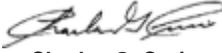
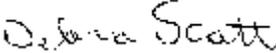


	<b>MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN</b>		
	COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
<b>NUMBER:</b> SMH-01-01	<b>ISSUE DATE:</b> 06/18/2001	<b>EFFECTIVE DATE:</b> Immediately	
<b>SUBJECT:</b> Accessibility of State Mental Health Facilities for Persons who are Deaf, Hard of Hearing, or Deaf-Blind	<b>BY:</b>  <b>Charles G. Curie</b> Deputy Secretary for Mental Health and Substance Abuse Services		
<b>BY:</b>  <b>Debra Scott</b> Director Office for the Deaf and Hard of Hearing Department of Labor and Industry	<b>BY:</b>  <b>Stephen R. Nasuti</b> Interim Executive Director Office of Vocational Rehabilitation Department of Labor and Industry		

**SCOPE:**

State Mental Hospitals  
South Mountain Restoration Center

**PURPOSE:**

To provide direction to the state operated mental health facilities for the development and implementation of policies and procedures, which assure accessibility of services to persons who are deaf or hard of hearing or deaf-blind, based on the legal requirements. The development and implementation of such policies, is essential for full compliance with state and federal laws and regulations relating to the provision of appropriate services and effective treatment for individuals with a hearing loss.

This bulletin is organized into five parts as follows:

- Part I Background: Hearing Loss, Mental Illness, and Drug and Alcohol Services
- Part II Federal Legislation and State Statute
- Part III Implementing Actions for Assuring Compliance and Accessibility to Services
- Part IV Conclusion
- Part V Attachments

**PART I BACKGROUND:**

**Prevalence of Mental Illness and Substance Abuse in the Total Population:** According to the U.S. Surgeon General's Report on Mental Health <sup>1</sup>, "The current prevalence estimate is that about 20 percent of the U.S. population are affected by mental disorders during a given year" and "...about 15% of all adults who have a mental disorder in one year also experiences a co-occurring substance (alcohol or other drug) use disorder, which complicates treatment." "As many as half of people with serious mental illnesses develop alcohol or other drug abuse problems at some point in their lives." <sup>2</sup>

**Prevalence of Hearing Loss in the Total Population:** Each service provider must consider the prevalence of hearing loss in the total population that it serves. Although the exact number of persons, who are deaf, hard of hearing, or deaf-blind in the

United States, is unknown, approximately ten percent of the general population has a hearing loss. The percentage of persons who have a hearing loss and need mental health or drug and alcohol services is at least as great as the percentage in the hearing population. Based on these figures, a service provider can estimate the number of persons with a hearing loss, who may also need mental health services and/or drug and alcohol services. For example, in a community of 50,000 people, approximately 1,000 of the people who have a hearing loss may also need mental health services in a given year, and about 150 of these individuals may also require drug and/or alcohol treatment.

**Access to and Utilization of Mental Health and Drug and Alcohol Services by Persons with a Hearing Loss:** Children, adolescents, adults, and the elderly, who are deaf, hard of hearing, or deaf-blind, require services that are accessible and appropriate to the special and unique problems, issues, and concerns presented by this disability. However, persons with a hearing loss are often uninformed about the availability of mental health and drug and alcohol services and/or how to access them. In addition to limited accessibility, many have had, or have knowledge of negative experiences, which discourage them from seeking out existing services. Further discouragement from using the mental health or drug and alcohol systems occurs when family members of persons, who are deaf, are used as interpreters to communicate confidential information to mental health or drug and alcohol providers. Also, under-utilization of services is attributed in part, to the lack of professionals, who are:

- Trained in the needs of individuals with hearing loss;
- Skilled in the communication needs of persons with hearing loss, and
- Able to apply effective communication skills to provide appropriate diagnostic and/or level of care assessments and therapeutic treatment procedures.

## **PART II FEDERAL LEGISLATION AND STATE STATUTE**

Mental health services administered under Mental Health/Mental Retardation Act of 1966 are subject to the provisions of various state and federal legislation related to accessibility, including Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973.

Title II of the ADA prohibits state and local governments from discriminating against persons with disabilities in their programs and activities, whether or not they receive federal funds. Title II, Subtitle A, Section §202 of the ADA states:

...”no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.

Regulations developed by the United States Department of Justice to implement Title II of the ADA; 28 Code of Federal Regulations (C.F.R.) Part 35, 56 Fed. Reg. §35694 (July 26, 1991) specifically address the obligation of a local and state government to remove communication barriers for individuals with hearing loss.

- Under the ADA and its regulation, local and state government entities are required to provide qualified sign language interpreters, and other auxiliary aids, to ensure effective communication with deaf and hard of hearing individuals. The Department of Justice regulation specifically states:
  - (a) A public entity shall take appropriate steps to ensure that communications with applicants, participants [patients], and members of the public with disabilities are as effective as communications with others.
  - (b) (1) A public entity shall furnish appropriate auxiliary aids and services where necessary to afford an individual with a disability an equal opportunity to participate in, and enjoy the benefits of, a service, program, or activity conducted by a public entity.
    - (2) In determining what types of auxiliary aids and/or services are necessary, a public entity shall give primary consideration to the requests of the individual with a disability.
- The Department of Justice regulation defines the term auxiliary aid comprehensively: [q]ualified interpreters, notetakers, computer-aided transcription services, written materials, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, telecommunication devices for deaf persons (TTDs), videotext displays, or other effective methods of making aurally delivered materials available to individuals with hearing impairments.

Regulations implementing Section 504, 29 United States Code (U.S.C.) §706, mandate that all programs receiving federal assistance are fully accessible regardless of an individual's disability. Additionally, by statute, the Commonwealth of Pennsylvania "assure[s] within the State the availability and equitable provision of adequate mental health and mental retardation services for all people who need them..." MH/MR Act of 1966, §201 [50 Pennsylvania Consolidated Statutes 4201]. OMHSAS recognizes that "all people" includes people who are deaf, hard of hearing, or deaf-blind. In addition, all facilities operated by OMHSAS are required to comply with the Governor's Executive Order entitled, "Disability-Related Policy," (Number 1996-11). (See Attachment G.)

### **PART III IMPLEMENTING ACTIONS FOR ASSURING COMPLIANCE AND ACCESSIBILITY TO SERVICES**

1. Each state operated facility shall designate a department/employee responsible to coordinate services for persons who are deaf, hard of hearing, or deaf-blind. This department/employee shall:
  - a. Monitor and assure the adherence to applicable state and federal laws, and to facility policy for the delivery of services to persons with a hearing loss.
  - b. Establish and maintain a system of available resources.

(1) Resources shall include equipment, such as assistive listening devices (ALDs<sup>3</sup>), personal FM amplifiers, open/closed-captioned televisions, telephone amplifiers, telecommunication devices for the deaf (TTDs), Text Telephones (TTYs).

(2) Other services and resources to facilitate accessibility and communication<sup>4</sup> include (but are not limited to), qualified<sup>5</sup> and certified<sup>6</sup> sign language and oral interpreters, and computer assisted real-time captioning (CART).

- c. Contract with providers of specialized services, for interpreters (either interpreter referral service agencies or individuals) and auxiliary aids that meet the needs as stated under Title II of the ADA. To assure the availability of qualified certified interpreters, state mental facilities must comply with the Management Directive 205.32, "Hiring Sign Language Interpreters/Transliterators." (See Attachment H.)
2. Preliminary Screening during the Admission Process for persons who are deaf, hard of hearing, or deaf-blind:
  - a. When an admission is scheduled, the facility's pre-admission official shall determine the patient's communication needs by asking if he/she requires special accommodations and their preferred method of communication.<sup>7</sup> (The patient's level of reading skills and comprehension should be assessed during the psychiatric/psychological assessment process.)
  - b. The pre-admission official shall then notify the responsible employee (*as designated above under Part III, #1.*) when the admission of the individual is scheduled.

(1) Upon admission of an individual with a hearing loss, the responsible employee shall report to the admission unit to consult with the individual, family member, or an advocate of the individual, as to the patient's preferred method of communication.

(2) If such an admission is unscheduled, (i.e., 302 emergency commitment), or if the hearing loss had not been pre-identified, the admitting unit shall immediately notify the responsible employee when the person is admitted.

(3) Assess the needs of the individual(s) to be served.

(a) As part of the admission evaluation process, ensure that the patient's views are given due consideration in service delivery planning, identifying communication needs, level of reading skills and comprehension level, treatment options, and level of family involvement.

(b) Ask the person to identify their level of hearing loss and how they want it to be addressed (i.e., deaf, hard of hearing, late-deafened)<sup>8</sup>.

- c. Whether the person is deaf, hard-of-hearing, or deaf-blind, the patient shall be given the opportunity to request the preferred communication method, which shall be given primary consideration by the facility.
        - d. The patient shall be given the right to a qualified certified interpreter, when necessary, and provided by the facility without charge to the patient. If the interpreter or patient is unable to communicate effectively, a different interpreter will be provided.
3. The responsible employee, using the patient's chosen communication method, shall give the individual notice of the patient's rights related to accessibility. (See Part II, Federal Legislation and State Statute, ADA requirements.) This is in addition to the Patient's Bill of Rights.
  - a. To ensure effective communication during the admission process, the patient shall be given notice of these rights in writing, at the reading and comprehension level of the patient. A copy of these rights should also be given to the family member, legal guardian, or other involved person who is present.
  - b. The patient shall be given the right to appropriate equipment and necessary services (not limited to auxiliary aids or assistive listening devices, and includes all services available to persons without a hearing loss).
  - c. Whether the person is deaf, hard-of-hearing, or deaf-blind, the patient shall be given the opportunity to request the preferred communication method, which shall be given primary consideration by the facility.
  - d. The patient shall be given the right to a qualified certified interpreter, when necessary, and provided by the facility without charge to the patient. If the interpreter or patient is unable to communicate effectively, a different interpreter will be provided.
4. Special Communication Accommodations: During the course of hospitalization, situations which may require special accommodations include (but are not limited to):

- a. Commitment hearings;
  - b. Examination and diagnosis (medical and psychiatric);
  - c. Obtaining the medical and psychiatric history;
  - d. Explanation of medications (purpose, possible side effects, etc.), and treatment options;
  - e. Obtaining informed consent for treatment when necessary;
  - f. Treatment plan development and review (treatment team meetings);
  - g. Individual and group therapy sessions;
  - h. Discharge planning, and
  - i. Social and rehabilitative services, community meetings, and activities.
5. Interpreter Services
    - a. When the patient's preferred method of communication is sign language, a qualified certified interpreter is provided to increase the individual's understanding and ensure that the individual is receiving equal service and equal opportunity to participate in treatment and to benefit from his/her hospital stay. Sign language interpretation during the complex interaction between clinician and consumer/client requires a level of proficiency, which ensures accurate diagnosis and appropriate treatment.
    - b. Psychiatric Emergencies (Crisis Intervention): Facility policy and procedures should require that the treatment plan for a patient requiring an interpreter, must address crisis intervention techniques to use with or without an interpreter present.
  6. Telephone Access
    - a. A telecommunication device for the deaf (Text Telephone -TTY) shall be available to an individual with a hearing loss to the same extent that a telephone is available to other residents of the same program area/unit.
    - b. When use of the phone is time-limited due to policy, persons using a TTY shall have additional time for conversation. (Minimal language skills may impact on the person's typing skills and their ability to read and comprehend the messages received.)
    - c. Hearing aid compatible telephone amplifiers shall be provided for persons, who are hard of hearing, unless their choice of communication is a TTY.
  7. Alternative methods to auditory intercom, paging and alarm systems shall be provided to equally inform individuals, who are deaf or hard of hearing of important messages.
    - a. This may be accomplished by a policy whereby an employee is assigned this responsibility on each shift.
    - b. If visual signaling is used for smoke/fire alarm systems, it must be incorporated into the automated alarm system.
  8. Arrangements shall be made for effective communication between all employees who have contact with family members who are deaf, using the patient's or family member's preferred method of communication.
  9. All efforts to assure equal access to services shall be documented in the medical record.
    - a. The use of all methods intended to maintain optimal communication access for persons with a hearing loss shall be reflected in all treatment planning and documentation of same.
    - b. When there are problems, (e.g., interpreter availability delays, minimal/limited communication skills of the individual), the problem and solution/resolution shall also be documented in the medical record.
  10. Organizations representing persons, who are deaf or serving persons with hearing loss, may assist the facility in developing services that are responsive to the special needs of this population. While maintaining patient confidentiality and according to the patient's desires and preferences, initiate contact with leaders/members of these organizations. They may assist the patient's adjustment into the community upon discharge, if the patient so chooses.
  11. Open/closed captioned televisions, videotapes, and movies shall be available for recreational as well as therapeutic/educational use. Books on tape (for persons able to use them) shall be available in the patient library, or loan arrangements shall be made with the local public library or other library resources.

As stated in Part II, Federal Legislation and State Statute section of this bulletin, accessibility to services is required for persons who are deaf, hard of hearing, or deaf-blind by provisions in the ADA (Title II and Title III), as well as Section 504 or the Rehabilitation Act. Specifically, state mental health facilities (especially facilities that have patients with a hearing loss) shall immediately initiate the following actions:

1. Develop written agency policies and procedures for providing accessible services for persons who are deaf, hard of hearing, or deaf-blind.
2. Ensure that involved staff is knowledgeable and trained in implementing the facility's established policies and procedures.
  - a. Provide training for appropriate staff on definitions, deaf culture, the cultural differences of individuals with a hearing loss, medical causes of hearing loss, protocol for using interpreters, the effective use of auxiliary aids and communication equipment for persons who are hard of hearing (such as ALDs, TTYs, and amplifiers).
  - b. Encourage and support the efforts of any staff that are interested in learning to communicate with patients who are deaf, hard of hearing, or deaf-blind. This includes various modes of manual and oral/aural communication.
3. Ensure that the signing skills of clinicians are evaluated and meet the required level of proficiency standards set by the Sign Communication Proficiency Interview (SCPI)<sup>9</sup> at the advanced level or above. When the clinician's signing skills do not meet these standards, the facility must obtain professionally trained qualified certified interpreter(s), using the competitive procurement process
4. Procure or have obtainable by contract, equipment to enhance accessibility of services and effective communication by persons who are deaf, hard of hearing, or deaf-blind, including older persons. This includes (but is not limited to) providing Text Telephone (TTY), televisions with open/closed captioning capabilities, assistive listening devices,

auxiliary aids and amplifiers, computer assisted real-time captioning (CART), and/or other adaptive equipment.

#### **PART IV CONCLUSION**

This bulletin states the requirements for accommodation of accessibility needs for persons who are deaf, hard of hearing, or deaf-blind in state mental health facilities that provide mental health services under the MH/MR Act of 1966. The accessibility requirements are based on the ADA, Section 504 of the Rehabilitation Act, the Governor's Management Directive 205.32, and the Governor's Policy 1996-11.

Appeals regarding ADA compliance should be referred to the facility's Client Rights Representative or the Patient Advocate. Unresolved issues should be referred to the Department of Public Welfare, Office of Clients' Rights. Questions about the ADA may be addressed to the Bureau of Civil Rights Compliance. Questions about implementation of the guidelines in this bulletin or the provision of mental health services to persons with a hearing loss may be addressed to the Office of Mental Health and Substance Abuse Services.

#### **PART V ATTACHMENTS**

<b>Attachment A</b>	List of Acronyms
<b>Attachment B</b>	Definitions: Part 1, Related to Deaf, Hard of Hearing, Deaf-Blind; Part 2, Bulletin Terminology
<b>Attachment C</b>	Resource List
<b>Attachment D</b>	Sign Communication Proficiency Interview (SCPI) Skills Assessment Evaluation Tool
<b>Attachment E</b>	Section 504 of the Rehabilitation Act of 1973
<b>Attachment F</b>	ADA Communication Accommodation Project: Questions and Answers for Deaf or Hard of Hearing Individuals (Published by Gallaudet University, Washington, D.C)
<b>Attachment G</b>	Governor's Executive Order, "Disability-Related Policy," (Number 1996-11)
<b>Attachment H</b>	Governor's Management Directive 205.32, "Hiring Sign Language Interpreters/Transliterators"

<sup>1</sup> Mental Health: A Report of the Surgeon General, Published by the U.S. Department of Health and Human Services, Public Health Service, Chapter 2, Section 2, December 1999

<sup>2</sup> *ibid.*, Mental Health: A Report of the Surgeon General, Chapter 4, Section 5, December 1999

<sup>3</sup> Auxiliary Aids/Assistive Listening Devices: See Attachment B, Part 2, Definitions, Bulletin Terminology

<sup>4</sup> The Office for the Deaf and Hard of Hearing, Department of Labor and Industry, will respond to requests for information and assistance with advanced technology and other related issues.

<sup>5</sup> Qualified sign language interpreters are interpreters who have an identified area of expertise (legal and court proceedings, mental health counseling, etc.) and have additional skills in that area.

<sup>6</sup> Certified sign language interpreters may be obtained through a contract with an interpreter referral service or an individual interpreter. A list of interpreters and a sample of contract language may be obtained upon request from the Department of Labor and Industry, Office for the Deaf and Hard of Hearing at 1-800-233-3008 (V/TTY) or the Website. ([www.dli.state.pa.us](http://www.dli.state.pa.us))

<sup>7</sup> Certified sign language or oral interpreter; lip reading; handwritten notes, assistive listening devices or some combination of communication methods.

<sup>8</sup> See Definitions Attachment B – Part 1

<sup>9</sup> SCPI: An evaluation tool to assess an individual's level of communication proficiency when communicating using sign language and receptive skills. Required to meet Level 4, Advanced or Level 5, Superior. (See Attachment D.) (Certified Interpreters are exempt from this requirement.)

#### **COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Office of Mental Health and Substance Abuse Services, Bureau of Hospital Operations 717-705-8153