

Kentucky Advisory Committee on Needed Services for Individuals who are Deaf, Hard of Hearing, or Deafblind

Questions? Call (502) 782-6181 (Voice) or (502) 385-0460 (VideoPhone)

Language Access and Americans with Disabilities Act (ADA) Accommodations

At least **3%** of the 175,000 individuals served by the fourteen Community Mental Health Centers (CMHC) statewide are Deaf, Hard of Hearing, or Deaf-Blind. Effective communication is essential to accessing ANY service provided. It is also legally mandated (Americans with Disabilities Act, Title VI, Section 1557 of the Affordable Care Act). The DBHDID Deaf and Hard of Hearing Services (DHHS) program offers *Enhanced Access* funds for interpreter reimbursement or for the purchase of auxiliary aids and services for all CMHC clients. DBHDID funds language access for an average of **200** direct services per year. There are a wide variation of communication modalities and language skills for individuals who are Deaf, Hard of Hearing, or Deafblind. Deaf Mental Health clinical specialists or targeted case managers are available in three regions to provide direct services in American Sign Language (ASL). Providers offering services directly in ASL work across traditional CMHC catchment areas and diagnostic categories. Deaf, Hard of Hearing, or Deafblind individuals in the eleven other CMHC regions receive services by generalist providers and are mediated through ASL interpreters. Standardized rates, payment structures, coordination, and quality control would further enhance access to mental health, substance use, and developmental/intellectual disability services. Individuals with dysfluent language due to cognitive issues, language deprivation, or psychosis need even higher levels of expert communication in order to fully benefit from services.

Hearing loss is often an invisible disability. An individual may take 5-7 years to seek help to hear better. Providers must be able to assess the functional listening skills of individuals and adapt treatment to ensure effective communication.

What is a “Qualified”Interpreter?

To work effectively and meet legal requirements, an interpreter must be **able to interpret effectively, accurately, and impartially**, both receptively and expressively, using any necessary specialized vocabulary (ADA). The DHHS program invests in the professional development of interpreters by offering stipends for attendance at the esteemed Mental Health Interpreter Training (MHIT), in Alabama, each year. Over **25** interpreters serving Kentuckians have completed this intensive training. **Two** have achieved “Qualified Mental Health Interpreter” (QMHI) status.

Throughout SFY 2017-2018, the DHHS program offered **14** additional professional development opportunities, with continuing education credits available.

How Much Does it Cost?

- One hour of services from a qualified ASL interpreter generally costs between \$40-55/hour plus portal (travel time) and mileage.
- One hour of real-time captioning averages \$125/hour and mileage.
- Best clinical and business practices have a higher return on investment in specialized deaf mental health care than on interpreter services. (See <https://www.nad.org/about-us/position-statements/position-statement-on-preservation-of-mental-health-services-for-deaf-people-in-an-integrated-health-care/>)

Untreated hearing loss has been linked to dementia, anxiety, depression, and other mental

health issues. Providers must not only be sensitive to the double stigma of mental health and hearing loss but also address both effectively. Offering Enhanced Access services like Hearing Assistive Technology (HAT) for individual or group, referring individuals to community partners like Vocational Rehabilitation, and reducing overwhelming feelings of isolation through connection to groups like the Hearing Loss Association of America Kentucky Chapters (HLAA-KY) provides hope and healing.

For those affected by a dual hearing and vision loss and are considered Deafblind, access to mental health, substance use, or developmental/intellectual disability services is limited. Providers must collaborate to address the varied and fluctuating needs of individuals.

All mental health, substance use, and developmental/intellectual disability services for this varied population should start with a Communication Assessment. By documenting functional communication skills and ADA access needs from intake, providers can make appropriate accommodations and increase the effectiveness of treatment. The graphic below illustrates how all providers can play a part in increasing access to healthcare for individuals who are Deaf, Hard of Hearing, or Deafblind.

