West Michigan WMCMH	**Services for Recipients Affected by Physical Barriers**			
	Chapter:	Recipient Rights	**Policy #**	5-2-4
	Section:	Recipient Rights in all CMH Settings	**Revision #**	1

I. **PURPOSE:** To establish policy and procedures for service recipients affected by physical barriers.

II. **APPLICATION:** All programs and services operated by the West Michigan Community Mental Health Governing Body.

III. **REQUIRED BY:** Accrediting bodies.

IV. **DEFINITIONS:** Not applicable.

V. **POLICY:** It is the policy of the West Michigan Community Mental Health that the physical and social environment of CMH operated programs be free of features which might be potentially offensive or act as a barrier to any service recipient.

VI. **PROCEDURES:** The Facilities Specialist or his/her designee shall be responsible for completing a semi-annual therapeutic environment checklist at each CMH site. This process is completed to ensure that the decor is culturally and/or otherwise appropriate to the service recipient population, and the physical climate of the building ensures privacy.

1. The buildings are to be free of barriers which might inhibit the service recipient. The building is to be accessible with ramps, wide doorways, adequate restrooms, etc. for handicapped persons in accordance with the American with Disabilities Act (ADA).

2. If a building is not barrier free, other arrangements shall be made to provide services to accommodate the recipient. In addition, the physical barrier shall be reported to the Facilities Specialist and a plan developed to remove the barrier.

VII. **SUPPORTING DOCUMENTS:**

Please refer to:
Surveillance Therapeutic Environment/Preventative Maintenance Checklist - WMCMH Form #EC008

VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
NC	Unknown		09/2006
NC	Unknown		06/2016
NC	COC	Annual Review	11/2019
NC	COC	Title Changes	11/2020
***Board Approval Date**: 03/19/1996*			

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 5-2-4 Revision # 1.

CEO: Lisa A. Williams Approval Signature:_____