

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)

Highlights of Substance Use and Developmental/Intellectual Disability Services Made Accessible and Remaining Barriers to Care

Special Considerations in Addressing the Needs of the Population

- Early language acquisition facilitated by family involvement is a protective factor for preventing mental health and substance use issues in people who are Deaf, Hard of Hearing, or Deafblind. Partnering with Kentucky Hands & Voices, the School for the Deaf Outreach Team, and the Early Hearing Detection & Intervention Program (EHDI) focuses attention on the social emotional needs of children and on the importance of family involvement in language acquisition.
- Individuals who are Deaf, Hard of Hearing, or Deafblind are at a greater **risk of abuse and neglect**. A trauma informed lens must address this as well as the increased risk for language deprivation and its lifelong impact.

Substance Use Treatment

- A 2018 study published in the American Journal of Preventive Medicine found an **increased risk of prescription opioid use** for those with hearing loss aged 18-34. For those aged 35-49, hearing loss increased the risk of both alcohol and prescription opioids. (*The Relationship Between Hearing Loss and Substance Use Disorders Among Adults in the U.S. 2018. American Journal of Preventive Medicine 56(4):586–590. Michael M. McKee, MD, MPH,1Michelle A. Meade, PhD,2Philip Zazove, MD,1Haylie J. Stewart, BA,3,4Mary L. Jannausch, MS,3,4Mark A. Ilgen, PhD.*)
- Community Mental Health Centers (CMHCs) reported a **38% increase**, from SFY2017 to SFY2018, in the number of individuals (from 499 to 687) seeking substance use treatment services who are Deaf, Hard of Hearing, or DeafBlind. The highest numbers of reported consumers were in the Bluegrass, Kentucky River, and Four Rivers regions.
- A DBHDID survey conducted with 2018 attendees of the KY School for Alcohol and Other Drug Studies polled providers about their current practices for serving individuals who are Deaf or Hard of Hearing. Of the eighty-three (83) programs or individual substance use providers responding, only 14% offered any training to providers on adapting their treatment. The most common barriers to successful treatment outcomes according to survey respondents were Transportation (47.4%), Literacy / Appropriate Curriculum and Approaches (40.4%), Finding Peers in Recovery (38.6%), Finding a Job (35.1%)and Paying for Treatment (33.3%). Similarly, providers reported problems engaging with Deaf or Hard of Hearing consumers including: Knowing the right resources for the Deaf

community (53.7%), Working effectively through an interpreter (41.8%), Finding qualified interpreters (40.3%); and Understanding Deaf culture (32.8%).

- **5%** of Community Mental Health Center (CMHC) substance use treatment consumers with hearing loss identified as being Deaf. Yet there is no fully accessible substance use treatment program for signing individuals in Kentucky. There are no Certified Alcohol and Drug Counselors (CADCs) who are Deaf or fluent in ASL.
- Since the ADA does not mandate that self-help groups pay for interpreting services, DBHDID paid for **170** Mutual Aid Group (12-Step) Meetings between SFY2017 and SFY18.
- During this biennium, Advisory Committee members partnered with DBHDID to host educational events such as a Naloxone training at the Kentucky Association for the Deaf (KAD) conference. As awareness of issues raised, so too were calls to action. During the 2018 Kentucky School on Alcohol and Other Drug Studies, a Community Conversation on Substance Use and the Deaf Community resulted in the development of action steps and the identification of Deaf leaders passionate about addressing gaps in services. The *Eyes on Hope* Taskforce was established.

Developmental / Intellectual Disabilities

- There were **nearly 400** Deaf, Hard of Hearing, or Deaf-Blind individuals served annually in the Community Mental Health Center system in SFY2017 (372) and SFY2018 (389).
- Community-based services require the Least Restrictive Environment (LRE). For this population, a **Language Rich Environment** (LRE) is critical for service design and delivery. Kentucky currently has no fully-accessible facilities, supported housing, or community-based services for this diverse population.
- The 2018 Provider Survey conducted by the Division of Developmental & Intellectual Disabilities showed that 53% of the state's Supports for Community Living (SCL) and Michelle P Waiver providers served a total of **585** individuals who are Deaf, Hard of Hearing, or Deaf-Blind.
- The Michelle P waiver does not have a covered service for communication assessments, interpreting, or providers who specialize in sign language or visual-gestural communication.
- Kentucky Medicaid does not cover language access as a stand-alone service.
- SCL providers must apply every six months for the Exceptional Supports Protocol to obtain a differential rate to cover interpreting, training, or other Enhanced Access Services. Only **3** providers applied and received ESP funding in the past two fiscal years.