



Residential Opportunities, Inc.
Accessibility Assessment Summary and Plan
Revised November 2011

I. Overview

Since its inception, ROI has based its supports and services on the needs of individuals with disabilities. After our initial development, new programs were designed to meet the needs of the individuals coming back to the community from the state institutions. The first group homes were often two story homes able to accommodate up to 16 people. Individuals that came out of the institutions in the second wave had increased need for accessibility. Facilities were developed with ramps, widened doorways, egress windows and doors, and wide-open spaces. Program supports and services often included vans with lifts, public and alternative transportation, enhanced staffing ratios, assistive communication devices, and an assortment of adaptive equipment designed to support independent eating, bathing, and grooming. Overcoming the obstacles of accessibility was incorporated into the way we do business and became part of our agency Core Values. While many informal efforts have always been in place, in May of 2000, ROI completed its first formal comprehensive assessment of accessibility.

That first assessment yielded such changes as an automatic door button to enter and exit the administrative office, an area for someone with a disability to complete a job application, additional widening of doorways in our group homes, the purchase of additional equipment, the marking and painting of potential safety hazards, and the addition of lighting to a fire system for someone with a hearing impairment. Through the annual review and update process, additional improvements have been made. In the 2002 – 2004 review, we broadened our assessments to include ROI's housing services. In July/August 2007 and again in 2009, we completed a full survey identifying the architectural, environmental, attitudinal, financial, employment, communication, and transportation barriers faced by the individuals we serve, their families and friends, other service professionals, our staff, and other stakeholders. In the fall of 2011, we reviewed the ADA checklist completed for each program, reviewed all programs for new and innovative ways we have provided accommodations the individuals we serve, personnel, and other stakeholders and updated our plan in November 2011. Many of the ways we have provided supports to increase/improve accessibility for individuals with disabilities have become "just the way we do business" and are now applied across multiple programs, people served, personnel and other stakeholders. As such, the chart we previously attached to this plan has been detached and is now provided as a rolling sample of just some of our efforts to eliminate the barriers for people with disabilities.

II. Definitions

Community Integration barriers are those that restrict access to the same community events and activities offered to those without disabilities.

Architectural barriers are those physical barriers that prohibit or impede access to buildings, sites, or grounds.

Environmental barriers are those locations or characteristics of settings that may impede the successful delivery of services.

Attitudinal barriers are those in language, terminology, inclusion, input, treatment, and views of personnel, stakeholders, and the community with respect to individuals served that may impede service delivery or one's quality of life.

Financial barriers are those barriers represented by inadequate funding, resources, or opportunities which impact the level of service provided/delivered.

Employment barriers are policies, procedures, practices, opportunities, that impede access to employment or the successful delivery of services.

Communication barriers are those that impede understanding and access to services and supports.

Transportation barriers are those barriers that restrict or limit access to supports and services.

Agency Strengths

Community Integration Accessibility

ROI has been assisting the people we serve to access the community since we began operations in 1978. We are proud of our ability to help people participate in activities of their choosing. We support people to access local events and activities; as well as those far away. ROI has taken consumers as far north as Toronto, Canada and as far south as Nassau, Bahamas. We've gone west in vans to Branson, Missouri and east to Washington, DC on a plane. We've lined up 15 wheelchairs in the hallway of a cruise ship – when the chairs wouldn't fit through the door. At Disney World, we've carried people down the stairs to the submarine ride and up the stairs to the continuously moving Peter Pan ride. ROI simply does not let barriers get in the way. We have gone camping, fishing, swimming, hiking, roller-skating, sledding, and boating. We participate in the local universities, attend art classes, take excursions to the mall, participate in the local festivals, go to the movies and belong to churches. We strive to be good participants and good community members. We currently have a "men's coffee group" which meets weekly at a local bagel shop. Our Module 1 training class teaches staff about the importance of putting our best foot forward at all times. We recognize that we are the stewards of the reputations of the people we serve. It is our job to assist and support them in the best ways possible – to put their own best foot forward.

Architectural Accessibility

ROI utilizes a variety of means to evaluate potential barriers and then to address them. ADA checklists are used in residential sites, rental housing sites and at our administrative office to identify physical barriers. These barriers are evaluated with respect to the individuals served, stakeholders, and personnel and, where necessary, a plan of correction is developed. Barriers and potential barriers are reevaluated annually and/or any time the needs of an individual change. Routine maintenance and monitoring is completed by program coordinators, maintenance staff, and professional contractors in addition to external inspections conducted by state and federal regulators. Planning and development of new program sites/ locations are developed not only to ensure architectural accessibility for individuals served, but in response to an identified need in our community. Of the 19 group homes in which ROI provides supports and services, 10 are fully accessible and 8 are partially accessible. Those that are partially accessible are defined in this manner only due to smaller bathrooms and/or some common areas located on a second floor or in a basement.

Environmental Accessibility

ROI strives diligently to promote environmental accessibility in all sites and locations. Creating and ensuring that the environment one lives in, works in, or comes to is safe, comfortable, and approachable is an integral part of our philosophy and core values. Staff is trained to be vigilant in protecting the environment for the benefit of those served. Staff ensures that rugs have non-skid backing, that hallways are kept free of clutter, that adaptive equipment is properly maintained and cared for, and that furnishing the home and the administrative office is designed around the accessibility needs and the interests of the individuals served, stakeholders, and personnel. Staff attends to the sensitivities of individuals who require quieter living and work areas.

Attitudinal Accessibility

Staff and volunteers must complete training sessions in Diversity, Agency Orientation, and Introduction to Residential Living in a Community Setting: Your Role as Direct Care Staff, Working with People, Person Centered Planning, and Self-Determination. These trainings, along with the remainder of our training curriculum, provide insight and history into attitudinal barriers that may be encountered. A cross section of agency staff, individuals served, and other stakeholders were involved in the initial development of our mission and core values and continue to be involved in review and revisions. Education and training is provided through lecture, discussion, role modeling/playing, and videos and occurs at all levels of the agency on an ongoing basis. It is a standing agenda item for monthly staff meetings.

ROI has an active Diversity Committee, which facilitates training for all staff that is specifically geared to the needs of the agency, the individuals served, staff, and customers. The committee is also involved in providing information regarding community diversity events. This information is posted in the administrative office, available to program sites, and in our monthly staff newsletter. The chair of this committee serves on the 5 County Mental Health Consortium.

ROI works closely with Community Advocates to help address issues that may be imposed by the broader community. Our volunteer program and community based Board membership also help educate the community. ROI staff facilitates numerous community activities that provide exposure and education for community members and work hard to be good neighbors in their

communities.

Financial Accessibility

ROI provides ongoing training and education regarding the financial resources available, the status of those resources, and how to access them. Our Representative Payee Services program has been recognized by the FIA in our community and we receive many referrals for this service in addition to providing it at no cost to individuals served in specialized residential by ROI. The quality and success of this program is reflected in our Agency Outcomes and annual satisfaction survey. Program supervisors receive training in monitoring and managing home budgets and individual resources (personal care monies, food stamps, Medicaid/Medicare). We have support staff dedicated to monitoring benefits for individuals served to ensure that those benefits remain intact and available for their use.

One of the many tasks of the Director of Development is to raise funds for our Independence Fund. This fund is administered through a staff driven committee and supports things such as personal supplies, trips, medical supplies/adaptive equipment, and holiday gifts for individuals served. Our Endowment Fund, administered by a community foundation, was developed to ensure that ROI would be able to provide services now and in the future. The agency has worked tirelessly to advocate for lost or underfunded services by writing letters to state officials and attending public meetings. Most recently, a grant was received to help fund services for children that ROI provides supports for. These funds will allow staff to provide community inclusion opportunities for the children that we serve.

Through our subsidiary, Homestead Housing Service, ROI is active in developing low income housing in Kalamazoo County. Many of our rental units are available to individuals with disabilities who are utilizing the mental health system. ROI collaborates with the Kalamazoo Board of Realtors, some of whom are current or former members of our Board of Directors.

Our Human Resources department provides a great deal of information to staff regarding community resources available to assist with a variety of needs, including tax help (on site preparation and filing for individuals served; and information for staff on free tax preparation services and the Earned Income Credit), child care resources (via referral to the local 211 network and Child Care Resources), and referrals for benefits-eligible staff to an Employee Assistance Program (a voluntary service that provides professional information, counseling, and referral services to eligible employees who may be experiencing personal stress). Our benefits committee works diligently every year to advocate for and secure quality health, vision, dental, and life insurance for employees.

Employment Accessibility

ROI staff collaborates closely with agencies providing employment opportunities for individuals served. Based on person centered planning and choices individuals are assisted in the development and maintenance of skills necessary to be good employees. ROI staff actively advocate for these services for individuals as part of the service team. As an employer, ROI has assisted staff to be successful employees by doing such things as working with job coaches and providing materials in different languages.

In June 2009, we brought specialists from Disability Network to ROI to provide supervisors training specific to the American's with Disabilities Act. The focus of this training was to assist supervisors with recognizing potential areas of accommodation for the staff they supervise. Accommodations for staff are handled privately and discreetly through consultation with the COO. Adaptive equipment purchased for staff include such things as larger print materials, louder volume phones, and headsets. Accommodations given to staff have included such things as modified work schedules, flexible attendance, redirected workloads, and language interpretation, enhanced mentoring, and modified training materials. In 2010, we added a sample of staff accommodations to our chart immediately following this document.

Communication Accessibility

ROI has developed a great deal of written material to provide information and education about the agency. Our Individual Handbook is written to be easily understood and staff is able to adapt the presentation of information to the needs of the person receiving it. Information regarding recipient rights, HIPAA, state and federal employment postings is available in Spanish. ROI also maintains a web site that has a great deal of information on the agency and how to access services.

ROI added training for staff during new hire orientation on "communicating with the people we serve." Each new employee is given basic information on sign language and where to find each individual's plan of service and preferred way of communicating, i.e. sign language, other gestures, Picture Communication Exchange board, etc.

Adaptive equipment for communication and understanding information is available. Strobe lights and vibration devices are available to alert hearing impaired individuals to emergency situations and phone adjustments for hearing impaired so that individuals can call friends and family independently. Training is provided in the care and maintenance of assistive communication devices to ensure proper functioning as needed.

Transportation Accessibility

Staff received training in safe driving techniques. Driving status history is reviewed prior to allowing staff to transport individuals served and is reviewed periodically. Training regarding the use of adaptive equipment and lift systems is completed as part of every staff's new hire. Our driver's training class includes a hands-on training of ROI's lift and tie down systems. Discussion regarding the comfort of our passengers with disabilities addresses the need for compassion and care when using equipment – recognizing the fear that may be present for some. Follow up training – specific to the population served by each site – is provided upon assignment to a program.

All program sites work to facilitate attendance at meetings, medical appointments, community/leisure/recreational activities for individuals served and family members by providing transportation (including for family members, if necessary). Recognizing the aging of some of the families of the people we serve, ROI offers transportation to all agency events, upon request. We also collaborate with Kalamazoo County Care a Van to meet the transportation needs of the individuals served. Assistance and skill building training is provided to individuals served who desire to access community transportation services. ROI purchased 3 new buses this year to assist with providing transportation to individuals living in supported living sites and living in group homes who needed the support of a wheelchair lift.

IV. Summary and Update – December 2007 through November 2011

Portage Road group home underwent significant structural remodeling in an effort to meet the increasing needs of the individuals served by that program. The remodel, which was completed in 10/2007, allows for increased flexibility of the home, provides for increased common area to allow individuals greater space, better ability to provide for those with physical disabilities through the addition of an ADA-compliant accessible bathroom, and offers everyone the opportunity to have his/her own bedroom.

At the **Schuring Rd apartments**, ROI improved visit ability and accessibility through concrete additions and modifications. A fence was put up so that an individual could enjoy her front porch safely and comfortably. Stronger doors were installed so that the apartment and the individuals who live there are safe during behavioral outbursts.

We received a specialized residential license for our program operated at **D Avenue**. D Avenue received its temporary license on 1/18/08 and its permanent license on 7/23/08. Recent improvements to this program included finishing the basement on the west side of the house, and adding an exit door from the basement with steps leading out to the backyard.

In June 2009, ROI supervisors attended training provided by the Disability Network. This training focused on the special needs of personnel with disabilities.

Our **Mandigo** group home underwent an extensive remodel in August 2009. This included extensive remodeling of a bathroom, including a large roll-in shower area, to make it fully accessible. Also, the removal of a closet allowed for the widening of the door into the living room so entry into the room was easier for folks in wheelchairs. One of the non-verbal gentlemen and two of his roommates are learning American Sign Language to improve their communication with each other and to reduce their sense of isolation. Another one of the gentlemen at Mandigo is volunteering at the Kalamazoo Nature Center to be a part of his community.

ROI purchased (with low-income housing tax credit financing) two apartment complexes, at **Duke and Barrington Woods**, which ROI significantly renovated and adapted to become barrier free and/or low-income housing options for individuals with and without disabilities. ROI is the general partner for Duke and Barrington Woods. The purchase of these two locations added 3 barrier free units, 17 accessible units, and 22 regular units to ROI's cache of affordable housing. ROI began renting apartments at these complexes in September 2007, and the final units were completed in August 2008. We have 87 units of Rental housing in addition to Duke and Barrington Woods. Of those, we provide supported living services in 14 of our units.

In the spring of 2010 and again recently in September 2011, we partnered with the local YMCA to provide supports and services to a young boy with a severe emotional disorder (SED) diagnosis. Like many, he did not wish to appear disabled

when going into the community. His staff approached the YMCA to discuss ways in which the staff could more easily blend in while still providing supports to the young boy. The YMCA readily agreed to work with us and the staff became “one of them” while engaging the young boy at the Y. To a casual observer, our staff was simply a YMCA employee. ROI in partnership with the YMCA has now expanded this program to several children. We have duplicated this model for three other young people, in other places; such as a local church and the SPCA. ROI has partnered with the Kalamazoo Boys and Girls Club to also bring children to their sites to provide socialization opportunities while blending in with the Boys and Girl Club staff.

In March 2010, one of the individuals living in supported living was diagnosed with cancer. His family decided not to go through invasive treatment and enrolled him in Hospice. The advice of his physician was that he move back to a group home for more intensive supports and services. His family and his ROI staff wanted to allow the individual to die in his home. His team was convinced the staff and his family were up for the challenge. This required educating medical personnel regarding the ability of providing supports and services in someone’s own home. Hospice services were brought into the supported living environment and the training for the staff increased specific to the individual’s condition. Once this individual passed away, Hospice provided grief counseling to the individuals who lived in his apartment complex and to the staff that worked with him.

In February 2010, two of the individuals we serve became engaged and expressed their dream of getting married. One of the individuals lived in supported living and one of the individuals lived in one of our group homes. This caused quite a bit of discussion at the agency and local CMH level. The individual living in our group home was believed by his physician to have “too serious of medical concerns” to live more independently. He put his concerns in writing – stating that he did not support this decision. Even his Case Manager was not in support of the idea of moving him from a licensed setting to an unlicensed setting. Several people expressed concern because “what will happen if they get divorced.” ROI staff pushed for the two support teams to come together with the individuals to discuss the barriers and to make this dream happen. ROI offered to provide nursing supports into our supported living program (a first!) and to provide cross training between the group home staff and the supported living staff. We went to a “challenging case review” to garner support at the local community mental health level. The risks and benefits of “marriage” were clearly laid out to the individuals. We discussed everything from birth control to divorce. When one of the team members asked the gentlemen, “What will you do when you get in an argument and she kicks you out” he responded by saying “what do you do when your wife does that?” In the end, the individuals decided to have a commitment ceremony on March 14, 2010 and to move in together. They chose to not legally marry – but it was their choice. The funder authorized ROI nursing supports into the supported living environment and affirmed the actions of the support teams. Due to their medical needs, these two individuals now live together in a group home.

In June 2010, ROI worked with Kalamazoo Community Mental Health Substance Abuse Services (KCMHSAS) to provide financing for a fence to be installed at the Schuring Road group home. This allowed us to move an individual with a significant seizure disorder to a location that was better able to meet his needs. His mother was not comfortable with a move for him – unless a fence could be installed. This funding led to a larger conversation with KCMHSAS about adaptive equipment and enhanced supports. The Program Directors provided education to all of the Program Coordinators regarding a process for obtaining adaptive equipment and/or health and safety modifications through KCMHSAS. A form for communication to the Supports Coordinators was developed.

In June 2010, we were contacted by KCMHSAS with a referral to support a woman who was residing in the hospital due to significant skin breakdown and infection. Working through the process just described above, we were able to secure the necessary equipment, nursing supports, and staff one-to-one funding to bring her home from a lengthy hospitalization into the Engel Court group home.

In July 2010, ROI closed the **Nature Way** group home and relocated this group of individuals to a new location named **Fair Oakes**. Nature Way’s physical plant no longer met the needs of the individuals served. Moving the program to Fair Oakes allowed ROI to greatly increase the flexibility of the program. The program is located closer to downtown and near a bus line. This improves access for staff, individuals and their families/friends. ROI was able to design from the sub-floor up - two completely barrier free bathrooms – with roll in showers, wide open space and good turn ratios. This will allow individuals to shower more comfortably utilizing more current adaptive equipment. The other significant feature of the new location is that each adult living in the home now has their own bedroom – thus increasing their own personal privacy and easing the visitation of their families and friends. The design of the home includes other features; such as floorings that could withstand the pressure of six wheelchairs, walls that could be scrubbed, and cabinetry and door jams that could be easily sanitized.

In the fall of 2010, our Housing and Facilities Coordinator became a member of the Condominium Board Association at the Lynn Terrace location. It is our hope that his presence on this Board will improve the understanding of the other tenants with respect to people with disabilities. The relationship with some of the tenants has often been contentious – affording ROI the

opportunity to provide education regarding people with disabilities, supported living versus licensing regulations, and anti-discrimination laws. His involvement on the board helps to bring issues back to ROI so that we can be proactive in solving concerns. In addition, ROI pays to have the carpets cleaned on a quarterly basis in the shared hallways to better our effort to improve the relationship between the neighbors and to keep the carpets cleaner.

In October 2010, ROI was excited to partner with an anonymous donor to obtain \$65,000 of commercial grade furniture that looks homey and residential. This furniture will be able to withstand the pressure of behavioral issues, repetitive and higher than average usage, and the wear and tear of wheelchairs and other equipment. This will allow us to better meet the needs of individuals while maintaining the atmosphere so important to us. This donation of furniture also allowed us to provide furniture to individuals living in our supported living environment – where the cost of furniture is typically the individual's responsibility. Without this donation, individuals in supported living would have had either little furniture or much lower quality furniture.

In November 2010, one of ROI Program Directors met with the program supervisors of the adult and children's sections of the Portage Community Library. The purpose of this meeting was to discuss the needs of individuals with disabilities and offer some advice and consultation regarding the expansion of programs to include those that would interest the people we serve. We also discussed ways of increasing inclusion and the possibility of expanding the role of volunteer readers.

In December 2010, one of the individuals expressed interest in coming out of "retirement" and returning to day program full-time. He had been discharged from his day program years ago as a result of a change in the type of program offered and the inability of that program to meet his needs. Despite reluctance on the part of the day program, the Program Coordinator worked with the support team to better understand his needs and desires. She offered much advice about how their program could meet his needs. He has since been accepted back and will be going fulltime.

In December 2010, we reached resolution on meeting the needs of one of the individual's living in his own apartment. He and his family had expressed interest in moving from supported living into a group home. There was not support for this move – because KCMHSAS viewed this as a step backwards. We were able to show the support team that moving from supported living to Fair Oaks would allow him to keep what he enjoyed the most (his own room and his cat) while increasing opportunities for the things he missed the most (social interaction, flexibility of mobility and movement, increased health and safety).

Over the last year we have made several new vehicle purchases. Rather than simply purchase a van with a lift, we have developed a set of standards by which each vehicle is assessed. Primary on this list is the needs of the individuals served. For example, in one program we purchased a Ford Flex because it was determined that this vehicle was easier for people to get in and out of. Because it has no lift, it could be a smaller – and more easily blend into the community. Other vehicles were purchased without carpeting or with vinyl seating to increase the ease of cleaning. In other programs, we considered purchasing smaller cars instead of vans; however, in the end the flexibility of a van forced the issue.

In Feb of 2011, ROI took a Caribbean Cruise with a group of 93 people. This number included the individuals we serve and their staff or volunteer chaperone. The trip was made possible due to the nearly \$50,000 of monies made available through ROI's independence fund. As in all of our trips, this opportunity assists in ROI's efforts to break down the barriers to people with disabilities to another whole level!

III. Resolution of Barriers

As the need arises, and at least annually, ROI Program Coordinators and the Housing Team work together to review accessibility in each of the area's described. If a need is structural and/or architectural – it is communicated to the Program Director. If it is determined to be a health and safety issue, the issue is resolved immediately either by direct funding from the budget, soliciting additional funding from our funder, or seeking alternative resolution through the support team process. If it is not a health and safety issue, the Program Director prioritizes it against the needs and desires of the other ROI programs. If relevant, it is added to our "Big Ticket" list and is corrected or modified as money is available. Other barriers are managed on a case by case, support team by support team process. Beginning with the intake process, Program Coordinators are continuously reviewing the accessibility needs of the people we serve. If trends are noted, the Directors team discusses ways to approach the mental health system or the greater community for change. The chart accompanying this plan details a sample of those efforts through the years.

IV. Findings of Comprehensive Accessibility Assessments:

Below is a summary of the remaining items identified in the 2009 assessment of all locations in which ROI provides programs and supports in which we own, lease, or rent property. Items resolved have been removed from this chart but can be found on the 2009 update. Complete physical barrier assessments were completed for each program in 2011 and no new issues were identified in the assessments completed. These updates are available for review at the Administrative Office.

Program	Need	Outcome
Almena	Lavatory does not have 30 X 48 inch wide clear space in front.	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals living in the home are adequately met. Should the needs of the individuals change, or if the population of the home changes, we would consider the cost/benefit implications of the necessary modifications.
Administration Building	Elevator controls do not have raised / Braille lettering	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals visiting the administration building are adequately met. Should an individual visiting the administrative office have difficulty navigating the Administrative building due to vision impairments, we would provide other accommodations, such as providing a staff member to assist the individual.

Program	Need	Outcome
Almena D Avenue	Lavatory rim is higher than 34 inches	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals living in the home are adequately met. Should the needs of the individuals change, or if the population of the home changes, we would consider the cost/benefit implications of the necessary modifications.
Almena Osterhout	There are less than 29 inches from the floor to the bottom of the lavatory apron.	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals living in the home are adequately met. Should the needs of the individuals change, or if the population of the home changes, we would consider the cost/benefit implications of the necessary modifications.
Almena Hoard Meadowcroft Wisner	The door handles are not all operable with a closed fist.	Program Coordinator and Program Director have evaluated the need for a door handle that can be opened with a closed fist, and if desired/needed have prioritized these items through the program's budget.
Almena Douglas Hoard North Drake Wisner	Threshold at the entrance is higher than the preferred ¼ inch.	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals living in the home are adequately met. Should the needs of the individuals change, or if the population of the home changes, we would consider the cost/benefit implications of the necessary modifications.
Almena North Drake	The layout of the home provides less than 36 inch wide accessibility in some areas.	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals living in the home are adequately met. Should the needs of the individuals change, or if the population of the home changes, we would consider the cost/benefit implications of the necessary modifications.
Almena Hoard North Drake Parkview	The entrance to the home does not provide for a 5ft or T shaped space for a person using a wheelchair to reverse direction.	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals living in the home are adequately met. Should the needs of the individuals change, or if the population of the home changes, we would consider the cost/benefit implications of the necessary modifications.
D Avenue North Drake Portage	A threshold at one door measures more than ¾ inches high.	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals living in the home are adequately met. Should the needs of the individuals change, or if the population of the home changes, we would consider the cost/benefit implications of the necessary modifications.
Douglas	At least one of the doors in the home measures 31 instead of 32 inches.	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals living in the home are adequately met. Should the needs of the individuals change, or if the population of the home changes, we would consider the cost/benefit implications of the necessary modifications.
Douglas Lands End North Drake Old Post	The emergency egress system does not have both flashing and audible lights.	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals living in the home are adequately met. Should the needs of the individuals change, or if the population of the home changes, we would consider the cost/benefit implications of the necessary modifications. The system provides for an audible signal, and no one living in the homes has hearing impairments.

Program	Need	Outcome
Hoard	The mirror mounted with the bottom edge of the reflecting surface in the lavatory is higher than 40 inches.	Not prioritized at this time; however, vanities and cabinetry in bathrooms were changed.
Hoard D Avenue Douglas Lands End	Stairs do not have continuous rails on both sides, with extensions beyond the top and bottom of the stairs.	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals living in the home are adequately met. Should the needs of the individuals change, or if the population of the home changes, we would consider the cost/benefit implications of the necessary modifications.
Hoard Wisner	Lavatory faucets not operable with a closed fist.	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals served are adequately met. Should the needs of the individuals change, we would consider the cost/benefit implications of the necessary modifications.
North Drake	Controls are not all placed at accessible height, nor are they operable with a closed fist.	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals living in the home are adequately met. Should the needs of the individuals change, or if the population of the home changes, we would consider the cost/benefit implications of the necessary modifications.
North Drake	The counter is set at 35 inches, exceeding the preferred height of 34.	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals living in the home are adequately met. Should the needs of the individuals change, or if the population of the home changes, we would consider the cost/benefit implications of the necessary modifications.
ROI Owned Apartments/ Condos	Currently, the majority of the apartments owned by ROI are barrier free. Apartments and condos rented by the individuals served are either selected by the individual specifically to meet his/her needs for barrier freeness or in some cases have been modified to meet their needs. Future expansion into Supported Living for individuals with significant physical disabilities will require an expansion of barrier free options.	ROI's strategic plan guides the increase in barrier free options. Our purchase of apartments at Barrington and at Duke increased our ability to offer barrier free apartments.
Specialized Residential Homes	While many of our specialized residential homes are fully accessible, some homes have at least one bathroom that does not meet the criteria of accessibility.	Not prioritized at this time as accessibility and health and safety needs of the needs of the individuals living in the home are adequately met. Should the needs of the individuals change, or if the population of the home changes, we would consider the cost/benefit implications of the necessary modifications.
Specialized Residential Homes w/Stairs	With the exception of the administrative office, ROI group homes with stairs do not have lifts or elevators.	Not prioritized at this time as accessibility and health and safety needs of the individuals living in the home are adequately met. Should the needs of the individuals change, or if the population of the home changes, we would consider the cost/benefit implications of the necessary modifications.
Specialized Residential and Cluster Program Sites	There are no signs, symbols, or lighting giving direction to accessible bathrooms or areas	In general, there are no signs pointing out the directions of public areas in any of the group homes or supported living environments, because ROI programs are operated as private homes.
Specialized Residential and Cluster Program Sites	With the exception of the administrative office, ROI program sites do not have public parking or drop-off spaces.	In general, there are no public parking or drop-off spaces, because ROI programs are operated as private homes.
Wisner	Toilet seat is not 17-19 inches high.	Complete – individuals can use toilet risers if needed.
Wisner	The door with closer takes less than 3 seconds to close.	Completed – door adjusted by maintenance to take 3+ seconds to close.
Wisner	Entrance to door has less than 18 inches of clear wall space on the pull side of the door next to the handle.	Program Director and Program Coordinator have determined that this is not needed at this time.

Origination Date: May 2000, Annual review/update required.

Recent Review: November 2011

Board Informational Item: December 2011

Sample of Barriers Resolved since 2004

ARCHITECTURAL

Program	Potential Barrier (who/what)	Solution
Azure	An individual moved into an apartment and the grab bars in the bathroom were not placed where they were helpful to him.	Advocated on behalf of individual to property managers, with the result that the property managers added grab bars.
Azure	Individual was not able to operate the emergency call system at Azure.	Added an automatic auditory monitor for his apartment.
Azure	The emergency call system at Azure is not portable. If the overnight staff is assisting someone in one apartment, he/she is not able to hear a call from another apartment.	Modified the automatic auditory monitor used in an individual's apartment to work with the system in the office, to make the entire system portable.
Azure	Individual has a history of eloping.	Added alarms to Individual's doors and integrated it with a pager for the overnight monitor to know when he leaves his apartment at night.
Litchfield	Individuals enjoy accessing their yard, but lack safety skills that would increase independence outdoors.	Fence added to yard.
Litchfield	The behaviors of the individuals indicated a preference for single bedrooms.	When program was relocated, additional bedrooms were obtained to allow for increased number of single bedrooms.
Litchfield	Individual's independent mobility skills have decreased.	When the program was relocated, ramps were added.
North Drake	Microwave was in an unsafe location.	Microwave was moved due to safety concerns.
North Drake	Breaking glass presented safety concerns for individuals exhibiting aggression	Windows were all replaced with Lexicon/ Plexiglas due to safety concerns
North Drake	Individual's behavior issues present safety issues when glass is present.	Neplas was added to a bedroom for safety.
Portage	Kitchen area presented safety issues for individuals living in the home.	Originally, a ½ door was installed that allowed protection while not compromising supervision or openness. More recently, the ½ door was converted into a "dutch-style door" to further protect an individual / increase safety in the kitchen.
Old Post	Individual transferring back to the community from state institution needed an alternative bathroom option due to behavioral challenges.	Modified the shower to allow for a second option for bathing in the home.
Old Post	Individual served in state institution was ready to transfer back to the community, but presented unique staffing and behavioral challenges.	Evaluated and managed the program for potential safety hazards to allow a consumer to return to the community from the institution.
Old Post	Individual's behaviors resulted in toilet clogging problems for the group home.	Installed a super toilet to assist with managing the inappropriate behaviors of a consumer returning from the institution.
Portage	The needs of the individuals have changed since the home was first developed.	Home renovations completed 10/07 to increase common space, improve the bathrooms, and offer single bedrooms. An ADA-standard bathroom was added.
Rental Units	Individuals living in Supported Living, who choose to rent property from ROI, may have additional needs beyond that of someone without disabilities.	ROI Housing staff work with the individual to match their needs to the apartment. As new housing is developed, barrier free options are furthered.
Specialized Residential Homes/SLA	Individuals with cognitive and physical disabilities often need housing that has extreme needs for maximum accessibility.	As needed, homes are fitted with ramps, widened doorways, and environmental designs necessary to meet the needs of the individuals who reside there. As needs change, attempts are made to modify the home to allow the individual to maintain his/her placement.

Program	Potential Barrier (who/what)	Solution
Wisner	Front sidewalk was crumbling due to wear and age.	Front sidewalk with cut-aways replaced with a barrier free sidewalk that grades from the driveway to the front walk. Retaining wall removed to create a larger turn radius for any consumer's in wheelchairs.
Wisner	Consumer had damaged subfloor in the bathroom due to water on the floor during bathing tasks.	Subflooring replaced and a new vinyl floor installed with raised splash guards to eliminate additional water damage.

ENVIRONMENTAL

Program	Potential Barrier (who/what)	Solution
Almena	Individual with depth perception issues had difficulty navigating a step in front of the home.	Hand rail attached to the front of the house near the step.
Azure	Carpets in many apartments got very dirty due to wheelchair use and general hygiene issues. Property management not interested in cleaning as often as necessary.	ROI staff clean carpets with steam cleaner.
Azure	An individual who did not qualify for a barrier free apartment had problems getting in and out of her shower.	Worked with another individual and switched apartment so individual has a walk-in shower.
Azure	An individual wanted to wait for his OT to fit him for his new shower chair to use in his bathtub. He would not allow us to help him with a shower for fear of safety.	We borrowed a shower chair from Lending Hands and made arrangements to use the roll-in shower in the community area.
Azure	Individuals complained that when relief staff worked, they didn't know them and were not always sure they were supposed to be entering their apartments, even when they had been working on site for a few days and had previously been introduced.	We implemented that familiar staff would always walk in with unfamiliar staff and reintroduce them.
North Drake	Phone was often the target of aggression by individuals served and resulted in a disruption of phone service.	Phone was relocated.
North Drake	Rocks in backyard were potential weapons.	Removed rocks to make back yard safer.
North Drake	Railroad ties in backyard presented mobility barriers.	Removed old railroad ties to make back yard more accessible.
North Drake	Carpet was unsanitary due to behaviors of individuals.	Replaced with vinyl due to ensure a cleaner environment and promote healthy home
North Drake Old Post	Individuals with behavioral concerns have higher need for supervision and intervention.	Placed 1:1 staffing with some individuals.
North Drake	Educating an individual on safety when using the phone and while on the internet.	Found documentation on the internet regarding the issues, talked about the pros and cons, talked about independence and responsibility.
Old Post	Individual served in state institution was ready to transfer back to the community, but presented unique staffing and behavioral challenges.	Added a second ON staff to the shift pattern to allow individual served to return to the community (since discontinued).
Old Post	Individual served in state institution was ready to transfer back to the community, but presented unique staffing and behavioral challenges.	Added a one-one staff to the shift pattern for 12 hours per day to allow individual served to return to the community (only 6 hours per day now).
Old Post	Individual served in state institution was ready to transfer back to the community, but presented unique staffing and behavioral challenges.	Provided additional training to staff related to brain injury and post traumatic stress disorder.
Osterhout	Families and individuals expressed interest in fresh fruits and vegetables.	The staff worked with a family member to plant a garden in the yard, which still yields strawberries.
Parkview	An individual served is deaf.	Staff utilize signing during evacuation.
Willowbend	Individuals enjoy caring for animals and love observing aquatic animals.	We now have a fish tank with two fish that the Individuals take turns feeding and enjoy watching.
Willowbend	Television was difficult for more than two people in	Purchased a television with a flat screen so that

	wheelchairs to watch at one time.	everyone may view it from throughout the room at the same time.
Wisner	Consumers needed activities to help them with independence and relaxation.	Assisted a consumer with purchasing a Wii console to engage people in in-house recreational activities.
Wisner	Consumer requested a lock on his bedroom door to limit a housemate from entering his personal area.	Door lock was installed on the resident's bedroom door.
Wisner	Consumers engaged in behaviors of stuffing the toilet with access amounts of paper.	Installed two super flow toilets in needed restrooms
Wisner	Consumer's needed better equipment to get regular exercise with.	Assisted consumers with purchasing new exercise equipment.
Wisner	Carpet had been repeatedly soiled in a consumer's room due to toilet flooding.	Vinyl flooring installed in the room.

ATTITUDINAL

Program	Potential Barrier (who/what)	Solution
Azure	An individual likes to walk to the corner gas station when he is upset and needs a break. The gas station staff were not sure that he was "ok" when he came in.	Staff met with owners and staff with guardian permission, and discussed concerns and left them contact information.
Azure	An individual met a man on line who started making her nervous when he asked a lot of questions about this site and pressed her to meet him at a hotel when he came to town.	At individual's request, the Program Coordinator called the man and the local police and told him to stop contacting the individual.
Douglas	Individual prefers participation with non-disabled peers. His social and/or safety skills may present issues for appropriate inclusion.	The program has worked with the individuals desired "community" ensuring cooperation and understanding of the individuals needs.
Lynn Terrace	Lynn Terrace Condominium Association has not always welcomed the individuals with disabilities to their community.	ROI has worked through both formal and informal channels to educate the membership of the Association, to improve the image of individual with disabilities, and to advocate for fair treatment.
Portage	No communication with neighbors who seemed to be pretty unaware of the existence of the group home.	Program staff met with the neighbors and began to "trade and share sugar." Soon, neighbors were allowing individuals served to visit and to pet their horses.
SLA	Community Awareness	Camp Tavor – Took a group of kids to camp for the day as a learning opportunity for both groups of kids.
SLA	Community Awareness	Spoke at Pretty Lake Camp to educate counselors on working with kids with special needs.
SLA	Community Awareness	The Individuals served and staff worked with kids at a local high school that were doing a play about people with disabilities to help them learn more about living with disabilities.
SLA	Community Awareness	Participated (Individuals served and staff) on a speaker's panel at the play to educate the audience on living with disabilities.
SLA	Recently two guys from SLA moved to a neighborhood that mostly consists of older people. We introduced ourselves to the surrounding neighbors.	Make sure the staff knows the whereabouts of the individuals, doors are locked, and they don't take them out when upset, and making sure the staff understands the plans.
SLA	Individual wanted to attend a church.	The program has assisted the individual to become a fully participating member of the St. Thomas parish.
SLA	Individual lacked a network of community supports.	He has been attending "Harvey's on the Mall" on Sundays and building relationships with a couple of the waitresses. They now greet him when he comes in the door, know what his order will be and enjoy time visiting together.

Willowbend	Individuals enjoy pet therapy.	Program arranged for dogs to visit the home weekly.
Willowbend	Individuals enjoy late evening outings.	Program has arranged for schedule to accommodate later outings.
Wisner	Individuals enjoy pet therapy	Program arranged for dogs to visit the program and a house dog was purchased for the program.
Wisner	Consumers enjoy opportunities for artistic expression and the opportunity to display their work.	Program offered opportunities to create art work in the house and to display it throughout the living areas of the home.

FINANCIAL

Program	Potential Barrier (who/what)	Solution
Azure	Many of the individuals at Azure like to go out in the community, and cannot afford necessary staff portion of the expenses.	Obtained staff portion of expenses from the ROI independence fund.
Azure	Individuals at Azure enjoy parties and events for the Azure community, but cannot afford the on-going expenses.	Obtained funds from the ROI independence fund for expenses for on-site parties for those individuals.
Azure	Individual had a staff research several OT supply options for him and the ones he chose were not covered by his insurance.	Obtained funds from the ROI independence fund and from Community Advocates.
Douglas	Individual lacked the funds necessary for a vacation and for clothing.	ROI Independence fund supported the trip and clothing money.
SLA	Individual has trouble keeping his bridge card from becoming demagnetized.	Supported the individual to develop the skills to tell the cashiers how to manually enter his number.
35 ^{TH/H}	Two individuals expressed interest in retiring from traditional day program.	Program worked closely with CMH to advocate for alternative funding to support individuals' choice to stay home; individuals have since retired from the day program.
HHA/Respite	One income family with two children receiving services. Family could not afford to send two sons to a baseball game they wanted to attend.	Worked with fund raising to help them pay for trip that they would otherwise not have been able to afford.
North Drake	Individual's behaviors and associated mental illness made attendance at day program difficult. His placement was in jeopardy.	Advocated for funding so that an individual could take an extended break from MRC while medications were being tweaked.
North Drake	An individual's behaviors indicated he desired to spend his day differently.	Advocated for funding for an individual to retire from MRC and spend his days differently.
Parkview	Individual desired to participate in trip to Disney World but lacked the financial resources.	Obtained funds from the ROI independence fund.
Parkview	Individual desired to retire from traditional day program.	Program Coordinator worked with the Supports Coordinator to secure alternative funding to support the hours in the home.
Parkview	Individual did not have sufficient funds to meet needs for personal community integration.	Obtained funds from the ROI independence fund.
Payee Services	Individuals with disabilities often lack the skills necessary to manage their own funds, maintain their full benefits, and keep their bills paid.	ROI Payee services offer the assistance needed to ensure maximum financial stability for the individual served.
Portage	Individual's income did not support her clothing needs.	Obtained funds from the ROI independence fund to help her afford additional clothing.
Portage	Individual desired to retire from traditional day program.	Program secured alternative funding that allowed the individual to remain home. The individual who "retired" is at home two days a week now using the funding, and has returned to a different program that provides occupational therapy for him 3 days/week.
SLA	Individual did not have enough money for the Tigers game.	Obtained funds from the ROI independence fund to enable him to attend the game.
SLA	Individuals living in Supported Living are on fixed low-incomes.	ROI Housing services worked to provide a continuum of low cost and affordable housing options to people with disabilities.
Willowbend	Not all of the Individuals that wanted to go on the cruise had enough funds on their own.	Obtained funds from the ROI independence fund.

Origination Date: May 2000, Annual review/update required.

Recent Review: November 2011

Board Informational Item: December 2011

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Douglas	Individual lacked the funds necessary for a vacation and for clothing.	ROI Independence fund supported the trip and clothing money.
SLA	Individual has trouble keeping his bridge card from becoming demagnetized.	Supported the individual to develop the skills to tell the cashiers how to manually enter his number.
Willowbend	DW was in need of dentures and could not afford them on his own.	Worked with local dentist to obtain dentures and services at a discounted price.
Wisner	4 consumer's desired to attend a cruise vacation but lacked the resources	Program applied to the ROI independence fund and received full funding for each consumer to attend the trip as desired.
Wisner	Consumer lacked the funds to pay for a specialized art class.	Applying to ROI independence fund for 1 year of funding for this program, 2 years funding approved.

EMPLOYMENT

Program	Potential Barrier (who/what)	Solution
Douglas	Individual wanted a job in the community.	The program assisted the individual to explore the possibility of different jobs.
Human Resources	Created a training regimen that provides agency and county training up front before staff works with individuals. Developed observation period for new staff, before their first day of hands on work with individuals.	Helps to staff to become work ready, confident and competent before working with individuals. Ensures that individuals and programs are getting trained staff.
North Drake	Individual struggled with the challenges of attending MRC.	Before the individual decided to retire staff worked with MRC to offer small work sessions and attend small classes 1:1.
SLA	Individual needed help with personal care to maintain employment.	We help him with personal care.
SLA	Individual was undertaking job testing at Goodwill.	Provided necessary staffing to monitor and assist during testing.
SLA	Individual was looking for a job.	Assisted with gathering and filling out employment applications.
SLA	Hygiene issues presented concerns for employment for one individual.	The program assisted the individual to develop the skills necessary to improve personal hygiene while acting as an advocate with the restaurant manager.
Wisner	Consumer wanted to find a way to support a micro-enterprise.	Program coordinated with a self directed art program where the consumer creates art to sell at monthly art hops for additional income.
Specialized Residential	Employee with Narcolepsy	Ensured staff was not left alone on shift; was not lead staff for passing medication; was designated as "non-driver" for program
Specialized Residential	Transgender staff	Ensured that class lists/public documents would reflect preferred male name; documents with legal female name (i.e., paychecks) delivered in non-windowed envelope with preferred name written on front
Specialized Residential	Employee with Lifting Restrictions	Adjusted work duties to accommodate restrictions

Program	Potential Barrier (who/what)	Solution
Specialized Residential	Employee with Stair Usage Restrictions	Relocated office work area to main floor
Specialized Residential	Employee with Seizure Disorder	Ensured staff was not left alone on shift; was designated as “non-driver” for program
Specialized Residential	Employee with Physical Challenge Necessitating a Wheelchair	Ensured that staff worked in fully accessible environment; supplied adaptive equipment for reaching/grabbing
Supported Living	Employee with Narcolepsy	Ensured staff was not left alone on shift; was not lead staff for passing medication; was designated as “non-driver” for program
Specialized Residential	Employee with Dyslexia	Ensured that additional copies of training materials would be supplied; visual/hands-on demonstrations of new tasks/procedures
Specialized Residential	Employee utilizing wheelchair	Purchased extender grabbers, redistributed workload, approved use of personal vehicle, relocated to work site to better utilize strengths.
Administration	Employee with PTSD related to drills	Agreement to notify employee with anxiety disorder of impending drills.
Administration	Employee with panic attack disorder	Protocol established for staff with panic attack disorder.

COMMUNICATION

Program	Potential Barrier (who/what)	Solution
Azure	Individual has difficulty dialing phone.	Staff researched several voice-activated options online, and contacted Community Advocates who purchased the telephone for him.
Appleridge	Individual has a difficult time communicating his needs to others.	Staff assisted him in purchasing a translation communicator device, and programmed it to his needs.
D Avenue	Individual enjoys getting out in the community, and needs to pre plan these outings, to manage staffing and money. It is difficult for him to understand when these outings are planned in relation to the current day.	Staff has developed a calendar to plan individual’s outings weekly. They are able to pull this calendar out to remind him when the outing is planned, which sometimes helps him to wait, as well as to understand when it will happen.
HHA/Respite	Limited ability to physically show or vocalize their wants, but have the desire to communicate independently.	We have made Icon boards that display the schedule and have also invested in adaptive devices so kids can turn on and off their activity at their own pace and can control independently functions of the equipment they are using.
Mandigo	Individual with significant speech impediments.	Dynavox has been provided to augment speech.
Mandigo	An individual with vision and speech challenges.	Formal goals developed to teach basic ASL.
North Drake	Minimal traditional communication skills for one individual.	Added more signs to staff book to increase communication between the individuals and staff.
North Drake	Minimal traditional communication skills for one individual.	Picture boards and sign language books are used to increase communication between the individuals and staff.
Portage	Individual utilizes sign language for communication.	The program worked to develop the skills of staff while supporting the individual to learn even more signs.
SLA	Individuals often have difficulty expressing desires for snacks, meals, and activities due to communication deficits.	Staff has worked to provide visual pictures of snacks, lunch, dinner and activities to help them get ideas.
SLA	The individual suffers from a hearing loss.	The program assisted the individual to obtain hearing assistive devices in his apartment.
Specialized Residential Homes	Individuals with disabilities often lack traditional communication skills.	ROI programs work with the individual to further communication through picture boards, sign language, computers, alternative communications, switches, and other means of increasing the

Program	Potential Barrier (who/what)	Solution
		individual's ability to identify his/her needs.
Wisner	Step mother wanted to keep in contact with her daughter while out of the country.	Program developed a letter writing goal and emails correspondence to mother while away on her yacht.
Wisner	Consumer likes to call his father daily	Program assists with calling his dad as requested.

TRANSPORTATION

Program	Potential Barrier (who/what)	Solution
Azure	Individuals at Azure were just outside of the METRO bus route.	ROI took a group and assisted in advocating for expansion to cover the Azure Heights Apartments.
Douglas	Individual lives in a program not on a bus line and quite a distance from his preferred community for participation.	The program problem solves a system of transportation to and from the preferred community for this individual.
Homes/SLA	Individuals with disabilities often need additional equipment in their transportation; to include wheelchair tie down/restraint systems, lifts, jumps seats, vinyl seating, bench seating, raised cabs, etc.	ROI vans are selected and outfitted with the needs of the individual programs in mind. Program Coordinators work with the vehicle sales staff to obtain optimal flexibility of transportation.
North Drake	The behavioral needs of the individuals presented safety challenges during transportation.	Transportation guidelines have been added to ensure safety during transportation therefore increasing community integration.
SLA	Individuals in Supported Living often need more transportation than ROI's vehicles are able to provide.	Program coordinator worked to increase the use of Metro van, Metro Bus, Cabs and Natural Supports (churches, friends, family and neighbors).
SLA	Individuals need to learn how to take the metro bus, cab and routes for walking to work / day program.	Teach individuals step-by-step and help them to gain knowledge and understanding.
SLA	Individual living on her own enjoys socializing in the community but is not able to use the bus system.	Program staff provides transportation to desired events and activities.
Willowbend	We had a van that was not comfortable for all individuals to ride in simultaneously and did not allow taller individuals in wheelchairs the opportunity to look out the windows.	Traded vehicles with another home in the agency so that we could have a bus.
Wisner	Consumer has ongoing transportation scheduling to do.	Assist the consumer with calling and establishing transportation services as needed.

OTHER

Program	Potential Barrier (who/what)	Solution
Appleridge	An individual was having a difficult time wearing his hearing aid.	Staff created a reinforcement schedule for him, and he is now wearing his hearing aid more often than staff asks him to.
D Avenue	An individual has been interested in visiting his girlfriend off site, many times overnight. In the beginning, he left the house sometimes days at a time, staff was unsure whether he was taking his meds away from site, and his hygiene had become a health and safety issue.	D Ave staff worked with the individual and his team to develop a plan that would protect his independence, while ensuring proper hygiene, and maximum medication compliance. The individual has been very successful in working with this plan.
D Avenue	An individual has constantly changing behavioral support needs. For example, at one point, he was refusing to get out of bed and go to school.	Staff continually changes his token program to appropriately meet his needs. As a result, his attendance at school rebounded.
Meadowcroft	An individual living in the state institution desired to return to the community. His wheelchair is too large to fit into a traditional home and could not be transported in either our traditional or specialized vans.	KCMHSAS agreed to purchase a van selected specifically for this individual's transportation needs.
Schuring	Individuals living in three of our homes require the supports of a nurse in order to live fully in the community.	Schuring Rd employs a team of nurses that meet the needs of the individuals in a group home setting. Nurses fit into the "normal" routine and structure of the group home and do not further the notion that individuals with disabilities are "ill".
Specialized Residential Homes/SLA	Individuals with disabilities may have specialized needs for mobility and transfer.	ROI staff is taught proper lifting and transfer techniques. Physical Therapy may be part of the individuals' daily routine. As needed, homes have ARJO and Hoyer lifts, scooter boards, transfer boards, slide boards, bolsters and positioning equipment, trapeze bars, and gait belts.
Specialized	Individuals with disabilities often have specialized	ROI staff work with the team to ensure proper

Program	Potential Barrier (who/what)	Solution
Residential Homes/SLA	needs for personal care, adult briefs, positioning, skin integrity, etc.	protocols are in place the and equipment necessary to support the individuals needs; such as bed rails, supervision protocols, positioning protocols, a hospital bed, foam mattresses, jell, adult briefs, etc, are available.
Specialized Residential Homes/SLA	Individuals with disabilities often have specialized needs for diet and feeding.	ROI staff develops menus with the individuals' preferences and diets in mind. In addition, ROI staff is trained to provide feeding through a g-tube or a j-tube and in pureed consistencies. ROI staff also assists the individual in obtaining the necessary specialized feeding equipment to encourage independence; such as built up spoons, nose cups, and sided and divided plates and bowls.