BRSS TACS
Bringing Recovery Supports to Scale
TECHNICAL ASSISTANCE CENTER STRATEGY

Increasing Access to Treatment and Recovery Supports for People with Mobility Limitations

This content is part of a set of informational sheets about improving access to recovery supports. Related topics include mobility limitations; disabilities affecting reasoning, memory or learning; deafness or hearing loss; and blindness or vision loss.

The Centers for Disease Control and Prevention estimates that one in six, or more than 16 percent of Americans have physical limitations.[1] Further research also suggests that individuals with mobility disabilities are at greater risk for substance use disorders,[2] anxiety, and other mental illness[3] and that it may be very difficult for them to access treatment and recovery supports due to physical barriers. Some individuals with mobility limitations because of a physical disability, use wheelchairs, walkers, prosthetics (these may not be visible), canes, or other devices to get around. Other individuals have mobility limitations that are less visible or do not employ devices, such as back pain or difficulty grasping, but they may still have balance and coordination difficulties. Due to the nature of some forms of mobility disabilities, some people may only use physical supports intermittently.

Every organization can take steps to identify and reduce barriers to full participation by people with mobility limitations. Some of these may involve physical improvements to the site, while others may affect scheduling or curricula. These types of changes often benefit all program participants, not just those experiencing mobility concerns.

To gather ideas for change, speak with your current program participants and with groups in the area that provide services to people with disabilities. Identify the changes needed to accommodate the needs of participants and groups in your area.

SAMHSA'S TIP 29

SAMHSA offers Treatment Improvement Protocols (TIPs) on a wide range of topics. In 1998 and again in 2012, SAMHSA published *Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities*.[8] This TIP includes in-depth information about working with people living with a disability who are also seeking treatment or recovery services for a substance use disorder (SUD). Also included is an appendix on *Alcohol and Drug Programs and the Americans with Disabilities Act*,[9] which helps organizations understand compliance requirements and gives suggestions for how to remove barriers and make accommodations. Much of the information included in this resource is also relevant for organizations supporting people with serious mental illness (SMI).

Accommodations to Facilities[4]

The Department of Justice's regulation[5] contains a list of examples of possible modifications that may be readily achievable. Some of those examples include:

1. making curb cuts in sidewalks and entrances
2. rearranging tables, chairs, vending machines, display racks, and other furniture
3. installing flashing alarm lights
4. widening doors
5. installing accessible door hardware
6. rearranging toilet partitions to increase maneuvering space
7. installing a raised toilet seat
8. creating designated accessible parking spaces
9. installing an accessible paper cup dispenser at an existing inaccessible water fountain
10. removing high pile, low density carpeting

For a more detailed list, you may consult the Americans with Disabilities Act ADA Title III Technical Assistance Manual,[6] Section III-4.4200 "Readily achievable barrier removal."

Accommodations to Services

Increasing access to treatment and recovery support services for people with mobility limitations may also include changes in policies and procedures, schedules, or group options. For example, a person using a wheelchair may prefer to attend your program at a certain time of day when it's easier to book accessible transportation vans. Or they may have jobs during the day and need to attend an accessible group during evenings or weekends. You might also update staff training and handbooks with information on etiquette for interacting with people with mobility limitations. For example, if a staff member is using paper materials with someone who has upper body mobility limitations, the staff member might need to assist with holding the materials. The best way to know what to change, however, is to talk to people who may need accommodations and listen to their suggestions.

Real-World Example

Problem

A recovery center in Baltimore, MD was contacted by a person identifying as a wheelchair user, inquiring about the accessibility of the building for an upcoming community forum on recovery support services.

Solution

Center staff started by conducting a walk-through from the sidewalk or parking lot into and through the building to identify and remove obstacles. The community forum they were planning was likely to be very crowded, so the staff decided to use cordons to maintain a clear pathway from the entryway to the seating area and the restrooms. They designated space for wheelchairs at the end of two seating rows, and, realizing that the refreshment table they had set up would likely be too high for a person using a wheelchair to access, used two lower tables instead. After they completed their walkthrough, they reconnected with the caller, let them know more about their site, and asked about other types of accommodations they might need.

Develop your team's cultural competence around interacting with people with mobility limitations. For example, if team members see a person struggling to walk up a flight of stairs, to open a door, or to clear a path, they should ask the individual's permission to provide assistance before jumping in to lend a hand. Similarly, your team should consider mobility assistance devices as extensions of a person's physical body. As such, they should move crutches or handle a wheelchair only after asking for and receiving the owner's permission.

Contact your local Center for Independent Living[7] to inquire about technical assistance that may be available to ensure an accessible facility. Also, if your recovery center has an advisory board and board of directors, try to recruit a few members who are persons with disabilities or knowledgeable about disability accommodations. (See Increasing Access to Treatment and Recovery Supports for People with Disabilities, "Overview" for more ideas).

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Please share your thoughts, feedback, and questions about this publication by emailing BRSSTACS@c4innovates.com. Your feedback will help SAMHSA develop future products.

Notes

1. "Disability and Functioning (Noninstitutionalized Adults Aged 18 and Over)," Centers for Disease Control and Prevention, 2017, https://www.cdc.gov/nchs/fastats/disability.htm.
2. Thomas C. Weiss, "Addiction and Substance Abuse Among Persons with Disabilities," *Disabled World,* revised November 24, 2017, https://www.disabled-world.com/medical/pharmaceutical/addiction/serious.php.
3. Scott Kohner, "Physical Disability and Mental Health," *1-888-Wheelchair,* n.d., https://www.1800wheelchair.com/news/physical-disability-mental-health.
4. Center for Substance Abuse Treatment (CSAT) and Substance Abuse and Mental Health Services Administration (SAMHSA), *Substance Use Disorder Treatment For People With Physical and Cognitive Disabilities,* HHS Publication No. SMA 12–4078, Treatment Improvement Protocol Series No. 29 (Rockville, MD: Substance Abuse and Mental Health Services Administration, 1998). https://store.samhsa.gov/product/TIP-29-Substance-Use-Disorder-Treatment-for-People-With-Physical-and-Cognitive-Disabilities/SMA12-4078.
5. "Americans With Disabilities Act of 1990" (PL 101-336, 26 July 1990). https://www.ada.gov/taman3.html.
6. "Americans with Disabilities Act of 1990."
7. "Directory of Centers for Independent Living (CILs) and Associations," Independent Living Research Utilization, vol. 39, 2017, http://www.ilru.org/projects/cil-net/cil-center-and-association-directory.
8. CSAT and SAMHSA, *Substance Use Disorder Treatment For People With Physical and Cognitive Disabilities,* 1-181.
9. CSAT and SAMHSA, appendix D to *Substance Use Disorder Treatment For People With Physical and Cognitive Disabilities,* ed. Bill Bruckman, Victoria Thornton Bruckner, and Christine Calabrese, 145-175.