



CITY OF HELENA
ADA Compliance Committee
May 17, 2022 - 1:30 PM
Zoom Online Meeting; <https://us06web.zoom.us/j/88566400673>

Call to Order and Roll Call

Minutes

- A. November 16, 2021

Regular Items

- A. ADA Concerns/Complaint Status Report
- B. Presentation of draft city accessibility survey

Public Comment

Member Communications / Proposals for next Agenda

Meetings of Interest / Announcements

Adjournment

Persons with disabilities requiring accommodations to participate in the City's meetings, services, programs, or activities should contact the City's ADA Coordinator, Ellie Ray, as soon as possible to allow sufficient time to arrange for the requested accommodation, at any of the following: Phone: (406) 447-8491; TTY Relay Service 1-800-253-4091 or 711; Email: eray@helenamt.gov; Mailing Address & Physical Location: 316 North Park, Avenue, Room 445, Helena, MT 59623.

ADA Grievance Investigation Report

May 2022

May 9, 2022

TO: ADA Compliance Committee

FROM: Ellie Ray, Planner II/Grants Coordinator

SUBJECT: ADA Complaints Status Report

One (1) Title II ADA issue has been raised to the City between November 9, 2021 and May 9, 2022.

Date of Complaint Receipt: May 6, 2022

Topic of Complaint: City-County Building ADA Parking Lot Complaint

A serving member of the ADA Advisory Committee representing the local disabled community, Gina Lytle, contacted the city ADA Coordinator (Ellie Ray) to inform them that the City-County Building's designated ADA parking lot on the southside of the building (fronting Clarke Street) has an unsafe surface and grade, rendering it non-ADA compliant. City staff are aware of the parking lot's deficiencies and are in the process of finalizing design specifications to redesign the north parking lot adjacent to Lawrence Street to become the designated ADA parking lot. Once north lot construction is complete, the ADA parking spaces in the south parking lot referenced in the complaint will be eliminated. City staff anticipate the north parking lot redesign construction activities will be complete in 2023. A determination letter reflecting the findings of staff and the remedy noted herein have been provided to Ms. Lytle.

Accessibility Survey

- 1. Please identify how you are responding to this survey:**
 - a. disability provider
 - b. friend/family of a person with a disability
 - c. person with a disability
- 2. Age of the person with a disability**
 - a. 17 or younger
 - b. 18 – 54
 - c. 55+
- 3. Where is your residence?**
 - a. City of Helena
 - b. Lewis and Clark County, Outside City Limits
 - c. Jefferson County
 - d. Other
- 4. Select all that apply to you or the person in your family or friend that you care for with a disability:**
 - a. temporary disability (injury, surgery, illness-related, etc.)
 - b. vision impaired
 - c. hearing impaired
 - d. mobility impaired
 - e. cognitive impairment
 - f. sensory impairment
 - g. psychological/psychiatric
 - h. other
- 5. What kinds of transportation do you use within City limits? (select all that apply)**
 - a. Car
 - b. Bike
 - c. Public Transit
 - d. Walk
 - e. Other- specify
- 6. Have you experienced barriers in getting to the places you need to be?**
 - a. No
 - b. If yes, Text box
- 7. How would you rate City snow removal, based on accessibility? (Scale)**
 - a. Excellent
 - b. Good
 - c. Poor
- 8. Do you/family/clients utilize City parks and recreation facilities?**
 - a. No
 - b. Yes, (if Yes, select all that apply)
 - i. Batch Softball Fields
 - ii. Last Chance Splash Waterpark and Pool
 - iii. Kindrick-Legion Field

- iv. Memorial Park Ice Rink
 - v. Memorial Park Frontier Town
 - vi. Centennial Park
 - vii. Bill Roberts Golf Course
 - viii. Lockey Park
 - ix. Women's/Hill Parks
 - x. 6th Ward Garden Park
 - xi. Mountain View Meadows Park
 - xii. Mt. Helena
 - xiii. Mt. Ascension
- c. If no, does anything prevent you from utilizing or accessing those spaces?
 - i. Text Box
 - d. If yes, how frequently do you utilize City parks and recreation facilities?
 - e. If yes, how would you rate the City's Parks and Recreation facilities, based on accessibility?
 - i. Excellent
 - ii. Good
 - iii. Poor

9. Do you or your family or clients participate in City recreation programs? (If yes, select all that apply)

- a. No
- b. Yes, (if Yes, select all that apply)
 - i. Swim lessons
 - ii. Golf lessons
 - iii. Summer Camps
 - iv. Ice skating lessons
 - v. Pickleball lessons
 - vi. Tennis lessons
- c. If no, does anything prevent you from utilizing or accessing those programs?
 - i. Text Box
- d. If yes to any of these selections, have you ever requested an accommodation to participate?
- e. If Yes, how would you rate the City's recreation programs, based on accessibility?
 - i. Excellent
 - ii. Good
 - iii. Poor

10. Do you ever access City owned facilities?

- a. No
- b. Yes (If Yes, select all that apply)
 - i. City/County Admin Building
 - ii. Civic Center
 - iii. Grandstreet Theater
 - iv. Capitol Transit Station
 - v. Transfer Station

- c. If no, does anything prevent you from utilizing or accessing City-owned facilities?
 - i. Text Box
- d. If yes, how frequently do you utilize those spaces?
 - i. Daily
 - ii. Weekly
 - iii. Monthly
 - iv. 1-4 times a year
- e. If Yes, how would you rate City owned facilities, based on accessibility?
 - i. Excellent
 - ii. Good
 - iii. Poor

11. Do you or your family or clients participate in any of the following activities (select all that apply)?

- i. Civic Center Concerts
 - ii. Civic Center Ballroom events
 - iii. City Board and Committee In-person meetings
 - iv. Grandstreet theater events
- b. If yes to any of these selections, have you ever requested an accommodation to participate?
 - c. If no, what prevents you from utilizing or accessing those spaces?
 - i. Text Box