	STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES		
	Policy Contact: Lezzette Ervin Manager II	**Policy Type:** New Policy	**Policy Number:** 50.8.102
	System of Care: Behavioral Health Plan (BHP)	**Approved By:** SLT & Executive Team	**Revision Date:** 1/6/2026
POLICY NAME: **ADA AMERICAN DISABILITY ACT WEB CONTENT ACCESSIBILITY GUIDELINES (WCAG)**			**Signature Required:** Choose an item. X

REFERENCES:

Section 1557 of the Patient Protection and Affordable Care Act (ACA) (42 U.S.C. 18116); Americans with Disabilities Act (ADA) (42 U.S.C. 12101et seq.); 42 C.F.R. 438.10; 45 C.F.R. Part 92; Welf & Inst. Code 14727. https://www.ada.gov/law-and-regs.

Section 1557 (42 U.S.C. 18116 1 and 45 C.F.R. Part 92 2) is the nondiscrimination provision of the ACA, which prohibits discrimination based on race, color, national origin, sex, age, or disability ("protected classes") in health programs or activities receiving federal financial assistance. The ADA requires that services, programs, and activities provided by public entities must be accessible to individuals with disabilities, including visual impairment. Title II of the ADA requires covered programs to effectively communicate with individuals with disabilities to ensure they benefit equally from government programs. 45 CFR 92.102 and 28 CFR 35.160 require covered programs to ensure that communication with individuals with disabilities is as effective as communication with other Medicaid members.

Americans with Disabilities Act (ADA), Title II
Prohibits discrimination based on disability by State and local government entities in all their services, programs, and activities. WCAG 2.1 Level AA is the required and enforceable technical standard for the web content and mobile apps of Title II entities, as established by a 2024 rule from the Department of Justice (DOJ).

Americans with Disabilities Act (ADA), Title III
Prohibits discrimination based on disability by private entities that own, lease, or operate "places of public accommodation" (which courts and the DOJ interpret to include most websites and mobile apps). WCAG 2.1 Level AA is widely considered the de facto legal standard for compliance. While the DOJ has not yet created a specific rule for Title III, court decisions and settlement agreements consistently cite WCAG 2.1 Level AA as the measure for achieving "full and equal enjoyment" and "effective communication."

Rehabilitation Act of 1973, Section 508
This is a separate law that requires Federal government agencies and those who contract with them to ensure their electronic and information technology is accessible to people with disabilities. WCAG 2.0 Level AA is the established technical standard for compliance. Federal agencies often aim for WCAG 2.1 or 2.2 Level AA as a best practice, but 2.0 Level AA is the minimum legal requirement.

The ADA is the law that requires equal access
WCAG (specifically 2.1 Level AA) is the technical blueprint used to achieve compliance with that law in the digital sphere.

PURPOSE:

This policy applies to all new and existing webpages, web applications, and digital content published or maintained by Behavioral Health Recovery Services (BHRS). This includes, but is not limited to, facing public official websites from BHRS and collaborative provider partners departmental pages, online forms, multimedia content, and third-party integrations, with particular attention to content related to behavioral health services, resources, and information.

DEFINITIONS:

Internet

The Internet is a global, publicly accessible network that interconnects millions of computer systems worldwide. It serves as the infrastructure for modern digital communication, enabling users to:

- Facilitate communication (e.g., email, messaging).
- Access and browse publicly available websites and applications (e.g., Stanislaus BHRS public online presence).
- Share information and access extensive digital resources.

Intranet

An Intranet is a private, secure computer network utilized within a single organization (e.g., BHRS). Its access is strictly limited to employees or authorized internal personnel. The primary functions of an intranet are to support:

- Internal communications and employee collaboration.
- Centralized file sharing and document management.
- Access to internal organizational resources and applications.

Extranet

An Extranet is a controlled-access private network that extends an organization's internal resources to authorized external parties (e.g., Contracted Partners). It functions as a secure, collaborative space by:

- Providing restricted access to specific organizational data or applications.
- Facilitating secure business-to-business (B2B) communication and collaboration.
- Maintaining security and privacy while enabling essential partner interactions.

POLICY:

Stanislaus County BHRS is committed to providing accessible web experience for all users, regardless of disability, background, or health status. Our goal is to ensure that our webpages are designed and developed in accordance with the Web Content Accessibility Guidelines (WCAG) 2.1 Level AA, as recommended by the Americans with Disabilities Act (ADA), and to promote behavioral health equity by ensuring our digital content and user experience are inclusive, culturally sensitive, and address the diverse needs of individuals accessing behavioral health information and services.

This policy outlines the standards and practices that must be followed to achieve and maintain ADA and behavioral health equity compliance in our webpage design.

PROCEDURE:

A. Responsibilities

ITC Team: Responsible for implementing and adhering to all WCAG 2.1 Level AA guidelines in the design and development of webpages, and for ensuring the technical infrastructure supports behavioral health equity principles.

BHRS IT team: Responsible for ensuring all digital content (text, images, videos, etc.) is created with accessibility and behavioral health equity in mind, including providing alternative text, captions, transcripts, and using inclusive, respectful, and person-first language in all behavioral health-related content.

BHRS IT Team and Behavioral Health Equity Manager: Responsible for conducting regular accessibility audits, monitoring compliance, and addressing any identified accessibility issues, including those related to behavioral health equity.

All Staff: Responsible for understanding and promoting the importance of web accessibility and behavioral health equity.

B. Key Design Principles for ADA Compliance (WCAG 2.1 Level AA):

The following principles and guidelines must be integrated into all webpage design and development:

Perceivable:

Text Alternatives: Provide text alternatives for all non-text content (e.g., alt attributes for images, captions and transcripts for audio/video).

Time-based Media: Provide alternatives for time-based media (e.g., audio descriptions for videos, transcripts for audio).

Adaptable: Create content that can be presented in different ways without losing information or structure (e.g., using proper semantic HTML, logical heading structures).

Distinguishable: Make it easier for users to see and hear content, including separating foreground from background (e.g., sufficient color contrast, resizable text, no reliance solely on color to convey information).

Operable:

Keyboard Accessible: Ensure all functionality is available via a keyboard interface, and keyboard focus is visible and logical.

Enough Time: Provide users with enough time to read and use content (e.g., adjustable time limits for forms, pause/stop controls for moving content).

Seizures & Physical Reactions: Do not design content in a way that is known to cause seizures or physical reactions (e.g., avoid excessive flashing).

Navigable: Provide ways to help users navigate, find content, and determine where they are (e.g., clear navigation menus, sitemaps, “breadcrumbs,” consistent navigation).

Input Modalities: Allow users to operate functionality with various input modalities beyond keyboard (e.g., touch, mouse)

Understandable:

Readable: Make text content 6th grade readable and understandable (e.g., clear language, definitions for unusual words).

Predictable: Make webpages appear and operate in predictable ways (e.g., consistent navigation, predictable link behavior).

Input Assistance: Help users avoid and correct mistakes (e.g., clear error messages, labels for form fields, instructions).

Robust:

Compatible: Maximize compatibility with current and future user agents, including assistive technologies (e.g., valid HTML/CSS, attributes where appropriate).

C. Behavioral Health Equity Compliance:

In addition to ADA compliance, our webpage design and content creation must actively promote behavioral health equity by adhering to the following principles:

Culturally and Linguistically Appropriate Information

Diverse Representation: Utilize imagery and examples that reflect diverse racial, ethnic, cultural, age, gender, and socio-economic backgrounds in behavioral health content.

Plain Language: Present complex behavioral health information in plain language that is easy for a broad audience to understand, avoiding jargon.

Language Options*:* Where feasible and relevant, provide key behavioral health information in multiple languages to serve diverse linguistic communities.

Cultural Sensitivity: Ensure content is respectful of diverse cultural beliefs and practices related to mental health and substance use. Avoid stereotypes or generalizations.

D. Stigma Reduction and Person-First Language:

Respectful Terminology: Consistently use person-first language (e.g., "person with a mental health condition" instead of "the mentally ill") to reduce stigma and promote dignity.

Avoid Negative Framing: Frame discussions about behavioral health conditions in a way that emphasizes recovery, resilience, and hope, rather than deficit or despair.

Non-Discriminatory Language: Ensure all language used in behavioral health content is free from discriminatory terms or implications related to race, ethnicity, gender, sexual orientation, disability, socioeconomic status, or any other protected characteristic.

E. Equitable Access to Services and Resources:

Clear Pathways to Support: Ensure that information about how to access behavioral health services, crisis lines, and support resources is prominent, easy to find, and clearly explained.

Contact Information: Provide easily accessible and diverse contact methods (e.g., phone numbers, email, online forms) for behavioral health inquiries.

Geographic Considerations: If relevant, provide clear information about service availability based on geographic location or specific community needs.

Financial Information (where applicable): If discussing costs or insurance, present this information clearly and concisely, offering alternatives or resources for financial assistance where possible.

F. User-Centered Design for Behavioral Health:

Safe and Supportive Environment: Design the user interface and content presentation to create a sense of safety, trustworthiness, and support, especially for sensitive behavioral health topics.

Feedback Mechanisms: Provide accessible ways for users to offer feedback on behavioral health content and user experience, which can inform continuous improvement.

Privacy and Confidentiality: Clearly communicate privacy policies related to behavioral health information collected or shared via the website.

G. Implementation Guidelines:

Semantic HTML: Utilize semantic HTML5 elements (e.g., <header>, <nav>, <main>, <article>, <footer>) to define page structure and meaning.

Headings: Use heading tags (<h1> to <h6>) logically and hierarchically to convey content structure. Do not skip heading levels.

Links: Provide clear and descriptive link text that indicates the purpose of the link. Avoid "click here."

Images: All informational images must have descriptive alt text. Decorative images can have null alt text (alt=""). Ensuring imagery used, especially for behavioral health topics, is diverse and culturally appropriate.

Color Contrast: Ensure a minimum contrast ratio of 4.5:1 for regular text and 3:1 for large text. Use contrast checker tools.

Forms: All form fields must have visible and programmatically associated labels. Provide clear instructions and error handling.

Keyboard Navigation: Test all interactive elements (buttons, links, forms) to ensure they are fully navigable and operable using only a keyboard. Ensure a visible focus indicator.

H. Multimedia:

Audio: Provide transcripts for all audio content.

Video: Provide synchronized captions for all video content. Provide audio descriptions for video content where visual information is essential for understanding. Ensuring multimedia content, especially behavioral health narratives, is diverse and authentic.

Tables: Use proper table markup for data tables (<table>, <th>, <td>, <caption>, scope attributes). Do not use tables for layout.

Font Sizing: Allow users to resize text without loss of content or functionality, up to 200%. Do not use absolute font sizes.

Responsive Design: Ensure webpages are responsive and adapt to different screen sizes and orientations without breaking functionality or accessibility.

I. ARIA (Accessible Rich Internet Applications):

Use ARIA roles, states, and properties judiciously when standard HTML elements do not provide sufficient semantics for complex UI components.

J. ITC will conduct Regular Audits and Testing:

Conduct automated and manual accessibility testing regularly using tools such as Lighthouse, WAVE, or equivalent. Perform user testing with individuals with disabilities and diverse cultural backgrounds, especially when developing behavioral health content.

K. ITC Training:

ITC and BHRS will provide ongoing training and resources to web developers, content creators, and web administrators on ADA compliance, WCAG 2.1 guidelines, and principles of behavioral health equity and culturally competent communication. ITC will provide training on the do's and don'ts.

L. Compliance Review and Enforcement:

This policy will be reviewed annually and updated as needed to reflect changes in technology, accessibility standards, legal requirements, and best practices for behavioral health equity. QS, IT and Behavioral Health Equity Manager will follow up with compliance. Managers and coordinators will support staff to follow policy and regulations regarding ADA requirements within their perspective departments and programs.

Reporting Accessibility and Equity Issues:

Behavioral Health and Recovery Services (BHRS) Risk Management and Behavioral Health Equity will ensure compliance with ADA by completing and submitting quarterly grievance reports by the deadlines established by the Department of Health Care Services (DHCS).

All reports will be prepared using the official DHCS-provided reporting template to ensure consistency and accuracy in data submission. In alignment with Web Content Accessibility Guidelines (WCAG) 2.1 Level AA, as recommended by the Americans with Disabilities Act (ADA), BHRS and its contractors must adhere to the grievance-related requirements.

For questions or concerns regarding this policy, please contact Behavioral Health Equity Department, bhec@stanbhrs.org.