ADA Self-Evaluation and Transition Plan
Overview + Priority on Program Access Kick-Off
Presentation
City of Montpelier

June 5, 2018
Valerie Fletcher, Executive Director
Ana Julian, Project Co-Director
(David West, Project Co-Director)
Institute for Human Centered Design

An international design non-profit dedicated to enhancing the experiences of people of all ages and abilities through excellence in design.

www.HumanCenteredDesign.org
Design powerfully and profoundly influences everyone and our sense of confidence, comfort, and control.

2 core ideas...

Variation in ability is ordinary, not special, and affects most of us for at least part of our lives.

www.HumanCenteredDesign.org
What IHCD does to meet that mission... in the US and globally

- **Education & Training** on Accessibility and Inclusive Design
- **Technical Assistance**
- **Consulting on Accessibility and Inclusive Design** (physical + digital)
- **Design Services** (physical + digital)
- **Research** - Contextual Inquiry with “User/Experts” in-situ
Institute for Human Centered Design
Technical Assistance

New England ada Center

One of ten national centers providing information, guidance and training on the Americans with Disabilities Act.

800-949-4232 v/tty

A member of the ada National Network Informations, Guidance and Training on the Americans with Disabilities Act by DBTAC

www.HumanCenteredDesign.org
ADA Checklist for Readily Achievable Barrier Removal

Based on the 2010 ADA Standards for Accessible Design

Produced by Institute for Human Centered Design
www.HumanCenteredDesign.org

ADA National Network
www.ADAta.org

Questions on the ADA 800-949-4232 voice/tty
Questions on checklist 617-695-0085 voice/tty
Glossary

A

Alteration
A change to a building or facility that affects or could affect the usability of the building or facility or portion. Alterations include, but are not limited to, remodeling, renovation, rehabilitation, reconstruction, historic restoration, resurfacing of circulation paths or vehicular ways, changes or rearrangement of the structural parts or elements, and changes or rearrangement in the plan configuration of walls and full-height partitions. Normal maintenance, reroofing, painting or wallpapering, or changes to mechanical and electrical systems are not alterations unless they affect the usability of the building or facility.

Assistive listening system (ALS)
An amplification system utilizing transmitters, receivers, and coupling devices to bypass the acoustical space between a sound source and a listener by means of induction loop, radio frequency, infrared, or direct-wired equipment. ALS is typically used by people who are hard of hearing.

Auxiliary aids and services
Devices and services that enable effective communication for and with people who are blind, visually impaired, deaf, hard of hearing or have speech disabilities. Includes:

(1) Qualified interpreters on-site or through video remote interpreting (VRI) services; notetakers; real-time computerized transcription services; written materials prepared for individuals with disabilities; and the use of sign language interpreters.
Who is a “person with a disability?”
A “Protected Class”

An individual is considered to have a "disability" if s/he has a physical or mental impairment that substantially limits a major life activity, has a record of such an impairment, or is regarded as having such an impairment.

There are two non-exhaustive lists of examples of major life activities: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working.

Major life activities also include the operation of major bodily functions that was clarified in the ADA Amendments Act of 2008.

The second part of the definition protecting individuals with a record of a disability would cover, for example, a person who has recovered from cancer or mental illness or substance abuse.
How Common are Specific Disabilities?

- Difficulty walking/climbing stairs: 30.6 million
- Require assistance of others with everyday tasks: 12.0 million
- Vision difficulty (partial or total): 8.1 million
- Hearing difficulty: 7.6 million
- Using a wheelchair: 3.6 million
- Alzheimer's, senility or dementia: 2.4 million

Source: Americans with Disabilities: 2010, from Survey of Income and Program Participation
Most common reasons for functional limitation of adults in the U.S.

- Arthritis
- Back problems
- Heart disease
- Hearing loss

- Number of adults with a disability in US 56.7M* (2014)
- 3.6 M use wheelchairs or scooters, projected to grow to 4.3 in 2030.
- 30.6 M difficulty walking or climbing stairs
Most prevalent types of disabilities for children in U.S.
13.1% of all youth age 3-21

1. Specific learning disabilities 4.9%
2. Speech/language impairments 2.9%
3. Other health impairments 1.9%
4. Intellectual limitations .9%
5. Emotional disturbances .8%
6. Autism .8%
7. Developmental delay .7%

- Other “health impairments” include having limited strength, vitality, or alertness due to chronic or acute health problems. (US DoE)

- About 2 to 3 out of every 1,000 children in the United States are born with a detectable level of hearing loss in one or both ears.
Data on Disability in Vermont
Introduction

This PowerPoint presents data on disability for major cities in New England.

Data Prepared by:
Matthew Brault, MPP, Research Consultant

Infographics Prepared by:
The Institute for Human Centered Design’s New England ADA Center
200 Portland Street, Boston, MA 02114

Funded by:
The Administration for Community Living through the National Institute on Disability, Independent Living and Rehabilitation Research Grant #90DP0087

June 2018
Definitions

- **Mental Disability:** Has a mental, emotional, or neurological condition that impairs functioning. Includes Alzheimer's disease, intellectual disabilities, autism, cerebral palsy, learning disabilities, trouble with anxiety, concentrating, coping with stress, and getting along with others.

- **Upper body limitations:** Has difficulty reaching, lifting, grasping, or pushing/pulling.

- **Use Wheelchair:** Uses a wheelchair, electric scooter, or similar aid for getting around.

- **Significant Disability:** Primarily, difficulty with at least one task/function such that they cannot perform the task at all. Presence of certain mental conditions also qualifies as a significant disability.
Percentage of Adults 18+ with Disabilities in Vermont

- With a disability: 28.0%
- With a significant disability: 15.9%
- Upper body limitation: 14.0%
- With a mental disability: 11.7%
- Use cane/crutches/walker: 5.4%
- Hearing difficulty (ACS only)*: 5.3%
- Vision difficulty (ACS only)*: 2.3%
- Use wheelchair: 1.6%

Data Sources: U.S. Census Bureau, 2010-2014 American Community Survey and 2008 Survey of Income and Program Participation, Modeled Estimates

Researcher: Matthew Brault, former US Census Bureau lead analyst on disability. Under contract with IHCD

* Data Source: 2010-2014 American Community Survey only
Percentage of Disability by Age in Vermont

Data Sources: U.S. Census Bureau, 2010-2014 American Community Survey and 2008 Survey of Income and Program Participation, Modeled Estimates

Researcher: Matthew Brault, former US Census Bureau lead analyst on disability. Under contract with IHCD
Number of People with Sensory Disabilities by Age in Vermont

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Vision difficulty (ACS only*)</th>
<th>Hearing difficulty (ACS only*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>483</td>
<td>881</td>
</tr>
<tr>
<td>25-29</td>
<td>171</td>
<td>329</td>
</tr>
<tr>
<td>30-34</td>
<td>384</td>
<td>236</td>
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<tr>
<td>35-39</td>
<td>246</td>
<td>498</td>
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<tr>
<td>40-44</td>
<td>454</td>
<td>537</td>
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<tr>
<td>45-49</td>
<td>861</td>
<td>1,304</td>
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<td>50-54</td>
<td>1,108</td>
<td>1,595</td>
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<tr>
<td>55-59</td>
<td>1,063</td>
<td>2,383</td>
</tr>
<tr>
<td>60-64</td>
<td>1,246</td>
<td>2,964</td>
</tr>
<tr>
<td>65-69</td>
<td>902</td>
<td>2,853</td>
</tr>
<tr>
<td>70-74</td>
<td>643</td>
<td>2,534</td>
</tr>
<tr>
<td>75-79</td>
<td>1,007</td>
<td>2,940</td>
</tr>
<tr>
<td>80+</td>
<td>3,028</td>
<td>7,129</td>
</tr>
</tbody>
</table>
Percentage of Disability by Race in Vermont

<table>
<thead>
<tr>
<th>Race</th>
<th>With a disability</th>
<th>With a significant disability</th>
<th>Upper body limitation</th>
<th>With a mental disability</th>
<th>Use cane/crutches/walker</th>
<th>Use wheelchair</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, not Hispanic</td>
<td>27.9%</td>
<td>15.9%</td>
<td>14.0%</td>
<td>11.6%</td>
<td>5.5%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Black, not Hispanic</td>
<td>24.9%</td>
<td>13.8%</td>
<td>11.1%</td>
<td>7.6%</td>
<td>3.7%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Asian, not Hispanic</td>
<td>22.1%</td>
<td>8.9%</td>
<td>8.8%</td>
<td>10.0%</td>
<td>0.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>27.7%</td>
<td>8.0%</td>
<td>10.2%</td>
<td>12.0%</td>
<td>1.7%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
IHCD Scope of Work
ADA Self-Evaluation to ADA Transition Plan

- Evaluation of Programs (programs, services and activities)
- Evaluation of Facilities and adjacent public rights of way
- Staff involvement & opportunities:
  - policies and procedures
  - review of draft priorities for corrective action
- Community Involvement:
  - After City approval of full draft, draft priorities for corrective action are shared with the community, especially people with disabilities
- Support the City with data that becomes the new ADA Transition Plan including the development of a management tracking system.
Deliverables

Drafts first for review and feedback

Each Facility has a narrative overview

Each facility has an illustrated catalog

www.HumanCenteredDesign.org
Deliverables

Drafts first for review and feedback

Self-Evaluation report covering facilities and review of policies and procedures

Transition Plan Database

www.HumanCenteredDesign.org
Deliverables - detail

ADA Self-Evaluation

- Executive summary;
- Building/Facility report narrative for each facility;
- Illustrated survey catalogue with citations of ADA;

ADA Transition Plan:

- Database of priorities for corrective action with cost estimates & named responsible parties + management tracking;
- Public meeting & presentation to City.

www.HumanCenteredDesign.org
Basis for Self-Evaluation

2010 ADA Standards
Effective March 15, 2012
Both federal laws and state code apply. . .

- **Section 504 of the Rehabilitation Act** of 1973 for programs receiving federal financial assistance.

- **Americans with Disabilities Act 1990**, Title I on employment and Title II for government entities - ADAAG (if compliant, no need to change) - 2010 ADA Standards.

- **Public Rights of Way Accessibility Guidelines**
Americans with Disabilities Act
Signed by President G. H. W. Bush - 1990

Provides a clear and comprehensive national mandate for the elimination of discrimination against people with disabilities
Americans with Disabilities Act

Based on the Civil Rights Act of 1964, it extended legal protections for equal participation to a new “protected class” of individuals with disabilities. The most expansive anti-discrimination law in the world for people with disabilities at the time and the basis of protections worldwide today.
The American with Disabilities Act

- Title I – Employment.
- Title II – State and local government.
- Title III – Access to places of public accommodation and commercial facilities.
- Title IV – Telecommunications.
- Title V - Miscellaneous.
Five ADA Administrative Requirements

- Conduct **self-evaluation** - *update underway*

- **Notice** to “beneficiaries” (public, customers, clients) and employees of a commitment to nondiscrimination with detail on who to contact with questions, requests and complaints

- Designation of responsible employee to coordinate ADA obligations (*ADA Coordinators in each City Department in Montpelier*)

- Adopt a **grievance procedure**

- Develop a **transition plan** for facility access – *follows completion of the self-evaluation*
Program accessibility standard:

- Ensure that each program, service and activity, “when viewed in its entirety,” is accessible to people with disabilities.

- Does not necessarily require a public entity to make each of its existing facilities accessible.

- Requires a cross-walk with facility access to set priorities for corrective action.

- Does not require a public entity to take any action that it can demonstrate would result in undue financial and/or administrative burden. BUT you must meet the primary responsibility of program access.
Title II Integrated Setting Requirements

- A public entity shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities. § 35.150(d)
Title II Integrated Setting Requirements

- A public entity, in providing any aid, benefit, or services may not . . . Provide different or separate aids, benefits, or services to individuals with disabilities or to any class of individuals with disabilities than is provided to others unless such action is necessary to provide qualified individuals with disabilities with aids, benefits, or services that are as effective as those provided to others; § 35.150(b)(iv)
Components of Accessibility of Programs

When a public entity provides accessibility to its programs, it must ensure:

- Policies and practices are in place to provide equal opportunity to programs for people with disabilities and, if needed, modifications are made to other policies, practices, and procedures if they result in discrimination against people with disabilities;
Components of Accessibility of Programs

- Physical access to spaces (i.e., so a person with a mobility disability can enter the building, travel through the facilities, use the restrooms, and participate in the programs in the program space);
Components of Accessibility of Programs

- Availability of auxiliary aids and services for programs (i.e., so a person who is deaf/hard of hearing, blind/has low vision, or has a speech disability can experience equally effective communication in order to understand and participate in the programs); and,

- Individuals with disabilities must be aware and be able to avail themselves of all accessible features.
Program Accessibility

Renovations to ensure access to programs, services and activities

- **Priority 1** - Approach & Entrance
- **Priority 2** - Access to Goods & Services
- **Priority 3** - Toilet Rooms
- **Priority 4** - Additional Access
City of Montpelier Scope of Work

- All policies and procedures pertinent to ensuring program accessibility & Title I compliance.

- Facilities listed in the RFP and inclusive of adjacent parking lots and public rights of way:
  - City Hall
  - Wastewater Treatment
  - DPW Offices and Garage
  - Fire Department
  - Montpelier Police
  - DPW Salt Pen
  - Montpelier Senior Center
  - Montpelier Recreation
  - Cemetery Offices
  - Hubbard Park Building and Shelters

- Review of accessibility of the City’s website
  - [https://www.montpelier-vt.org](https://www.montpelier-vt.org)
  (This includes a review of sample files available for download)
ADA Transition Plan Components

- List of barriers prioritized for corrective action to ensure program access.
- Provides specific timeline for corrective action.
- Specifies departments & names staff responsible for action.
- Estimated budget for corrective action (multi-year).

**NOTE:** any gaps in program access policies and procedures are addressed in the self-evaluation process but are not included in the Transition Plan.
Department of Justice’s Project Civic Access Settlement Agreements

Key findings:

- Accessibility of the Town’s website
- Effective Communication (auxiliary aids & services)
- Accessibility of polling places
- Accessibility of Emergency Management
- Accessibility of Public Safety’s 9-1-1
- Any Town-operated shelters – homeless, domestic violence, emergency – to have written policies
- Equal Employment Opportunity for people with disabilities

http://www.ada.gov/civicac.htm
Self-Evaluation & Transition Plan goals

- All of the City’s programs, services and activities, *when viewed in their entirety*, are readily accessible to and usable by people with disabilities.

- Priority of ensuring ‘program access’ with a goal of equal participation.

- Implementation strategy integrated into planning and budgeting with a management plan to monitor progress.

- All residents, regardless of ability, feel that they know about and can participate in all the City of Montpelier has to offer.
Process & Schedule

- Determine sequence of properties – gather digital files.
- **Field Work:** begins in early July with two teams of two
- Survey to Department heads begins now
- **Draft report for first building(s) shared in first month**
- Meeting with City staff, approved draft shared in public meeting
- Final version presented to City Council
- Public meeting to share penultimate recommendations & seek comment.
- Final deliverables: within two weeks following public meeting

*Commitment to complete plan by end of 2018.*
Survey to be completed by each Town Department:

https://goo.gl/forms/C53jYHeKQ2AjMR962
List of things IHCD needs to get going:

- drawings, floor plans, elevations for existing facilities;
- a primary contact list for the City team who’ll be involved in the project;
- badges for IHCD team to wear when conducting surveys;
- decision about trails to be included in Hubbard Park
- a point person at each facility who can coordinate access to the building.
This is a superb report. If the Town follows all of the recommendations that IHCD’s made completely and to the letter, and that is both my goal and my preference, I think not just persons with disabilities but everyone in this Town will be the better for it.

Betsy M. Allen
Director & ADA Coordinator
Town of Somerville
August 9, 2013
Thank you!