

ACCESS TO SERVICES IN THE PIKES PEAK REGION

Current Practices and Ways to Expand

COLORADO
SPRINGS
HEALTH
FOUNDATION

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INTRODUCTION

If we view the Civil Rights Act of 1964 as the foundation for anti-discriminatory policy in the U.S., then we can compare subsequent legislation and policy on access to public services throughout the decades—the 1990 Americans with Disabilities Act (ADA), the 2000 Executive Order on access for residents with limited English proficiency, as limited examples—to the bricks.

The mortar can be any component necessary in keeping these protections in place and strong enough to build a solid structure of federal, state, and local policies that ensure no barrier is too great to fully participate in public life. That mortar—consistent funding, workforce training, public infrastructure, etc.—is in high demand and stretched very thin, compromising the integrity of the edifice. There is no fixed formula for this mortar. Every community has a unique blend and every organization has a different way of applying.

This study and its recommendations are about our community's mortar. How do our local service providers meet the needs of a growing and multifaceted population? What tools serve them well? What tools do they need?

NEED

Nearly 13% of all residents in the Pikes Peak region have a disability. For over 11% of the region's residents, English is not their first language. Over a quarter of this population report speaking English "less than very well." While there is certainly overlap among those with a disability and those with limited English, these population totals amount to well over 100,000 people in El Paso and Teller counties.

Access is not just limited by disability or language. Accommodating for both is an excellent starting point, but this inquiry also captured other needs that local service providers see in the community and how they address them.

"We're thinking of accessibility in a broader sense of saying not only do you deserve the accessibility from being able to get to us or communicate with us, but you deserve the accessibility of getting the services you need to live a healthy life."

-Interviewee

PURPOSE

This study aimed to uncover how and to what extent CSHF's funded partners currently meet diverse access needs that exist in El Paso and Teller Counties. Our goals were to:

- Understand what's working or not working for area organizations;
- Celebrate and share local best practices; and
- Identify possible learning and grantmaking opportunities to help funded partners expand access to services.

EXECUTIVE SUMMARY

In an effort to learn about how Pikes Peak residents of all backgrounds and abilities might access services, the Colorado Springs Health Foundation heard about what is working well for organizations, identified where organizations need help, and gathered ways to support their efforts and vision.

In these surveys and interviews, we learned that:

- *Less than half of leaders feel that their facilities are well equipped to serve clients with disabilities. Many organizations struggle making their physical space as accessible and usable as possible to meet staff and client needs.*
- *Nearly a third of leaders do not think their staff is well equipped to interact with and fully serve clients who only speak a language other than English. Where there is high confidence in staff, there are common tools, practices, and attitudes.*
- *Nearly 1 in 5 surveyed organizations don't use any tools to interact with or serve people with different access needs. There is interest in adopting new tools to cover a wide range of yet the main barriers to new tech adoption are lack of time to research, no vetting process, and the high cost and risk to acquire and implement them.*

METHODS

We used two main tools of inquiry for this project: 1) a short, emailed survey to a broad audience of CSHF funded partners, followed by 2) in-depth, in-person interviews with a smaller group from the same audience.

SURVEY

To determine how well or to what extent funded partners address access for all abilities and backgrounds, we needed to first establish some baseline metrics before asking deeper questions.

The survey measured:

- How confident leaders feel in their organizations' ability to fully serve those with different access needs,
- What tools they currently and/or plan to use to meet those needs, and
- Whether they plan to implement new tools.

The survey was sent to executive staff of 89 CSHF funded partners that had received grants during the 2024-2025 grant cycle. Sixty-two organizations (70%) responded. The survey questions (see Appendix) were structured around three main components of service delivery: facilities, staff, and tools.

After the survey closed in late April 2025, we shared a basic survey summary document (see Appendix) with all survey participants.

INTERVIEWS

The initial survey results revealed a baseline understanding of access barriers and tools. After getting this “pulse check” from such a wide swath of organizations, we asked leaders from 13 of those organizations for their consent to be interviewed in-person.

Still using the facilities/staff/tools framework, the goal of the interviews was to have more candid, nuanced and in-depth conversation about current access practices and goals with leaders from 13 organizations representing a diversity of mission, size, location (urban and rural), and clientele.

FACILITIES

As a key component of service delivery, an organization's facilities can speak volumes to clients before they even interact with an employee. Is the building easy to find? Easy to navigate? Is there enough space? Do clients feel comfortable?

With the survey, we gauged leaders' confidence in their facilities. With the interviews, we were able to capture more nuanced thoughts about facilities.

Facilities are a critical dimension of access yet often expensive or difficult to improve or change. We gained an understanding about the condition of the buildings, past and future planned accessibility-focused projects, how this work is funded, and how leadership listens to clients and their experiences with the facilities. As a result, we were able to learn more about how organizations use their space to create or maximize access.

SURVEY FINDINGS

Fewer than half (40%) of respondents strongly agreed that their facilities were well equipped to serve clients with disabilities.

Q2. Choose the option that best describes your opinion on the following statement: *My organization's facilities are well equipped to serve clients with disabilities.*



● 40% strongly agree ● 42% partially agree ● 5% don't know/unsure
● 11% partially disagree ● 2% strongly disagree

The relatively low level of confidence in facility accessibility is striking, given required ADA and local building code accessibility. It is possible that survey respondents also hold their own standards higher than basic ADA standards, as this was the case with many leaders who were interviewed. Either way, it shows that physical access remains a barrier for current and potential clients.

"We make our best attempt to make our events accessible whenever possible. Our offices are situated in old houses in the downtown corridor and as such, very difficult to update."

- Survey respondent

KEY LEARNINGS + INSIGHTS

7 of 13 interviewees were either in the planning stages of expanding or moving into a new facility.

The active expansion of one's footprint was not a factor in how we chose organizations to interview, but the high share of nonprofits in the midst of a capital project was a plus. From talking to this half of the interviewee group,

we learned what kind of work these leaders went through to design their new space and the end users' needs in mind. Indeed, we heard that client and staff feedback were major drivers of capital expansion projects.

Beyond the standard reasons for acquiring or building a new facility, such as outgrowing the building, better location or co-location with partners, etc., there were a handful of service providers who were venturing for the first time in the development of their own housing solutions for clients. When the health and wellbeing of a client cannot be achieved without stable housing, and when affordable, accessible housing are in short supply, many organizations felt this work aligned with their missions.

“[We have] several ADA units that are beautiful. [T]he thoughtfulness in it is so wonderful. And I think the lesson that I want everyone to take away from that is it is so much easier to get it right when it's part of a plan going into it.”

-Interviewee

ADA standards are the baseline, but most leaders interviewed have a more expansive view of access.

Interviewees who described having a robust client feedback system—whether through client surveys or through relational loops—found new elements of access to address in their facilities.

Considerations of trauma, age/development, physical and mental health came up repeatedly, bringing up interventions like neutral décor, lighting, flexible space, furniture types, privacy, color palettes, and programmable dedicated outdoor spaces.

After getting feedback from clients, leaders shared other resources they consulted to renovate their current space or design a future space.

- Architectural researchers
- Staff and volunteer user groups
- AARP
- The Independence Center
- Healthcare facility design and research

Organizations least satisfied with their facilities often focus on delivering services outside their spaces.

Of the 13% of leaders who *disagreed* that their facilities were well equipped to serve clients with disabilities, half of them report that they plan on implementing new tools to create or expand access to services. While none of the tools focused on improving the physical space, they did look at technology and expanding staff capacity:

- Virtual reality capabilities
- Website accessibility upgrades
- Staff training for multigenerational approaches to behavioral health
- Hiring childcare staff with learning disability expertise

Accessible technologies can offer an additional or alternative to physical access in some cases, e.g. virtual reality, website accessibility, video conferencing.

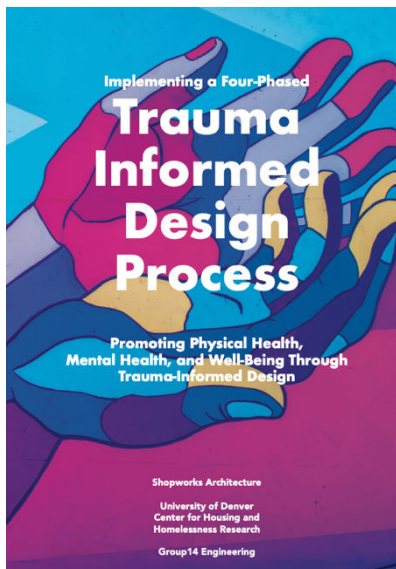
Many local providers understand that digital access is key for their clients. While some nonprofit service models include the provision of devices for individual households (See Tools section), other providers still need the space and funding for equipment that allows for telehealth, virtual meetings, online registrations, digital engagement, and other tech-centered activities for community members to use on-site.

Medical equipment and mobility supplies also came up as a facilities need due to the space needed to store these items. Especially for homeless service providers, durable medical equipment, emergency medical equipment, mobility aids, and other supplies require not only partnerships with medical providers, but space in their facilities, as well.

LOCAL BEST PRACTICE IN FOCUS: DESIGN THAT HEALS

The Place, the Colorado Springs service provider for youth ages 15-24 who are experiencing homelessness, just opened their 50-unit supportive housing complex in Spring 2025. This bright, open, and neighborhood-anchored facility is a product of a rigorous research-based process called [trauma-informed design](#).

The Place worked with ShopWorks Architecture, an expert in designing with and for youth exiting homelessness, to create a place that not only is safe and accessible but also promotes healing.



STAFF

The next component of service delivery, staff, elicited the most conversation in the interviews.

While the survey gauged staff ability to serve those who do not speak English, the interviews provided a deeper look at staff competencies and all the various access needs that staff must meet beyond language.

In a sector that is deeply rooted in relationships, human connection, and expertise, staff capacity is central to providing meaningful access to services. All leaders felt the same tension between desired qualifications and limited salaries while demonstrating some unique approaches in managing various client needs.

SURVEY FINDINGS

When assessing staff capacity, the survey asked specifically about language because it is the first way a client asks for help. There are so many competencies service providers must have to adequately carry out their

mission, but the ability to help someone who speaks a different language is a good gauge of an organization's readiness and resourcefulness.

Q3. Choose the option that best describes your opinion on the following statement: My organization's staff is well equipped to interact with and fully serve clients who only speak a language other than English.



- 21% strongly agree
- 44% partially agree
- 3% don't know/unsure
- 24% partially disagree
- 8% strongly disagree

Nearly a third (32%) of surveyed funded partners disagree that their staff is well equipped to interact with and fully serve non-English speaking clients.

Of the 32% who disagree:

- 1 out of 20 has bilingual staff at the front desk.
- 3 out of 20 have bilingual direct service staff.
- 6 out of 20 report not using any of the listed tools in the survey.
- 5 out of 20 say they plan to recruit and hire bilingual staff; 2 others are researching translation/interpretation services.
- 9 out of 20 use third-party translators and interpreters.

KEY LEARNINGS + INSIGHTS

In the interviews, most leaders expressed high confidence in their staff's ability to serve people who speak a language other than English, and organizational culture appears to play a key role.

Other findings include:

Interviewees value people over technology.

While technology was welcomed and used, leaders believe that staff expertise and connection bring more value and true access to clients.

In one case, it was thanks to technology (telehealth service delivery) that one organization reported that they were able to retain high-performing mental health professionals, keeping their patients on track to better health outcomes.

Technology (e.g. virtual interpretation or translation) is often used as a staff alternative and/or backstop.

Nearly all interviewees reported that their staff use translation apps from time to time. Familiarity with and use of translation apps is used as a **bridge solution** before staff can quickly find a native speaker or professional interpreter.

Some organizations perceived recruitment and retention of bilingual staff to be challenging.

This is common in rural areas of the Pikes Peak region and in many cases for organizations in urban areas that have relied on traditional job boards. Organizations that have had success with hiring for language and cultural competencies have used community advocacy groups and local businesses to post job openings. Many leaders explicitly mentioned a desire for a list of local job boards aimed at diverse populations.

As a long-term approach, a handful of interviewees expressed a wish to invest in upstream recruitment, such as in higher-education programs, to find either bilingual students in the desired field or to incentivize language studies for students within the desired field.

Organizations that rated themselves more confident in meeting access needs articulated proactive and creative strategies in identifying and resolving access barriers.

There were distinct elements of organizational culture behind the responses of leaders who reported high confidence in staff. The implementation of proactive solutions to expand access usually involved staff that were curious, observant, receptive to feedback, and empowered to approach leadership with ideas.

When staff can identify emergent needs in the community and share with their teams, organizations are more likely to create more holistic (and less ad hoc) solutions for their current and future clients.

Similarly, the ability to effectively respond to an access barrier in the moment usually requires staff to have a comprehensive network of established partners, resources, and policies that they can access autonomously.

Hiring and recruiting bilingual staff requires intention, support, and appropriate compensation for this critical competency.

With the possible exception of one or two, there were no interviewed organizations that built a language-diverse staff by accident. It starts with recruitment and is continually reiterated through staff development practices.

“We made a concerted effort to increase our bilingual staff with Spanish as our primary bilingual language about four years ago because we saw the influx of clients coming in [who] needed Spanish translation.”

-Interviewee

After adding second language fluency as a desired qualification in all new job postings, one organization asked all of its current employees to share their language skills and got their consent to “opt in” to be called if they were ever needed for translation or interpretation in exchange for a pay increase. Once a person opted in, the organization assessed for fluency and then authorized the pay raise. This is a best practice because it acknowledges the value that bilingual and multilingual employees bring to an organization.

Staffing expertise is also critical to work effectively with different age groups (e.g. youth, young adults, seniors).

Outside of language, leaders valued competencies in human development and aging when serving age-specific populations. Age can be an access barrier to so many critical services in so many ways that intersect with other barriers, such as mobility, income, mental health. Youth- and senior-serving organizations placed these competencies as paramount in their staffing priorities.

Interview Findings: Barriers and Best Practices in Building Staff Capacity

	BARRIERS	BEST PRACTICES
Recruitment	Not sure where to post job openings	Assess application process to eliminate undue barriers
	Perception of limited pool of applicants	Maintain connections to former clients through board positions, volunteering, etc.
	Non-competitive wages	
		Require 2 nd language fluency
Hiring	How to weigh required credentials against lived experience + language abilities	Assess fluency of current employees and offer pay bump for their interpretation/translation services
		Hire former clients

	BARRIERS	BEST PRACTICES
Development	Training budget	Provide training and continuing education
		Create advisory board of impacted populations
		Recognize wins and value of experienced staff
Retention	Burnout from secondary trauma, stress, hours	Empower staff to problem solve in accommodating access needs
		Nimble decision-making process to change policy and/or expand services
	Wage stagnation	Provide strong toolbox: reliable interpreters, user-friendly technology, easy processes
		Develop and formalize deep network of community partners who share language and specialty care referrals
		Consider remote work allowances

LOCAL BEST PRACTICE IN FOCUS: HIRING THE EXPERTS

The Front Range Area Health Education Center (FRAHEC) is one of six area health education centers across the state and part of the larger national AHEC program founded in 1971 to recruit, train, and retain health professionals to serve rural and underserved populations in the U.S.

FRAHEC's ability to serve new citizens, refugees, and other underserved populations with a multitude of barriers and limited English is based on trust and common ground, most often from a friendly face who has been through what the clients are currently going through.

They have hired former clients who have also had to navigate immigration processes, healthcare systems, and all other aspects of American life with limited English. Where gaps exist within staff language capacity, FRAHEC finds local residents who are speakers of in-demand languages and pays them as contractors to assist FRAHEC staff and clients.

TOOLS

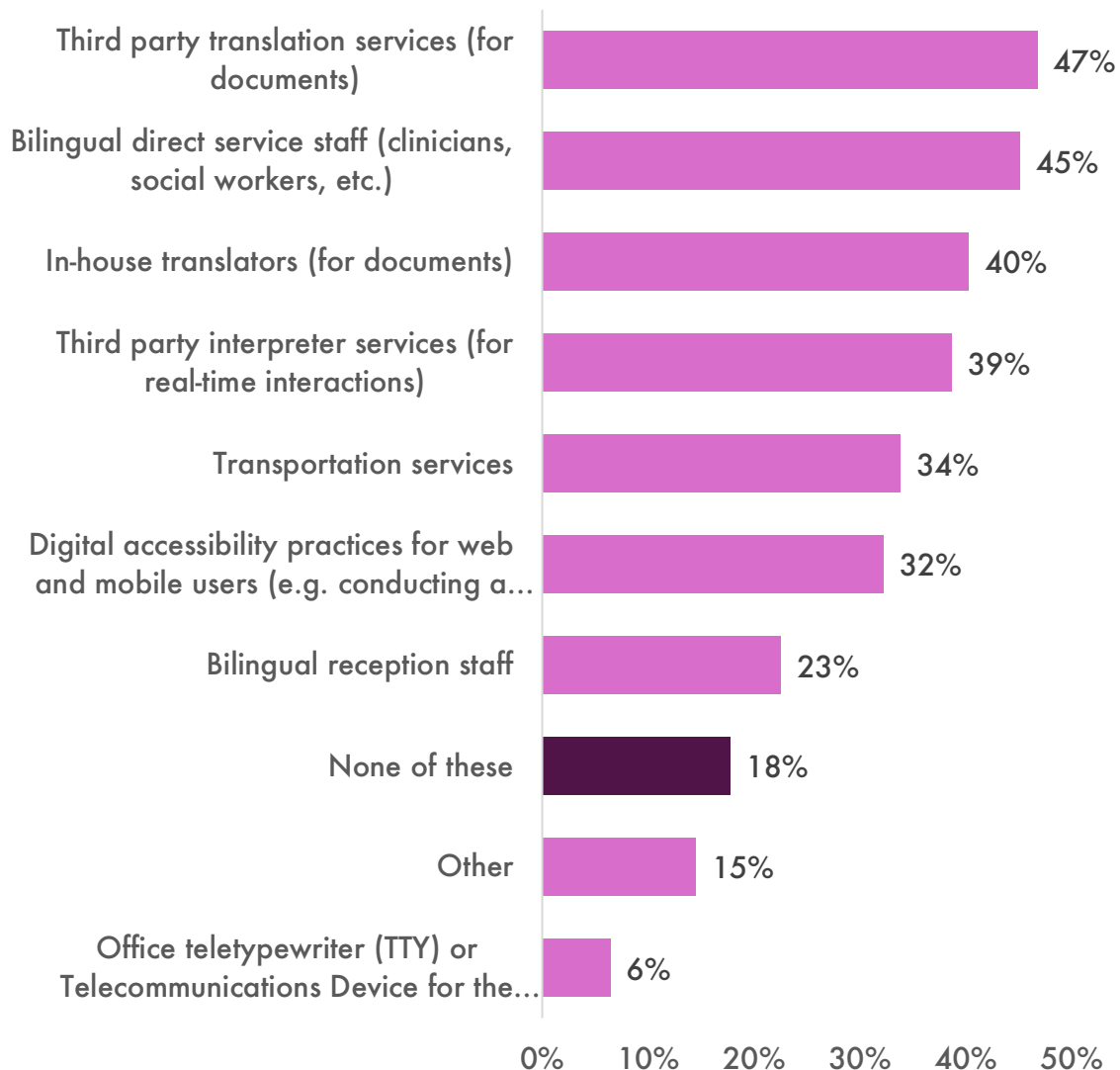
Lastly, the catchall component of service delivery, tools, can include any device, resource, equipment, or service that staff use to serve clients. From an organization's website to an on-call contract for third-party services, we wanted to know the traditional tools and new technology that leaders rely on meet any kind of access need.

SURVEY FINDINGS

The survey listed a short list of tool categories that organizations might use, as well as opportunities for open-ended responses.

Note, three of the survey response options were technically staffing categories to give us context on the previous question about confidence in staff ability to serve non-English speakers.

Q4. Your organization currently uses the following tools to interact with and serve people with different access needs. Check all that apply:



With websites/email replacing phone calls as the main portal to reach an organization, the small share (6%) of providers who use a TTY service to correspond with Deaf and hard of hearing residents is not surprising. However, precisely because a website is now an organization's "front door," it is notable that only a third (32%) of organizations have adopted digital accessibility practices.

While translation services and bilingual direct service staff were the most common, there was no tool or practice that a majority of organizations currently use. Organizations reported using an average of three tools.

Nearly 1 in 5 (18%) of survey respondents reported that they use none of these tools and did not choose 'Other.' Within this group:

- **6 of these 11 organizations** do not think their staff is well equipped to fully serve clients who speak a language other than English.
- **8 of these 11** plan on implementing new tools.

For the 15% who did use "Other" tools, Question 5 collected open-ended responses naming those tools, which fell into the following categories:

Facilities

One organization designed its campus to use color-coded wayfinding to make navigation easier for large groups of people.

Partners

Some organizations who do not have bilingual staff shared that they have bilingual volunteers and interns to assist clients.

Organizations named peer agencies as key referral resources to send clients who need language or other accommodations.

Tools + Tech

Some pointed to website updates, such as offering translated instructions or other materials.

Many shared that they are currently using or learning to use translation/interpretation apps.

Virtual meeting tools, with virtual support groups as one example.

Eighty-two percent of respondents indicated that their organization intends to continue or expand current access-related tools, while 63% reported that their organization plans to implement new access-related tools.

KEY LEARNINGS + INSIGHTS

The extent to which leaders are able to research and vet applications and software before purchase varied widely. Many leaders rely on other parties, like industry representatives, parent organizations, peer agencies, and sometimes their own IT staff to share recommendations. There was great appetite for more information and recommendations on apps, software, devices, or tech providers.

Translation apps are ubiquitous.

- Free tools such as Google Translate, Apple Translate, etc. are common to get basic information across before a professional interpreter can be found. These are essential for outreach workers or those working offsite.
- AI-powered medical software that transcribes and translates patient-provider conversations for the patient chart.
- Website translator services for organizational communications, such as newsletters, notices, and signs.

Virtual providers

- Most reliable and comprehensive interpreters operate virtually. A handful of leaders have a standing contract with at least one interpreter service, but most have had trouble finding affordable and reliable interpretation services. There is high interest in learning about available interpreter service options.
- In-person contracted interpreters are less common, often cost-prohibitive.
- Telehealth services

Devices/Equipment

- iPads for outreach workers
- Devices and physical space for telehealth appointments
- Personal laptops and internet service for clients
- Wi-Fi boosters around facility

VISIONS FOR IMPROVED ACCESS

In the interviews, we asked leaders to engage in a bit of future casting. The responses to what strategic accessibility upgrades their organizations should make and how they wish to see their clients and staff experiencing them fell largely in line with the facilities, staff, and tools frame.

FACILITIES

- New building that welcomes volunteers and respects client experience
 - Single-story family residence as a non-congregate shelter with age- and developmentally-appropriate features
 - Affordable housing development
 - Expansion of existing office
 - Food pantries stocked with culturally inclusive foods
-

STAFF

- Access to high quality, reliable interpreter services, either virtual or in-person
 - Funding to hire qualified personnel at competitive rates
 - Sustained funding for multilingual staff
 - Expand service population from adults to youth
-

TOOLS + TECH

- Expansion of AI tools – chatbots, delivery route logistics, etc.
 - Telehealth
 - Client web portals in preferred language
 - Continuation of laptop and internet service provisions
 - Investment in major medical equipment to expand diagnostic abilities
 - Fully accessible website
 - Devices and applications for real-time virtual interpreter services
 - Rideshare services and autonomous vehicles to meet transportation needs
-

WAYS CSHF CAN HELP

There were few interviews in which the precarity of the funding and grants landscape were not mentioned. Leaders have long been adept at prioritizing the most urgent needs, but with nearly two-thirds (63%) of survey respondents planning to implement new tools to create or expand access expansion, it is clear that local providers see this as a priority.

The following list is a preliminary sorting of needs presented at the time of the surveys and interviews. Several funded partners also expressed that they are open to suggestions for tools, resources, or forums that will help their staff and clients.

FACILITIES

- Continue to make capital grants, to include grants for more minor physical renovations or modifications
 - Fund inclusive design and planning **with** and **for** impacted stakeholders (charrettes, facility assessments, etc.)
-

STAFF

- Continue to provide capacity-building grants to support professional development
 - Offer access-focused learning sessions and resources on best practices and assistive tools
 - Fund hiring and retention pilot projects
 - Consider the increased costs of hiring bilingual staff when reviewing grants
-

TOOLS + TECH

- Continue to provide capacity-building grants for technology (hardware, software, applications) and associated training
 - Fund digital accessibility projects
 - Facilitate special rates or cooperative agreements to connect organizations to high-performing translation and interpretation services
-

APPENDIX

- A. Email survey questions*
- B. Survey results*
- C. List of interviewee organizations*
- D. Interview questions*
- E. Interviewee tool and tech resources*
- F. National best practices for access to services*

A. EMAIL SURVEY QUESTIONS

1. What is the name of the organization you represent?
2. Choose the option that best describes your opinion on the following statement: My organization's facilities are well equipped to serve clients with disabilities.
 - a. Strongly agree
 - b. Partially agree
 - c. Unsure/I don't know
 - d. Partially disagree
 - e. Strongly disagree
3. Choose the option that best describes your opinion on the following statement: My organization's staff is well equipped to interact with and fully serve clients who only speak a language other than English.
 - a. Strongly agree
 - b. Partially agree
 - c. Unsure/I don't know
 - d. Partially disagree
 - e. Strongly disagree
4. Your organization currently uses the following tools to interact with and serve people with different access needs. (Check all that apply.)
 - a. Office teletypewriter (TTY) or Telecommunications Device for the Deaf (TDD)
 - b. Transportation services
 - c. Third party translation services (for documents)
 - d. In-house translators (for documents)
 - e. Third party interpreter services (for real-time interactions)
 - f. Bilingual reception staff
 - g. Bilingual direct service staff (clinicians, social workers, etc.)
 - h. Digital accessibility practices for web and mobile users (e.g. conducting a Web Content Accessibility Guide audit, adding language translation widgets, ensuring forms and inquiry boxes are compatible with assistive technology, etc.)
 - i. None of the above.
 - j. Other

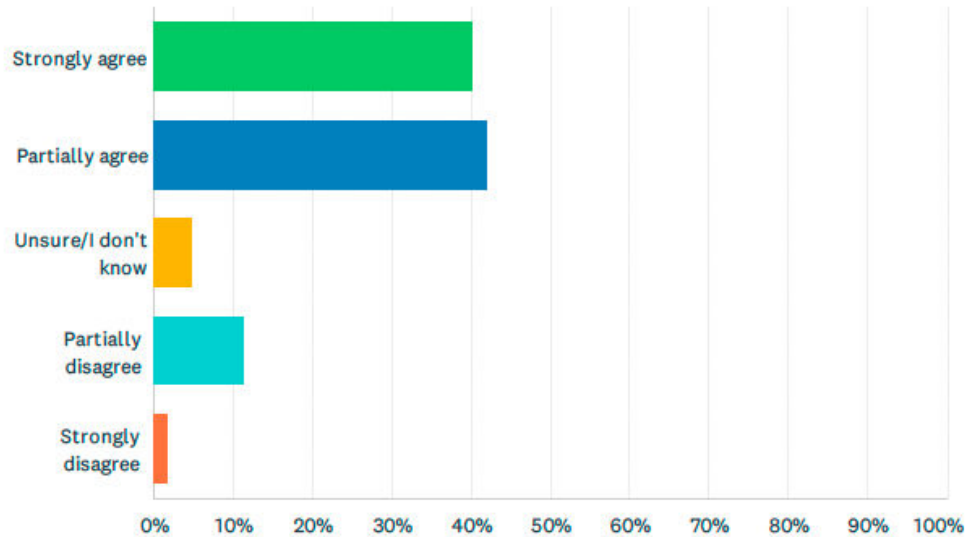
5. If you checked 'other,' please elaborate on the tools your organization currently uses to interact with and serve people with different access needs.
6. Your organization intends to **continue or expand current tools** to interact with and serve people with different access needs.
 - a. Yes
 - b. Unsure/I don't know
 - c. No
7. Your organization intends to **implement new tools** to interact with and serve people with different access needs.
 - a. Yes
 - b. Unsure/I don't know
 - c. No
8. [Conditional if yes to #7] What new tools are you planning to use?

B. SURVEY RESULTS

1. What is the name of the organization you represent?

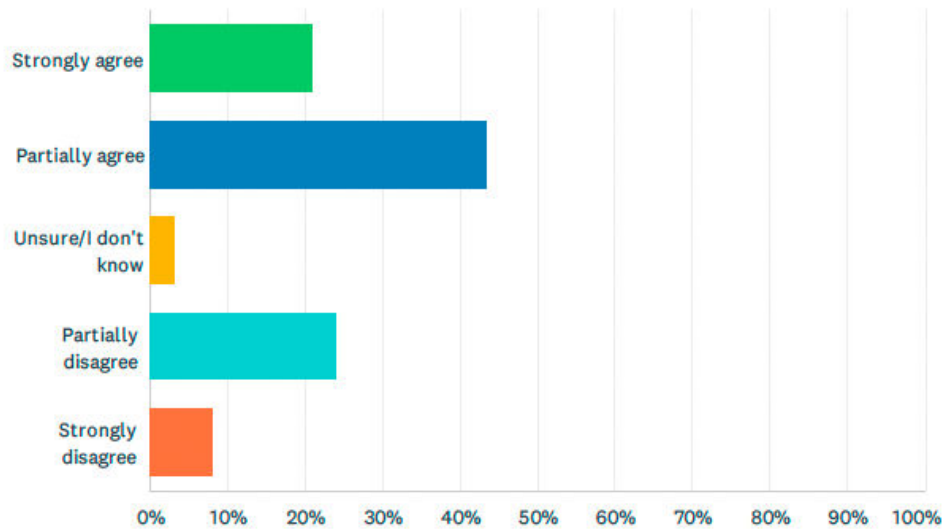
Atlas Preparatory School	Khesed Wellness
Bakhita Mountain Home	Kidpower of Colorado
Ballet Folklórico De Barajas	Kids on Bikes
Catholic Charities of Central Colorado	Medicine Wheel Trail Advocates
Centro de la Familia	Mercy's Gate
Children's Hospital Colorado	Mt. Carmel Veterans Service Center
Christian Healing Network dba Mission Medical Center	NAMI Colorado Springs
Community Anchor Academy	Open Bible Medical Clinic & Pharmacy
Community of Caring	Ormao Dance Company
Community Partnership Family Resource Center	Partners in Housing
Community Partnership for Child Development	Peak Vista Community Health Centers
Concrete Couch	Pikes Peak Elder Justice Center
Dental Lifeline Network	Pikes Peak Habitat for Humanity
Depression and Bipolar Support Alliance of Colorado Springs	Safe Passage Children's Advocacy Center
Dream Centers	Serenity Recovery Connection
Early Connections Learning Centers	Silver Key Senior Services, Inc.
Eastern Plains Community Pantry	Solid Rock Community Development Corporation
Face It TOGETHER	Special Kids Special Families
Family Life Services	Springs Rescue Mission
Family Support Navigation Pilot (Colorado Association of Family and Children's Agencies)	Step Springs
Fostering Hope Foundation	Suicide Prevention Partnership
Fresh Start Center	Teller Senior Coalition
Friends of the Children Co. Springs	TESSA
Girls on the Run of the Rockies	The Justice Center
Greccio Housing	The Lockwood Foundation
Hillside Connection	The Mindfulness and Positivity Project
Homeward Pikes Peak	The YMCA of the Pikes Peak region
Inside Out Youth Services	Trails and Open Space Coalition
Ithaka Housing	Tri-Lakes Cares
	Voices of Grief Support and Education Center
	We Fortify
	Westside CARES

2. Choose the option that best describes your opinion on the following statement: My organization's facilities are well equipped to serve clients with disabilities.

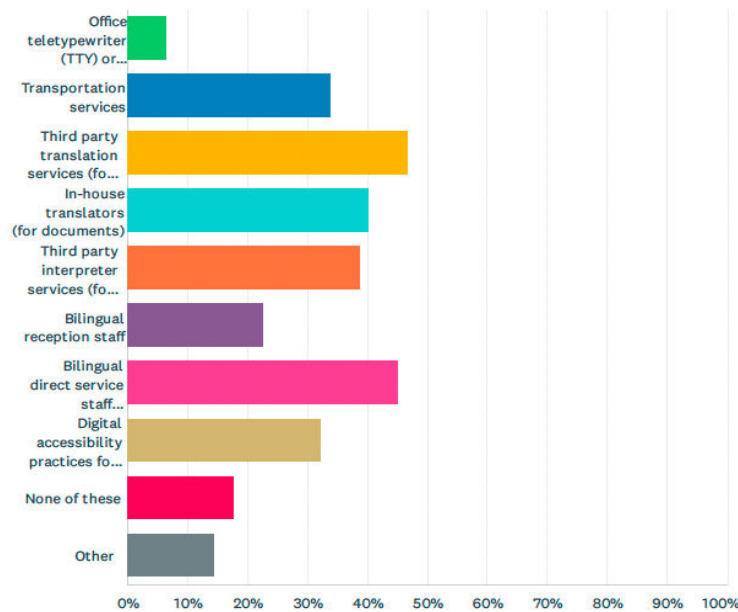


Answer choices	Share of Responses	Number of responses
Strongly agree	40.32%	25
Partially agree	41.94%	26
Unsure/I don't know	4.84%	3
Partially disagree	11.29%	7
Strongly disagree	1.61%	1

3. Choose the option that best describes your opinion on the following statement: My organization's staff is well equipped to interact with and fully serve clients who only speak a language other than English.



4. Your organization currently uses the following tools to interact with and serve people with different access needs. (Check all that apply.)



Answer choices	Share of Responses	Number of responses
Office teletypewriter (TTY) or Telecommunications Device for the Deaf (TDD)	6.45%	4
Transportation services	33.87%	21
Third party translation services (for documents)	46.77%	29
In-house translators (for documents)	40.32%	25
Third party interpreter services (for real-time interactions)	38.71%	24
Bilingual reception staff	22.58%	14
Bilingual direct service staff (clinicians, social workers, etc.)	45.16%	28
Digital accessibility practices for web and mobile users (e.g. conducting a Web Content Accessibility Guide audit, adding language translation widgets, ensuring forms and inquiry boxes are compatible with assistive technology, etc.)	32.26%	20
None of these	17.74%	11
Other	14.52%	9

5. If you checked 'other,' please elaborate on the tools your organization currently uses to interact with and serve people with different access needs. (41 skips, 21 responses, 11 N/As)

The children in our program need a high level of supervision. Some of them need one on one supervision while parents are in support group. The main facility need we have is a place that allows them to play freely when weather is cold without worry of them running into therapy rooms or out the front door into the street. We currently use a baby gate, but need a better long-term solution. Outdoors we have an adequate space with no places for children to run away, but still safe enough for fire escape, etc.)

We do have volunteer volunteers for the reception desk and direct services, but they do not work every day.

Our primary "product" is Support Groups and we are able to serve people with access (transportation, language, medical restriction) limitations with virtual (Zoom) support groups, offered locally and nationally.

An app for the phone that provides limited but real-time translation.

While we have had Spanish-speaking interns in the past, we do not right now. So when we have someone call the office who speaks only or primarily Spanish, we often will contact partner organizations (like Silver Key or Bright Space Counseling) to have them help us with interpretation.

The online client applications and general instructions are available in English and Spanish on our website

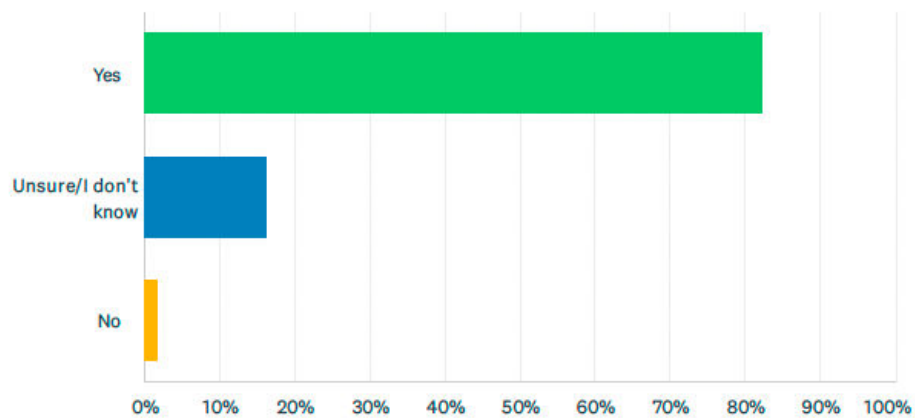
Two staff use ASL in work and at home. We are currently researching new web hosting platforms for ease of management as well as for accessibility.

Large visuals and color to help people navigate intuitively.

Step Springs' staffing will be conducted in August. It is unknown whether bi-lingual staff will be able to be recruited in that process as it depends on interest/applicants. To-date Step has not faced language being a barrier for any men seeking services at our Denver facility. Step's current program in Denver has made accommodations for those with vision and hearing loss and will always do everything we can to make our program accessible. If we are ever unable to meet the needs of an individual, we refer and do a warm handoff to the appropriate community partner to ensure they get the level of care they need.

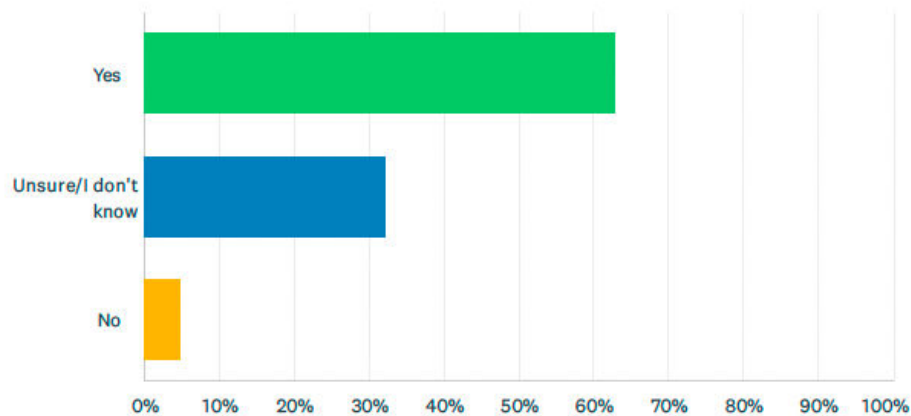
Currently we are in the planning stages of offering a group for Spanish speaking clients.

6. Your organization intends to **continue or expand current tools** to interact with and serve people with different access needs.



Answer choices	Share of Responses	Number of responses
Yes	82.26%	51
Unsure/I don't know	16.13%	10
No	1.61%	1

7. Your organization intends to **implement new tools** to interact with and serve people with different access needs.



Answer choices	Share of Responses	Number of responses
Yes	62.90%	39
Unsure/I don't know	32.26%	20
No	4.84%	3

8. [Conditional if yes to #7] What new tools are you planning to use?

We will continue to expand our services for those with learning disabilities in our childcare during support group. We are looking to hire a spanish-speaking navigator, though we currently use volunteers to translate when needed.

We are looking from a behavioral health lense and working with our national office on training and two gen approaches.

Keeping up with market and industry trends to continue to serve those with disabilities.

Language widgets and tech accommodations for deaf and blind on our website. Subtitles on training films.

Diverse languages on our food center computer check in.

We are researching ways to make our website more accessible and would appreciate suggestions you may have. We make our best attempt to make our events accessible whenever possible. Our offices are situated in old houses in the downtown corridor and as such, very difficult to update.

The covid pandemic taught us that we needed to "think outside the box" in order to make our primary service, as well as educational programs, more available to people who are access limited. Outreach through social media seems to be a most promising tool.

Recruitment of more bilingual staff. Production of paperwork/forms in multiple languages.

Better website translation, updates to our building for better ada accessibility, more documents in spanish, more options for third party translation.

In progress, will look into best practices of other organizations.

Photo or image captioning is something we have been looking into but have not implemented as yet. Expanding our interpreter service options through our volunteers and partners translation services through technology and training with school staff

Not sure

As we get encounter participants with different needs, we actively work to resource those needs.

Have looked into added accessibility to website

Safe passage continuously works to identify opportunities to increase access to services. Tools include on-going staff training, reviews of physical space and collaboration with partner agencies who may have access to additional language translation.

Technology to translate languages

When our current office manager retires, we are planning (hoping) to hire a bilingual replacement. We also are hoping to reintroduce a support group specifically for spanish speakers.

We are implementing ada-compliant homes at wendy's village, which is difficult when working with 400 sq. Ft. Or less. In addition, we continue to work with our autistic residents regarding the additional support they need. We also just onboarded our first spanish-speaking resident, and we are working with her school counselor for language supports as well as using translation apps

Printed language tools to help us guide how to best communicate using translating tools

Website localization: adapt our website for different languages, not just through translation but also by considering cultural context, images, and user experience for non-english speakers. Ai speech translation: services like interprenet and boostlingo ai pro offer real-time ai-powered speech translation.

More access to third party translation services and eventual contract with on call staff who are able to translate.

Researching options for interpreters or hiring bi-lingual providers.

Continuing to add new partners with specializations to serve people well.

Virtual reality

Website will be upgraded to meet digital ada requirements. Recruiting bilingual staff. Training all staff on translation services in the community.

We utilize a translation service in the dream centers women's clinic program and plan to implement that service at dream centers mary's home.

Incorporating more bilingual staff and utilization of translation devices.

We want to improve our website to add buttons to change english into another language.

Additional bilingual serves and administrative translator role.

New website platform that includes accessible pages. Continuing to broaden volunteer opportunities for those in need of accessibility needs in addition to those already being served on the construction site, the restore and business office.

Ehr with more patient options

Dictated and in response to needs of clientele

We plan to implement curriculum for those who don't speak english, as well as one for neurodivergent learners.

Working with design rangers and neon pig to ensure that our website and social media posts are accessible to wide range of abilities.

Training for staff in utilizing translation technology and renovating a currently non-compliant to a fully ada compliant early education center.

We are exploring options for ai enhancements.

Transportation, building accessibility.

We are in process of trying to have a spanish-speaking staff present every day of the week and also would love to be able to do basic asl. We have already begun offering multi-lingual documents/forms and hope to expand this.

C. LIST OF INTERVIEWEE ORGANIZATIONS

Catholic Charities of Central Colorado

Community of Caring

Diversus

Dream Centers

Front Range Area Health Education Center (FRAHEC)

Partners in Housing

Safe Passage

Serenity Recovery Connection

Silver Key

Springs Rescue Mission

TESSA

The Place

Tri-Lakes Cares

D. INTERVIEW QUESTIONS

1. How long have you been at [organization]?
2. What has been the most rewarding part of the job for you?
3. In the survey that CSHF sent out, we asked respondents to react to the statement “My organization’s facilities are well equipped to serve clients with disabilities.” Can you share your thoughts on accessibility-related work you’ve had to do on your facilities and how you learned it had to be done?
 - a. How did the organization pay for this work?
 - b. Are there any other accessibility-related projects that remain on your capital improvement list and if so, what needs do they address?
 - c. How do clients share their experiences accessing and navigating your facilities?
4. Tell me about the types of technology tools your organization has adopted to help your clients with disabilities or limited English?
 - d. How did you learn about them?
 - e. How does the cost of these tools affect your budget?
 - f. How do you gauge the user experience of these tools?
5. In the survey that CSHF sent out, we asked respondents to react to the statement “My organization’s staff is well equipped to interact with and fully serve clients who only speak a language other than English.” Can you share your thoughts on what your staff does well to accommodate non-English speakers and Deaf clients who use ASL?
 - a. Can you talk a bit about the areas your staff needs help with in doing this?
 - b. What kind of feedback do you get from your clients about this?
 - c. Hiring for language proficiency and/or cultural competencies can be difficult. Can you share your organization’s strategies for this in the past?
 - i. What would make this process easier and/or more successful?
6. Can you talk a little bit about how your team identifies barriers to access that current and potential clients may face and organizational capacity?
 - a. Follow-up if needed: Is there a time your organization went from making referrals for clients with specific special needs to being able to receive those clients? How did that problem solving process go?
7. Let’s create a scenario. It’s a few years from now. Your organization has invested in strategic accessibility upgrades. What are those upgrades and how do see your clients and staff experiencing them?
8. Is there anything else you would like to share about your organization’s approach to expanding or creating access that we didn’t cover?

E. INTERVIEWEE TOOLS AND TECH RESOURCES

The following are services, tools, programs, and other resources that interviewees referred to by name in conversation. This is *not* meant to be an exhaustive list of all resources that interviewees use to support clients and staff, only those that came up in the context of top-of-mind tools that help staff serve clients with the most urgent access needs and of resources for facility planning.

Translation and interpretation services

- [IU GlobeLink, LLC](#)
- [Global Communication Solutions](#)
- [LanguageLine Solutions](#)
- [AccuracyNow Language Services](#)
- Find local Certified Medical Interpreters through the [National Board of Certification for Medical Interpreters registry](#)
- For court-related events and appointments, request an interpreter through the [Colorado Judicial Branch](#).
- [Rose Sign Language](#)

Capacity-building certification programs

- [SAGE certification](#) for LGBTQ+ culturally sensitive services
- [Community Health Worker](#) certification, for both developing current employees and recruiting new ones
- [U.S. Department of Justice Recognition and Accreditation Program certification](#) to allow non-attorney employees and volunteers of qualifying non-profit organizations to practice immigration law before the Federal government.
- AARP Employer Resource Center: [Build an Age-Inclusive and Caregiving-Friendly Workplace](#)

Healthcare technology

- [Eleos](#): AI assisted chart-making for the behavioral health space.
- [FileMaker Pro](#), not subscription-based and customizable with assistance from independent developers to create bespoke HIPAA-compliant system for outreach health workers.

Design guidelines and experts

- All facilities
 - [Principles of Universal Design](#)
 - [Trauma Informed Design Toolkit: Guidelines for Creating Trauma Informed Interior Spaces](#)
 - In-person audit by the [Independence Center](#) staff
- Housing: [AARP HomeFit Guide](#)

F. NATIONAL BEST PRACTICES FOR ACCESS TO SERVICES

Language access

- [Communicating With Multilingual Populations: Language Access Toolkit](#) (Heising-Simons Foundation)
- [Best Practices in Language Access and Cultural Competency](#) checklist (Partnership for the Public Good)
- [Teaching English Language Learners](#) (Colorín Colorado)
- [A Guide for Engaging ELL Families: Twenty Strategies for School Leaders](#) (Colorín Colorado)
- [Focus on Accessible Resources](#) (Colorado Division for the Deaf, Hard of Hearing, and DeafBlind)

Website accessibility and tech design resources

- [Web Content Accessibility Guidelines \(WCAG\) 2.2](#) (W3C - World Wide Web Consortium)
- [User Centered Design](#) basics (Interaction Design Foundation)
- [10 Critical Design Elements for Parent Engagement Technology](#) (Start Early)
- [Nonprofit AI Policy Builder](#) (Fast Forward)

Design and engagement

- Universal Design
 - [Beyond Accessibility to Universal Design](#) (Whole Building Design Guide)
- Children and Families
 - [Design Principles](#) (Designing for Children's Rights)
- Neurodiversity
 - [5 Key Insights to Neuro-Inclusive Design](#) (Carolina)
- Community engagement

- [Models and Practices for Meaningful Community Engagement](#) (Citizens' Institute on Rural Design)
- [Trauma Informed Design Manual](#) (ShopWorks Architecture)
- [The visioning workshop process](#) (Neumann Monson Architects)

Recruitment and hiring best practices

- [A Guide to Inclusive Hiring Practices](#) (Talentful)