

STRATEGIC PLAN for MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES for PEOPLE WHO ARE DEAF, DEAF-BLIND, HARD OF HEARING

Vision for Wisconsin: People of all ages who are deaf, deaf blind or hard of hearing receive needed mental health and substance abuse services that result in recovery and optimal individual quality of life.

Project objective: Develop a strategic plan defining state-level goals that lead to sustained, aligned and collaborative cross-system partnerships, leadership and action among people who are deaf, deaf-blind and hard of hearing and multiple partners in the mental health and alcohol and substance abuse systems.

Seven critical facts:

1. Many people in the deaf, deaf-blind and hard of hearing community do not receive mental health and / or substance abuse services that meet his or her needs. The term 'services' includes prevention, active treatment, supported transition and after-care.
2. People who are deaf, deaf-blind and hard of hearing and their families often do not have an understanding of mental health, mental illness and AODA including co-occurring disorders/problems and the related impact with physical health.
3. Society lacks a meaningful understanding and sensitivity about the experiences and needs of people who are deaf, deaf-blind or hard of hearing.
4. People working in mental health/ substance abuse and related systems often do not meaningfully understand the experiences and culture of deafness.
5. There is a lack of thorough, accurate epidemiological data at the state and federal levels regarding mental health and AODA needs and treatment by persons who are deaf, hard of hearing or deaf-blind.
6. Sustainable resources and funding are needed to create the capacity to implement this plan and achieve the vision.
7. It will be neither quick nor easy to create change so that people of all ages who are deaf, deaf blind or hard of hearing receive mental health and substance abuse AODA services that meet the unique needs of each individual.

Background:

Society lacks a meaningful understanding and sensitivity about the experiences and needs of people who are deaf, deaf-blind or hard of hearing:

- National data estimates the need for MH services among the deaf, deaf-blind and hard of hearing populations to be 3-5 times higher than in the hearing community (1)
- Add bullet here with some data on AODA / SA needs for this population. (5-11-11 e-mail to Brad for fact and cite.)
- Estimates indicate that as many as 85% of deaf adolescents living in residential treatment centers have confirmed or suspected histories of sexual abuse. Deaf children may be re-traumatized by health care providers and MH/AODA treatment staff who are not trained in working with deaf individuals. (Need a cite)
- Many deaf, deaf-blind or hard of hearing individuals have experienced some degree of trauma or emotional neglect as a result of their hearing loss which can impact his or her emotional development. Children experiencing a lack of effective communication can develop long-term lack of self-value, depression and lack of trust in others.
- The deaf, deaf blind and hard of hearing communities are relatively small and extremely diverse and tend to be overlooked within larger society
- Many different communication techniques and language preferences are used within the deaf, deaf blind and hard of hearing communities which complicate effective planning and capacity for effectively communicating with each individual as there can be no one-size fits all approach. It takes effort to learn the communication preferences and needs of each person.
- When a deaf person presents for MH/AODA services, his or her needs related to communication and hearing limitation may receive primary attention while their MH / AODA problems go unaddressed.
- Due to communication challenges, typical referral sources (e.g. schools, workplaces, disability agencies) may not pick up or accurately identify MH or AODA problems.
- Providers of MH/AODA services and others may not understand the required federal ADA requirements for interpretation in medical and other related settings.

Goal 1

Increase understanding among Wisconsinites who are deaf, deaf-blind, or hard of hearing and their families /social supports about mental health and AODA and recovery. This is essential to achieve appropriate service seeking, effective relationships with service professionals, and improved outcomes.

Examples of things to be understood include:

- Provide general understanding of key facts about mental health, mental illnesses, Alcohol and Other Drug Abuse (AODA), addiction, trauma, recovery, stigma
- Provide formal and informal resources available; how to access and use resources and services
- Reinforce confidentiality and HIPPA issues
- Include minority communities that may have unique cultural or communication considerations
- Include parents of children with hearing loss
- Promote the responsibility of each individual to express his or her personal and family member's communication preferences and needs

Key fact supporting the importance of Goal 1:

People who are deaf, deaf-blind and hard of hearing often do not have an understanding of mental health, mental illness and AODA including co-occurring disorders/problems and the related impact with physical health.

- general understanding of mental health, mental illnesses, trauma, and AODA
- the myths and stigma of mental illness and / or AODA lessen the likelihood of seeking mental health/ AODA services
- many don't know that mental health and AODA services exist or how to acquire help from service systems
- previous negative experiences have created a sense of distrust with the MH / AODA and other service systems.
- need to promote communication integration with individuals and their families beginning at very young ages to improve social inclusion and life outcomes

Goal 2

- a) **Increase understanding within MH and AODA systems to achieve communication competency and trustworthiness, provide materials to meet health literacy, and provide effective mental health and substance abuse services which foster recovery and wellness planning to meet the needs of each individual who is deaf, deaf-blind or hard of hearing.**

Examples of things to be understood include:

- The concept of culture
- The concept of "language" both spoken and gestural, and communication differences
- The culture of deafness (deaf, deaf-blind and hard of hearing), the unique life developmental and societal challenges, and the broad scope of individual issues
- Parameters of stigma, discrimination, and bias
- Trauma and recovery oriented informed care,
- Person/family-centered, self direction that fosters self-choice in their care
- Approaches to successfully evaluate and identify the communication preferences and needs of each individual
- An identified process on how to access and effectively use communication resources and meet ADA compliance requirements
- Serving ethnic populations with additional unique cultural service challenges

- b) **Provide resource information to typical referral networks (e.g. crisis response teams, educational system, emergency rooms, workplaces, police and criminal justice systems, etc.) to enable them to rapidly and effectively link people who are deaf, deaf-blind and hard of hearing to appropriate mental health/ substance abuse services.**

Example of things to be understood include:

- lack of knowledge in educational and other systems on how to promote communication and inclusion plus professional understanding of potential for and signs of mental health concerns

Key fact supporting the importance of Goal 2:

People working in mental health/ substance abuse systems often do not meaningfully understand the experiences and culture of deafness.

- the unique developmental and societal challenges of this population due to limited interactive communication and life encompassing impact on physical, emotional, social, and intellectual development
- the difference between communication (access), and language (meaningful exchange), with the attendant impact? on how language use impacts effective therapy
- communication differences - to discern how to best communicate with each individual who is deaf, deaf-blind, or hard of hearing
- the high risk of making erroneous and biased assumptions based on factors such as a person's response to sound or quality of speech or past experiences with a person who is deaf, hard of hearing or deaf-blind.
- how to hire certified interpreters with training in mental health; how to access and effectively use communication technology
- creating trusting relationships with individuals who are deaf, deaf-blind, and hard of hearing
- the history of typical family dynamics related to inconsistent communication with the child

Goal 3

Expand access to communication and peer / family supports by identifying, coordinating, and developing sustainable resources and funding so that people of all ages who are deaf, deaf blind or hard of hearing receive mental health and AODA services that foster recovery to meet the needs of each individual and his or her families.

Specific things to be done include:

- Seek out federal ADA compliance language and require all MH/AODA providers statewide to become aware of the requirements for interpretation and need for persons who are deaf, HH and deaf-blind to have access to interpreters
- Improve the language assessment capacity and technology access within the MH and AODA and related systems.
- Increase the number of certified interpreters throughout the state with expertise in MH / AODA / DV & SA communication. Spell out.
- Increase quantity and use of computer and video technologies for communication between people who are deaf, deaf-blind and hard for hearing and mental health / AODA systems.
- Develop recommendations to address barriers related to technological compatibility for emergency/crisis response system communication access.
- Develop capacity for resource specialists / navigators to provide assistance in the deaf, deaf-blind and hard of hearing communities to access needed services
- Establish or designate a website as a clearinghouse with state and national linkages that provide information to individuals who are deaf, deaf-blind or hard of hearing and his or her families about MH / ADOA and related needs, resources, and services.
- Develop Peer Specialist capacity in WI specifically for people who are deaf and deaf-blind and hard of hearing
- Develop family- to- family support capacity for families of persons who are deaf, deaf-blind, and hard of hearing.
- Work to ensure a “no wrong door” approach so people have seamless entry for having service needs met regardless of entry portal.

Key fact supporting the importance of Goal 3:

Sustainable resources and funding are needed to create the capacity to implement this plan and achieve the vision. Examples of current gaps include:

- sufficient certified interpreters with mental health/ substance abuse training
- computer and video technologies to facilitate communication, especially challenging in rural areas
- resources and funding to create events and opportunities to educate, collaboratively plan and act to implement this plan
- technological improvements so patients/clients/consumers, families, and health care providers can more effectively access emergency and other services
- resource navigators to provide technical assistance (TA) and support in navigating the system for individuals who are deaf, deaf-blind and hard of hearing and his or her families

Goal 4

Develop long-term collaborative partnerships between people who are deaf, deaf-blind and hard of hearing, and representatives of the mental health and AODA systems and relevant others. The purpose is to advance this plan and achieve mental health/ substance abuse prevention and services that foster recovery to meet the needs of individuals who are deaf, deaf-blind and hard of hearing and his or her families.

Specific things to be done include:

- Regularly convene leaders in MH and AODA and related systems to meet with consumers/ individuals who are deaf, deaf-blind and hard of hearing and family members to:
 - acknowledge and determine how to address unique MH / AODA needs of people of all ages who are deaf, deaf-blind or hard of hearing
 - align efforts among existing and new organizations for the deaf, deaf-blind and hard of hearing
 - engage in ongoing multiple-partner collaborative information sharing and problem solving to implement this plan with measurable outcomes or recommendations
 - work toward state-wide consistency in best practice, systems access, effective policies and protocols to have communication that works well for each person with hearing loss and his or her family members
 - engage in ongoing collaborative sharing of knowledge and resources.
- Educate and establish relationships with legislators, advocates, policy makers and other public leaders to advance needed system, policy and resource/funding changes.
- Educate and establish relationships with foundations or other funders who might have interest in supporting and funding elements/recommendations of this plan.
- Identify and disseminate information about initiating and facilitating partnership development between service systems and people who are deaf, deaf-blind and hard of hearing and their families.

Key fact supporting the importance of Goal 4:

It will be neither quick nor easy to create change so that people of all ages who are deaf, deaf blind or hard of hearing receive mental health and substance abuse AODA services that meet the unique needs of each individual.

- Achieving the vision will require many people in many organizations and entities to jointly “own” this issue and work collaboratively to create the needed changes and improved outcomes.
- There is room for improved communication and collaboration among current groups and associations that represent the deaf, deaf-blind and hard of hearing populations.
- The scope of education, health care, and other systems’ changes needed are broad as they cover mental health needs over the life-span (e.g. day care, schools, assisted living facilities, jails, workplaces, therapy settings, etc.)

Goal 5

Collect meaningful, current data regarding prevalence, gaps/needs of services to address the mental / AODA and health care needs of individuals who are deaf, deaf-blind and hard of hearing.

Examples of things to be done include:

- Develop data capacity to measure and track outcome change and improvements in access to effective mental health/ AODA services by people of the deaf, deaf-blind and hard of hearing communities.
- Collect empirical information and identify an data base and website location to compile and provide access to information on best practices, current research, and other related knowledge on effective mental health/ substance abuse services for deaf, deaf-blind, and hard of hearing individuals.
- Enhance existing data systems through partnership or provide new data systems with resources, policies, and procedural requirements to collect specific datasets on the needs of, services received, individual and family evaluation regarding treatment, services or supports received, and outcomes (including quality, satisfaction and timeliness measures) for individuals who are deaf, deaf-blind or hard of hearing and their families.

Key fact supporting the importance of Goal 5:

There is a lack of thorough, accurate epidemiological data at the state and federal levels.

- Census data does not provide information broken out by deaf, deaf-blind or hard of hearing – it has two categories a) have difficulty hearing normal conversation or b) unable to hear normal conversation. Estimated numbers are rounded off to the nearest thousand.
- There is currently no national database of deaf and hard of hearing persons.
- State service reporting systems do not capture data on deaf, deaf-blind or hard of hearing. Most data is captured under the label of “disability”.
- There is a lack of a standardized definition of hearing loss and culture in the United States
- Some data may currently exist in educational or other systems, which could possibly be useful for preparing adult populations projections but research of this potential is lacking.