



ACCESSIBILITY PLAN

MANITOBA ADOLESCENT TREATMENT CENTRE (MATC)

2018 - 2020

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MESSAGE FROM MARG SYNYSHYN, CHIEF EXECUTIVE OFFICER

ACKNOWLEDGEMENT

MATC acknowledges that we are on Treaty One territory.

MATC also acknowledges that Manitoba includes the original lands of Anishinaabeg, Cree, Oji-Cree, Dakota, Dene, Inuit and Metis Nations.

We respect the Treaties that were made on these territories and we acknowledge the harms and mistakes of the past. We dedicate ourselves to moving forward in partnership with First Nations, Metis and Inuit communities in a spirit of reconciliation and collaboration.

I am pleased to bring forward the MATC Accessibility Plan. The MATC Board, Management and staff strongly supports equitable access to mental health services for all Manitobans. One means of demonstrating our commitment to equity is through the development and implementation of this plan.

The Accessibility Plan is MATC's initial step in supporting and enhancing access to all our services. The plan outlines a number of actions, such as changing and improving physical space, accessibility to information about services and ongoing evaluation of MATC's progress in increasing and enhancing accessibility. We see these steps as the beginning of a process that ultimately benefits all those who lives we touch.



Marg Synyshyn, RPN, BHS (Psych Nsg) MA
Chief Executive Officer

INTRODUCTION

In 2013, *The Accessibility for Manitobans Act (AMA)* came into effect, requiring every organization in Manitoba to identify, prevent and remove barriers to accessibility, with the ultimate goal of making Manitoba fully accessible by 2023.

Public sector bodies, which include agencies such as MATC, are required to prepare an Accessibility Plan that addresses the identification, prevention and removal of barriers that disable people in our policies, programs, practices and services. Under the AMA, five mandatory standards are being developed to address barriers to accessibility in the following areas:

- Customer Service
- Employment
- Information and Communication
- Transportation
- Built Environment

BARRIER IDENTIFICATION

Compliance with the AMA is a priority for MATC, with the process of identifying, removing, and preventing barriers to remain ongoing. Representatives from the disability community were consulted in the preparation of this Accessibility Plan.

MATC partnered with the Manitoba League for Persons with Disabilities (MLPD) and Enabling Access to complete Customer Service Accessibility Screenings (CSAS) at one office location. User Testers with lived experience facing barriers provided feedback on the accessibility of the MATC office, website and phone related to the Customer Service Standard.

Staff at all office locations was interviewed to provide feedback on barriers and achievements at MATC. The recommendations provide MATC with valuable information regarding barrier-free services and accessible improvements to the physical environment for future planning.

PART 1. BASELINE REPORT

WHO WE ARE

MATC falls under the jurisdiction of the Winnipeg Regional Health Authority Mental Health Program - Child & Adolescent Mental Health Services, and is governed by a Board of Directors appointed by the Minister of Health.

MATC provides a range of mental health services to children and adolescents who experience psychiatric and/or emotional disorders.

A full continuum of programs and services, both community and hospital based, are available to children, adolescents and their families.

Services range from brief interventions to intensive long-term treatment. Treatment is provided from a variety of perspectives and is delivered in partnership with parents and collateral agencies.

MISSION, VISION, VALUES

MISSION STATEMENT

MATC provides a range of mental health services to children and youth who experience psychiatric and/or emotional disorders.

MATC strives to be culturally sensitive, responsive, and innovative in meeting the changing needs of children, youth, families and communities.

VISION STATEMENT

MATC assumes a leadership role in the delivery of a prompt accessible and equitable range of integrated mental health services.

MATC creates respectful partnerships with parents and communities to help children and youth achieve a maximum possible quality of life.

VALUES STATEMENT

- We value the young people we serve.
- We value the way we serve young people.
- We value families and caregivers.
- We value professional excellence.
- We value quality and improvement in everything we do.
- We value teamwork and involvement.
- We value community resource networks.
- We value the diversity of the communities that we serve.
- We value a diverse work force.

OVERVIEW OF PROGRAMS AND SERVICES

MATC provides a range of mental health services to children and youth who experience psychiatric and/or emotional disorders. A full continuum of programs and services, both community and hospital based, are available to children, adolescents and their families. Services range from brief interventions to intensive long-term treatment. Treatment is provided from a variety of perspectives and is delivered in partnership with parents and collateral agencies.

OUR LOCATIONS

Offices are located at 120 Tecumseh Street, 228 Maryland Street, 165 / 167 St. Mary's Road, 170 Doncaster Street, and 1700 Ellice Avenue.

CENTRALIZED INTAKE SERVICE

Mental Health Centralized Intake provides a single point of entry for all services in the WRHA Child and Adolescent Mental Health Program. This service enables clients and families to access the appropriate programs and services based on the individual needs of the client and their family. Referrals for services can be made by families, caregivers, self-referrals, physicians, mental health professionals and other service providers.

CENTRALIZED INTAKE - YOUTH ADDICTIONS (YACI)

YACI is a Provincial service that provides information, navigation, assessment, recommendations and referral to youth, their families and allied professionals regarding co-occurring addiction and mental health issues and services for youth in Manitoba. Clinicians assist and support parents and caregivers regarding the Youth Drug Stabilization (Support for Parents) Act. YACI is the entry point for youth drug stabilization services in Manitoba. YACI is a Jordan's Principle – Child First Initiative Specialized Service provider.

ATTENTION DEFICIT HYPERACTIVITY DISORDER SERVICE (ADHD)

ADHD provides consultation, assessment and treatment to children and youth who along with a diagnosis of ADHD may have other complicating diagnoses.

COMMUNITY CHILD & ADOLESCENT TREATMENT SERVICE (CCATS)

CCATS provides community based treatment to children 5–18 years. Service may include individual, group, or family therapy. Systems consultation and intervention, and psychiatric/psychological assessment and consultation are provided.

EARLY CHILDHOOD SERVICE (ECC)

ECC provides consultation, assessment, and treatment for families of children ages 18 months to 5 years.

INTENSIVE TREATMENT SERVICE (ITS)

The Intensive Treatment Service provides intensive treatment interventions with inpatient, and follow-up services for adolescents and their families from Manitoba and the North.

INTENSIVE COMMUNITY REINTEGRATION SERVICE (ICRS)

Intensive Community Re-Integration Service offers comprehensive treatment and educational supports to children in early and middle adolescence who have complex mental health concerns that require support beyond that of traditional outpatient services.

NEURODEVELOPMENTAL SERVICE (NDS)

Neurodevelopmental Service provides psychiatric support for children ages 6–18 years of age with complex neurodevelopmental issues. This service also provides assessment, education, consultation and support to families and community caregivers.

TOURETTE SYNDROME SERVICE (TSS)

The Tourette Syndrome Service provides consultation, assessment and treatment to children and adolescents who are experiencing symptoms of Tourette syndrome in conjunction with associated disorders.

RURAL AND NORTHERN TELEHEALTH SERVICE (RNTS)

The Rural and Northern Telehealth Service (RNTS) provides mental health services in person and via telehealth to First Nations communities throughout Manitoba. Mental Health Clinicians and where appropriate Psychiatrists provide consultation, assessment and treatment services to individuals up to 21 years of age. The service is a specialized service provider with the Jordan's Principle – Child First Initiative and works in partnership with First Nations communities, stakeholders as well as various branches of government.

STUDENT MENTAL HEALTH RESOURCE TEAM (SMHRT)

SMHRT is comprised of a multi-disciplinary team, addresses mental health/behavioral issues of children within the Winnipeg school system. The team participates in classroom observation, school/parent consultation, and facilitates psychiatric assessments and other service interventions as identified.

YOUTH FORENSIC SERVICE (YFS)

YFS provides mental health assessments and treatment to adolescents involved with youth criminal justice. Staff also provides mental health services at Agassiz Youth Centre (AYC) and Probation Services.

ADDITIONAL SERVICES

Additional services provided by MATC include consultation and/or assessment to other organizations and to other Regional Health Authorities.

ACCESSIBILITY ACHIEVEMENTS

- An Accessibility Coordinator has been appointed.
- An Accessibility Working Group has been established with Terms of Reference drafted to facilitate Accessibility Plan development, implementation and review.
- Accessible Customer Service Training has been provided to all MATC staff.
- Representatives from the disability community have been consulted in the preparation of this Accessibility Plan.
- MATC is a leader in ensuring clients are accommodated as much as possible, while upholding confidentiality and staff safety.
- Staff is flexible in service delivery to ensure client access. Staff has the ability to meet clients in various locations, such as Access Centers, schools, in the community or at their home.
- Staff takes the time to review forms and information with clients, to ensure comprehension and understanding.
- Client transportation can be provided, including bus tickets and taxi slips.
- Clients have access to Language Access Interpreter Services (WRHA).
- Telehealth is utilized to improve access to northern and remote communities.
- Teletypewriter (TTY) communication available.
- Scent-free policy encouraged, with notices posted.
- Mobility assistive devices, such as wheelchairs, are available and provided to clients when needed.
- Written feedback forms available to clients to share anonymous comments.
- Lifestyle breaks are provided to clients during longer sessions.
- Driver's license is not a condition for staff hiring or employment.
- Reasonable accommodation statement added to new job recruitment postings.
- Offices updated to meet current building code requirements and accessibility standards when maintaining or renovating owned and leased locations.
 - Automated doors installed at most building entrances.
 - Accessible washroom facilities available at all office locations.
 - Ramp installed at 120 Tecumseh location when barrier to front-door access identified by clients.
 - Accessible parking is available at some locations.

- Recently improved signage for accessible parking spot at 228 Maryland Street.
- ☐ Maintaining a barrier-free path of travel at all office locations is a priority for MATC.
- ☐ Accessibility information is mandatory on all MATC employment postings.
- ☐ Centralized Intake includes a statement inviting clients to identify barriers to service prior to service commencement.

ACCESSIBILITY BARRIERS

ARCHITECTURAL AND PHYSICAL BARRIERS

- ☐ Not all office locations meet accessibility requirements, but continue to be upgraded as barriers are identified. Physical barriers are present at several of our locations.
- ☐ Accessible parking stalls difficult to locate, or unavailable at **120 Tecumseh Street** and **165 / 167 St. Mary's Road**. Limited accessible parking available at **228 Maryland Street**.
- ☐ No ramp access to sidewalk from accessible parking stall at **120 Tecumseh** location. Sign will be installed to inform visitors to keep curb-cut clear.
- ☐ Limited exterior drop-off zones at all locations.
- ☐ Automated doors not available at **165 St Mary's Road**. Some locations have locked doors for security.
- ☐ Entrances not always level, or may be impeded by debris or objects (fencing), making it difficult to maneuver mobility device while accessing entrance (**228 Maryland Street** and **165 St Mary's Road**).
- ☐ Access to **165 St Mary's Road** requires use of stairs to reach reception and offices, although meetings can be arranged on ground floor. Barrier to deliveries and employees that need to reach second floor.
- ☐ Minimizing obstacles in path of travel to improve barrier-free path of travel within all locations. Promoting the importance of maintaining a barrier-free path of travel and providing notice of barriers requires improvement.
- ☐ Many reception areas are not properly designed for persons facing barriers. At **120 Tecumseh** and **228 Maryland** locations the reception counters are too high or would not allow a mobility device to be pulled in close enough. Reception areas will be reviewed with accessibility in mind while maintaining client confidentiality.
- ☐ While washrooms are considered accessible, they could be improved to ensure barrier-free universal access.
- ☐ Insufficient or florescent lighting at all locations.
- ☐ Limited corridor or interior door clearances identified at **120 Tecumseh** location.

- Limited space for meeting rooms, especially when meeting clients using larger mobility devices or joined by support person identified at [165/167 St Mary's Rd.](#)
- Clients with sensory disabilities often require calm and de-stimulating environment, which are not yet available due to limited space availability.
- Extra-wide (bariatric) seating required in waiting areas and meeting rooms at all locations.

ATTITUDINAL BARRIERS

- More opportunities could be utilized to inform clients about accessibility initiatives and request feedback on barriers encountered. For example, promoting accessibility during intake or accessibility posters.
- Staff may not be fully aware of how to appropriately accommodate or support clients disabled by barriers.
- Staff would benefit from on-going training related to communicating with persons disabled by barriers, accommodating service animals, providing alternatives when barriers exist, as well as the requirement for providing notice of temporary barriers (accessible customer service standard training).
- Staff understanding and awareness regarding reasonable accommodation, accessibility initiatives and the process to provide feedback on barriers encountered should be actively promoted.

INFORMATIONAL / COMMUNICATION BARRIERS

- Staff not able to communicate with clients via email or text due to *Personal Health Information Act* (PHIA) regulations.
- Signage is not always accessibility compliant to current Canadian Standards Association (CSA) requirements.
 - Limited tactile signage.
 - Lack of accessible overhead signage for wayfinding and locating the washrooms, reception and other areas.
- No wayfinding methods (signage or site maps) for easier navigation of office sites. Client's families and/or natural supports may receive a tour, but no map provided.
- Communication materials, such as pamphlets and print materials use small font sizes and do not always use plain language. Print materials may not be available in alternate formats upon request, including electronically.
- Pamphlets and printed handouts with information not available consistently at all locations.
- Reception is separated by a door at [120 Tecumseh](#) and [228 Maryland](#) locations, with small signage. Verbal welcome and/or instruction to visitors needed at these locations

especially. Staff requires awareness training to improve knowledge and ability to provide verbal instructions on meeting rooms, services and location of washrooms.

- Meeting appointments do not always contain an active offer for accessibility accommodations.

TECHNOLOGICAL BARRIERS

- MATC website is not fully accessible – up to Web Content Accessibility Guidelines (WCAG) 2.1 currently in development by the World Wide Web Consortium (W3C).
 - Website does not fully support screen reading software, with not all buttons labeled, making it challenging to navigate.
- Lack of accessible information posted online.
- Some clients may use their own iPads, but cellphones not allowed. Not all clients have means to purchase iPads. Some clients may need a cellphone as an assistive device. Desktop computers not yet available in the units for clients.

SYSTEMIC BARRIERS

- Some policies may not have been written with accessibility in mind.
- While feedback form is provided to clients, it must be completed in writing by hand. No options to complete over the phone, verbally or electronically. No follow-up, as anonymous.
- Clients are not consistently notified regarding temporary barriers. A process is being developed to provide notice regarding temporary disruption of services.

PART 2. ACCESSIBILITY PLAN

A. STATEMENT OF COMMITMENT

MATC is committed to ensuring equal access and participation for people with disabilities. We are committed to treating people with disabilities in ways that allow them to maintain their dignity and independence. We believe in inclusion. We are committed to meeting the needs of people who face accessibility barriers. We will do this by identifying, removing and preventing barriers and by meeting the requirements of *The Accessibility for Manitobans Act (AMA)*.

B. POLICIES

MATC will monitor the AMA and its related standards on a regular basis to ensure accessibility compliance. MATC will undertake a review of our policies, procedures and practices from an accessibility perspective on a regular basis. MATC will make information available in an accessible format or provide communication supports to persons disabled by barriers in a way that considers their disability.

C. ACTIONS

Initiatives/Action	Timeline
Prioritize Accessibility Planning and Barrier Identification:	
☐ Accessibility Coordinator identified and Working Group created with Terms of Reference drafted.	Complete
☐ Begin barrier identification: Customer Service Accessibility Screenings and staff interviews.	Complete
☐ Develop feedback process to ensure barriers are identified comprehensively, documented and followed-up.	Spring 2018
☐ Create and share (anonymous) accessibility feedback form to be posted on MATC website and available in person.	Summer 2018
○ Launch online form and ensure electronic form is accessible (i.e. using a screen reader).	Fall 2018

Initiatives/Action	Timeline
Provide Barrier-Free Services and Facilities:	
☐ Maintain barrier-free path of travel at all offices.	Ongoing
☐ Prioritize accessibility upgrades when renovating to ensure critical, high value areas – such as entrances, washrooms, signage / wayfinding and paths of travel – are barrier-free or barrier-reduced.	Ongoing
☐ New office location will be developed using principles of universal design.	Spring 2018
☐ Keep curb-cut clear and add signage to notify visitors at 120 Tecumseh.	Summer 2018
☐ Improve accessible parking, including signage.	Fall 2018
☐ Renovate to create universally accessible washroom: remove partition to allow room for the turning radius of mobility devices, installing appropriate wall braces and supports, and ensuring sink, towel and dryers are at appropriate heights.	Fall 2018
☐ Review door buzzer height and entrance barriers.	Fall 2018
☐ Review waiting room accessibility and add extra-wide (bariatric) seating.	Fall 2018
☐ Review reception areas with accessibility in mind while balancing client confidentiality.	Fall 2018
☐ Review space limitations for meetings and de-stim room.	Fall 2018
Promote Accessibility Awareness:	
☐ Include accessibility initiatives in communication materials and newsletters.	Ongoing
☐ Accessible Customer Service Standard training provided to all staff.	Complete
☐ Provide advanced accessibility training to select staff and include instruction on accessible formats (plain-text, high-contrast, following accessibility guidelines).	Winter 2018

Initiatives/Action	Timeline
Deliver Accessible Information and Communications:	
<input type="checkbox"/> Provide documents electronically and in alternate formats as requested.	Ongoing
<input type="checkbox"/> Update information related to accessibility on MATC website.	Spring 2018
<input type="checkbox"/> Include standard active offer for accessibility accommodations during intake and/or when scheduling meetings.	Spring 2018
<input type="checkbox"/> Review PHIA requirements related to communication with patients using email.	Spring 2018
<input type="checkbox"/> Ensure alt-text and descriptive images added to all pictures.	Summer 2018
<input type="checkbox"/> Review once Information and Communication Standard released.	2019
Reduce Technological Barriers:	
<input type="checkbox"/> Develop plan to improve MATC website accessibility to meet Web Content Accessibility Guidelines (WCAG) 2.1 currently in development by the World Wide Web Consortium (W3C).	Summer 2018
<input type="checkbox"/> Review information posted online and ensure it is accessible and up-to-date.	Fall 2018
<input type="checkbox"/> Review policies related to client assistive device accessibility.	2019
Remove Systemic Barriers:	
<input type="checkbox"/> Develop process to provide notice regarding temporary disruption of services.	Spring 2018
<input type="checkbox"/> Review feedback process.	2019

Initiatives/Action	Timeline
Monitor and Review Progress:	
<input type="checkbox"/> Accessibility Coordinator reports regularly to Senior Management every 6 months.	Ongoing
<input type="checkbox"/> Managers to review feedback surveys monthly and send results to Accessibility Coordinator.	Ongoing
<input type="checkbox"/> Accessibility Working Group meets regularly and reviews progress as needed.	Ongoing
<input type="checkbox"/> Continue community collaboration when updating Accessibility Plan and other accessibility standards.	Ongoing

Accessibility Coordinator

Phone: 204-477-6391

Email: info@MATC.ca

Date: September 5, 2018

Approved by: Marg Synyshyn, Chief Executive Officer
(Name, Title)

Signature: 