

Serving the Deaf and Hard of Hearing Populations

Addressing Key Issues
Impacting SMHA's



Historical Context



- Deaf people and hard of hearing people were both viewed as disabled
- Language use and cultural needs were not considered in the provision of services

Foundations of Accommodation



- Section 504 of the Rehabilitation Act (1973)
 - All Federally funded services had to be “accessible”
- ADA (1990)
 - All publicly funded services had to be accessible with consideration given to the preference of the consumer
 - All public accommodations have to offer equal access to goods and services

Early Actions



- Handel et al v. Levine et al, 1984 (Minnesota)
- Jane Doe v. Wilzack, 1987 (Maryland)

Landmark Lawsuits



- Tugg v. Towey, 1994 (Florida)
 - Interpreters are not equal access
- Devinney v. Maine Medical Center
 - “Effective” needs to be determined by the deaf consumer not what’s easiest for the provider
- Bailey v. Sawyer, 1999 (Alabama)

Major Known Current Efforts



■ Georgia

- <http://www.ajc.com/news/state-sued-for-failing-407183.html>
- www.youtube.com/watch?v=Vr24lfqw2ys

■ Missouri

- http://www.stltoday.com/news/local/crime-and-courts/article_839d63bf-0f56-522c-bef6-f80972b57ad6.html

Contentious Current Action



- *Loye v. County of Dakota*, 625 F.3d 494 (8th Cir. 2010)

Title II of ADA, Section 504, state human rights statute

The Court concluded that because the plaintiffs got the benefits of the emergency services—shelter, medical care and decontamination of their homes— like the hearing victims had, there was no harm and no violation when plaintiffs requested interpreters, but they were not provided.

What constitutes effective communication and meaningful services?

What are the harms to be remedied by civil rights statutes?

What resources are available for Deaf and Hard of Hearing advocacy?

Past Experience – SC

- Pre-settlement costs:
 - Approximately \$1.3 million to serve 12 consumers in inpatient settings
 - Limited outpatient services provided by each mental health center individually
 - Average inpatient LOS for Deaf inpatients almost twice Hearing patients (160 days compared to 90 days)



Past Experience – SC



- 1989 – Complaint submitted by Protection and Advocacy
 - Alleged that Department failed to provide equal access to services
- Settlement agreement with DOJ
 - SCDMH agreed to provide comprehensive accessible services statewide to Deaf consumers
 - Initially inpatient, later expanded to include outpatient services

Effective Communication



- In mental health, requires more than just the words, must include affect, emotion and paralinguistic information.
- In group, residential, and inpatient settings, requires communication with peers as well as staff.
- Must include recognition of linguistic diversity in the deaf and hard of hearing communities, including those who are illiterate, do not have sign language skills and/or may have vision loss.

Bailey Mandates – Alabama



- Appoint a planning committee ("Committee") to plan for the provision of and the future development of services for people who are deaf or hard of hearing.
- Employ a qualified person to function as a statewide coordinator of services to people whom are deaf or hard of hearing ("Coordinator").
- Establish an acute-care inpatient program, in a DMHMR facility, for deaf or hard of hearing people to serve consumers of mental health services
- Develop standards of care to ensure that the community providers
- Provide in-service training to the staff of its facilities

Bailey Mandates – Alabama



- Establish Regional Programs in the areas of Huntsville, Birmingham, Montgomery and Mobile
- Develop a training program and standards for interpreters in mental health programs
- Establish a toll-free statewide emergency TTY crisis line to answer calls from deaf or hard of hearing people 24 hours a day, 7 days a week.
- Failure to secure legislative appropriations alone excuse Defendants from any of the obligations of the Agreement.

Present Performance – SC

- 32 total positions across the state, with 20 positions filled, serving 301 consumers
- Statewide Coordination
 - Clinical Services
 - ASL Interpreter Services
- National model of excellence
 - CMHS and NASMHPD
- Inpatient LOS now less than hearing patients
 - 25 days compared to 28 days

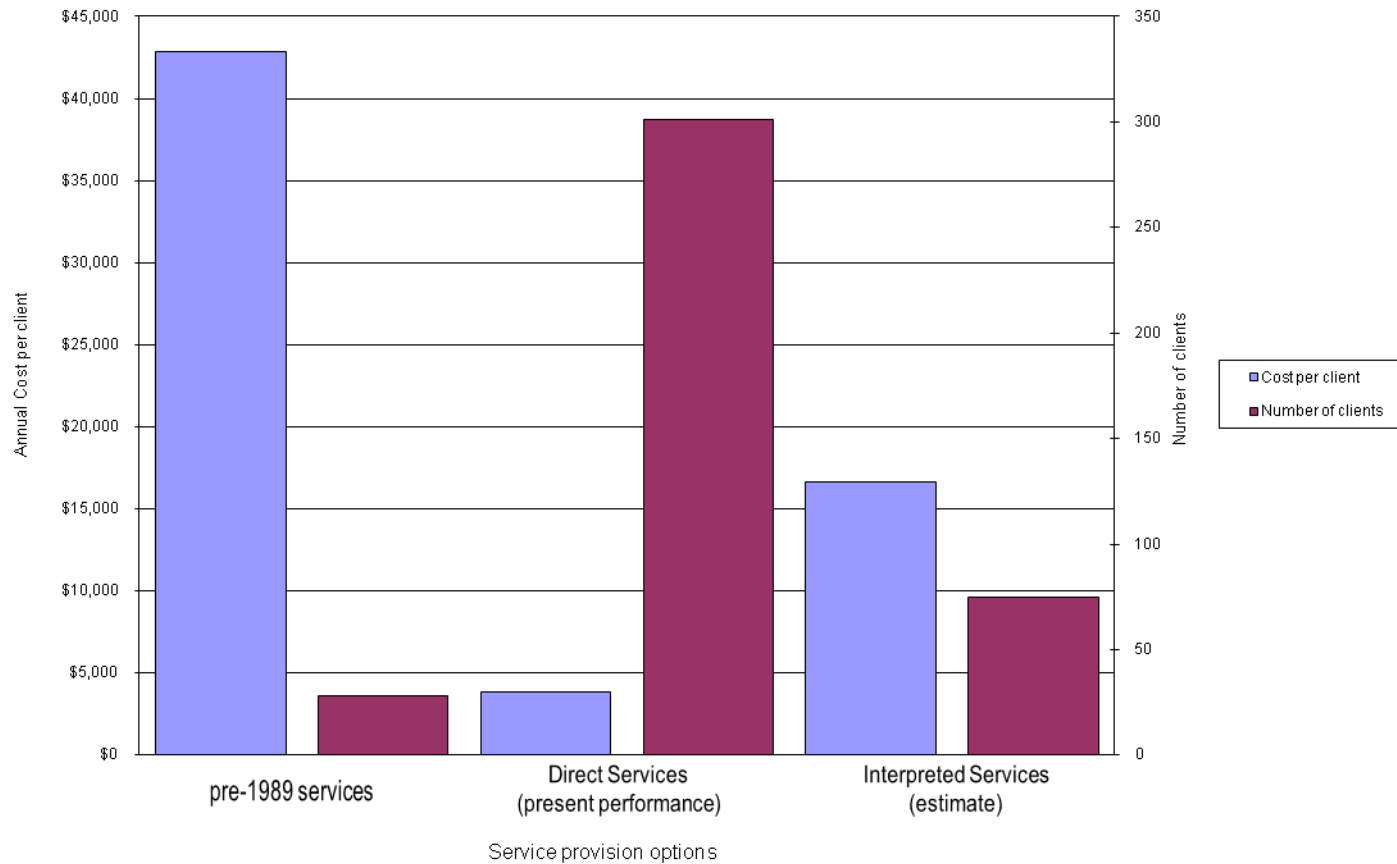


Present Performance – SC

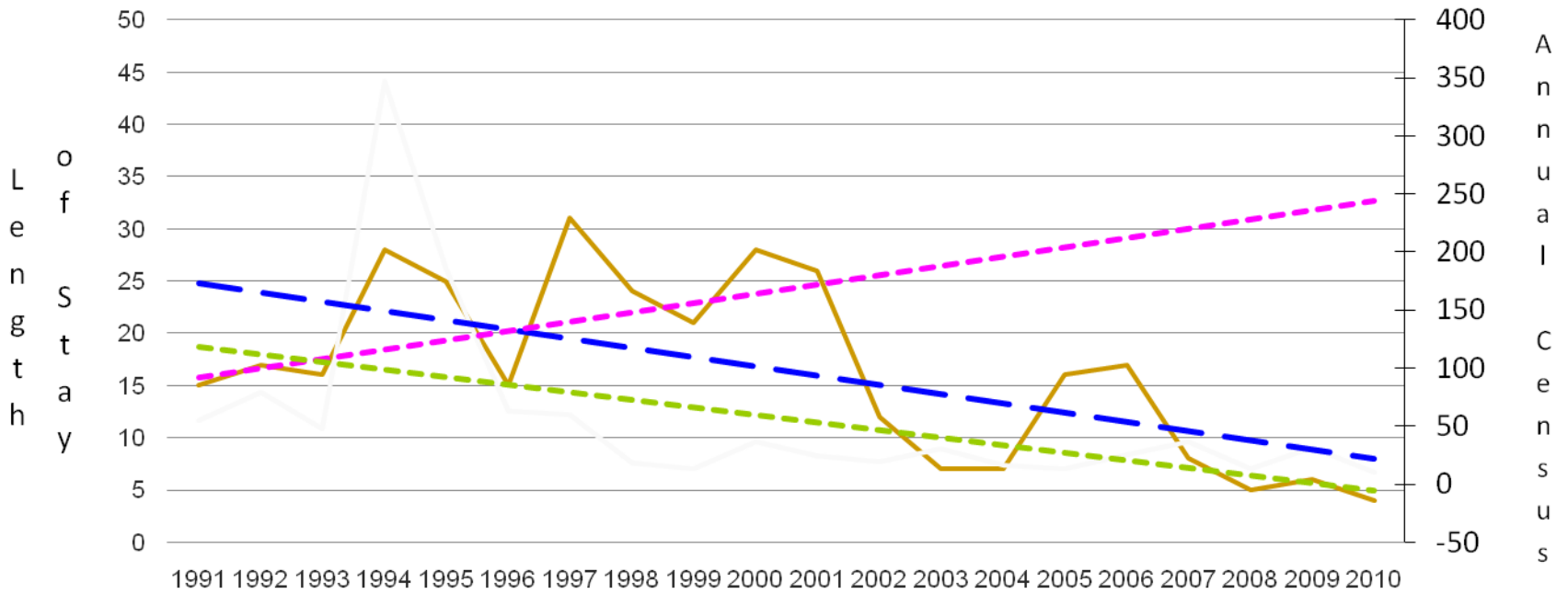
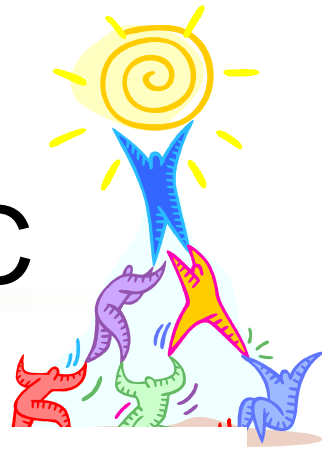


- Services provided directly to consumers in their own language
 - Identified as a strong consumer preference
 - As required by law and court decisions
- Effective use of technology
 - Videophone capacity between clients and staff
 - E-mail availability/24 hours crisis service
 - Electronic Medical Record

Cost Effective Services - SC



Inpatient Census & LOS – SC



— Census
 — LOS (at discharge)
 - - - Census trend
 - - - Hearing patients LOS (for comparison)
 - - - LOS Trend

Deaf and Hard of Hearing Advocacy Resources - Minnesota



- Disability Minnesota www.mndisability.gov
- Deaf and Hard of Hearing Services (through the Department of Human Services) www.dhhsd.org
- Commission of Deaf, DeafBlind, and Hard of Hearing Minnesotans www.mncdhh.org
- Minnesota Disability Law Center www.mndlc.org
- Minnesota State Council on Disability
www.state.mn.us/portal/mn/jsp/home.do?agency=MSCOD

Deaf and Hard of Hearing Advocacy Resources – Minnesota & Nationally



- ❑ Minnesota Association of Deaf Citizens
www.minndeaf.org
- ❑ CSD of Minnesota (Communication Services for the Deaf) www.c-s-d.org
- ❑ TCDeaf.com www.tcdeaf.com
- ❑ National Association of the Deaf www.nad.org
- ❑ Hearing Loss Association of America
www.hearingloss.org
- ❑ Many states have their own commissions