide translation services for individuals with language barriers for written documents and verbal communication. This could include professional translators or interpreters for languages such as Spanish, Mandarin, etc.

LINK Translations & Typesetting, INC.
16560 NW 1st Street
Pembroke Pines, Florida 33028
(954) 437-0933

Assistive Listening Devices (ALDs): ALDs will be available for individuals needing amplification to hear during group meetings or in larger spaces.

Visual Aids: Written instructions, visual signs, or diagrams will be used as supplementary materials for easier understanding.

Auxiliary Aids Documentation: The SPOC shall document the customer or companion's preferred method of communication, as well as any requested auxiliary aids and services provided in the customer's program file. Documents and forms evidencing when and how auxiliary aids and services are provided to customers or companions shall be retained within the customer's corresponding file for seven years. Forms include but are not limited to:

- Customer or Companion Assessment and Assessment and Auxiliary Aid and Service Record (Appendix A)
- Customer or Companion Request for Free Communication Assistance or Waiver (Appendix B)
- Customer or Companion Feedback form (Appendix C)

3. Providing Written translation:

- a) When translation of vital documents is needed, each unit in Broward House will submit documents for translation into frequently encountered languages to the Human Resources

Director. Original documents submitted for translation will be in final, approved form with updated and accurate legal and medical information.

b) Broward House will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.

c) Broward House will set benchmarks for translating vital documents into additional languages over time.

4. Notices

Broward House will inform persons of the availability of language assistance free of charge by providing written notice in languages that persons will understand and share verbally. At a minimum, notices and signs will be posted and provided in intake areas and other entry points.

5. Literacy

Documents will be reviewed to ensure literacy level meets the general standard of 6th – 8th-grade levels and cultural sensitivity.

6. Monitoring needs

On an ongoing basis, Broward House will assess changes in demographics, types of services, or other needs that may require reevaluating this policy and its procedures. In addition, Broward House will regularly evaluate the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations, etc.



APPENDIX A: CUSTOMER OR COMPANION COMMUNICATION ASSESSMENT AND AUXILIARY AID AND SERVICE RECORD

***This form is completed by DCF Personnel or the Contracted Client Services Provider for each service date.**

Region/Circuit/Institution:	Program:	Subsection:	
<input type="checkbox"/> Customer <input type="checkbox"/> Companion Name:	Date:	Time:	Case No.:
<input type="checkbox"/> Deaf <input type="checkbox"/> Hard-of-Hearing <input type="checkbox"/> Deaf and Low Vision or Blind <input type="checkbox"/> Hard-of-Hearing and Low Vision and Blind <input type="checkbox"/> Deaf and Limited English Proficient <input type="checkbox"/> Hard-of-Hearing and Limited English Proficient			
<input type="checkbox"/> Scheduled Appointment <input type="checkbox"/> Non-Scheduled Appointment <input type="checkbox"/> No Show Date/Time:			
Name of Staff Completing Form:			

Section 1: Communication Assessment

<input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Subsequent Appointment
Individual Communication Ability:
Nature, Length and Importance of Anticipated Communication Situation(s):
<input type="checkbox"/> Communication Plan for Multiple or Long-Term Visits Completed <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Aid-Essential Communication Situation <input type="checkbox"/> Non-Aid Essential Communication Situation
Number of Person(s) Involved with Communication:
Name(s):
Individual Health Status for Those Seeking Health Services:

Section 2: Auxiliary Aid/Service Requested and Provided

Type of Auxiliary Aid/Service Requested:	
Date Requested:	Time Requested:
Nature of Auxiliary Aid/Service Provided:	
Sign Language Interpreter: <input type="checkbox"/> Certified Interpreter <input type="checkbox"/> Qualified Staff <input type="checkbox"/> Video Remote Interpretive Service <input type="checkbox"/> Large Print <input type="checkbox"/> Assistance Filling Out Forms <input type="checkbox"/> Video Relay Services <input type="checkbox"/> Florida Relay <input type="checkbox"/> Written Material <input type="checkbox"/> CART <input type="checkbox"/> Other:	
Interpreter Service Status: <input type="checkbox"/> Arrival Time: _____ <input type="checkbox"/> Met Expectations of Client <input type="checkbox"/> Met Expectations of Staff <input type="checkbox"/> No Show <input type="checkbox"/> Cancellations	
Alternative Auxiliary Aid or Service Provided, including information on CD or Floppy Diskette, Audiotape, Braille, Large Print of Translated Materials:	
Date and Time Provided:	

Section 3: Additional Services Required

Was communication effective? ☐ Yes ☐ No If not, please explain why communication was not effective?

What action (s) was taken to ensure effective communication?

Section 4: Referral Agency Notification

Name of Referral Agency:

Date of Referral:

Information Provided regarding Auxiliary Aid or Service Need(s):

Section 5: Denial of Auxiliary Aid/Service by Department*

Reason Requested Auxiliary Aid or Service Not Provided:

Denial Determination made by Regional Director/Circuit Administrator/Hospital Administrator or Designee or the Contracted Client Services Provider or their Designee:

Denial Date:

Denial Time:

***Denials should only be made for non-aid essential communication. However, staff must still ensure that effective communication is achieved through whatever alternative means that are provided. Denial Determination can only be made by Regional Director/Circuit Administrator/Hospital Administrator or their Designee or the Contracted Client Services Provider or their Designee.**

Communication Plan for Ongoing Services

During the initial assessment, or the reassessment, if it is determined that **multiple or long term visits** will be needed, a Communication Plan shall be completed. Services shall continue to be provided to Customers or Companions, during the entire period of the Customer's hospitalization, residency, long term treatment, or subsequent visits. Discuss with the Customer or Companion their preferred mode of communication in each of the following on-going communication situations and incorporate into the case plan. The following list is not exhaustive and does not imply there are not other communication situations that may be encountered. **Refer to the instructions for further explanation.**

☐ Intake/Interview:

☐ Medical:

☐ Dental:

☐ Mental Health:

☐ Safety and Security:

☐ Programs:

☐ Off Campus trips:

☐ Legal:

☐ Food Service / Dietician

Signature of person completing form:	Date:
Signature of Customer or Companion:	Date:

***This form shall be maintained in the customer's file.**



APPENDIX B:
CUSTOMER OR COMPANION REQUEST*
FOR FREE COMMUNICATION ASSISTANCE
OR
WAIVER OF FREE COMMUNICATION ASSISTANCE

The Florida Department of Children and Families and its Contracted Client Services Providers are required to provide **FREE interpreters or other communication assistance** for persons who are deaf or hard-of hearing. Please tell us about your communication needs.

My name is _____

- ☐ I want a free interpreter. I need an interpreter who signs in:
- ☐ American Sign Language (ASL) or an interpreter who speaks:
- ☐ Language: _____ Dialect: _____
- ☐ I want another type of communication assistance (Check all desired assistance):
- Assistive Listening Devices: _____ Large Print Materials: _____ Note takers: _____
- TTY or Video Relay: _____ Assistance Filling out Forms: _____ Written Materials: _____ CART: _____
- Other (Please tell us how we can help you): _____
- ☐ I do not want a free interpreter or any other communication assistance. If I change my mind, I will tell you if I need assistance for my next visit. *(Customer or Companion waiver of rights does not prevent the Department from getting its own interpreter or from providing assistance to facilitate communication and to make sure rights are not violated)*
- ☐ I do not want a free interpreter because _____.
- ☐ I choose _____ to act as my own interpreter. He/she is over the age of 18.
It does not entitle my interpreter to act as my Authorized Representative. I also understand that the service agency may hire a qualified or certified interpreter to observe my own interpreter to ensure that communication is effective.

Customer or Companion Signature:	Date:
Customer or Companion's Printed Name:	
Interpreter's Signature:	Interpreter's Printed or Typed Name:
Witness:	Date:
Witness Printed Name:	

***This form shall be attached to the Customer Companion Communication Assessment and Auxiliary Aid and Service Record form and shall be maintained in the Customer's file.**



APPENDIX C: CUSTOMER OR COMPANION FEEDBACK FORM

The Department of Children and Families is committed to providing excellent customer service. We value your opinion and request that you complete this short survey to assist us in evaluating and improving our services. While you are not required to respond, we thank you in advance for completing this survey. You may remain anonymous, unless you wish to be contacted. When the form is completed, please mail it to: Department of Children and Families, Office of Civil Rights, 1317 Winewood Boulevard, Building 1, Room 110, Tallahassee, Florida 32399-0700. If you need assistance completing this form, please contact the Office of Civil Rights at (850) 487-1901 or TDD (850) 922-9220.

Program Area: _____

Location: _____

Department of Children and Families Survey

Your feedback is very important to us. We would greatly appreciate you taking a few minutes to complete this brief survey.

1. Were you offered any services to help you communicate? ☐Yes ☐No
2. Did you ask for any services to help you communicate? ☐Yes ☐No
3. If yes, what services to help you communicate did you receive? _____
4. Did you receive the services to help you communicate you asked for? ☐Yes ☐No
5. Did you understand completely? ☐Yes ☐No
6. Were you denied any services to help you communicate? ☐Yes ☐No
7. Were you satisfied with the services to help you communicate? ☐Yes ☐No
8. If not, why? _____
9. Did you know that these services to help you communicate were at no cost? ☐Yes ☐No
10. Did staff treat you with respect? ☐Yes ☐No

Can we contact you? Phone number or email: _____

THANK YOU!

Comments:

**Please complete and return to: Office of Civil Rights
1317 Winewood Boulevard
Building 1, Room 110
Tallahassee, Florida 32399**