

# Population Specific Services: Individuals who are Deaf/Hard-of-Hearing

**CCBHC-E** National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

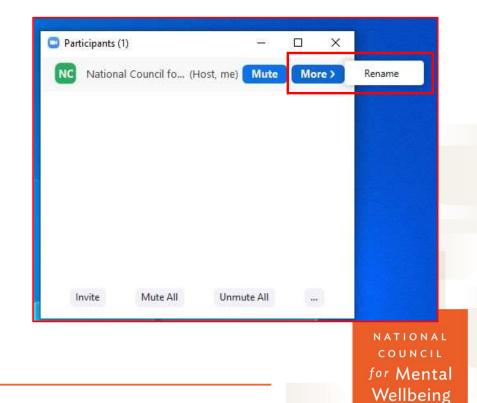
## Acknowledgements and Disclaimer

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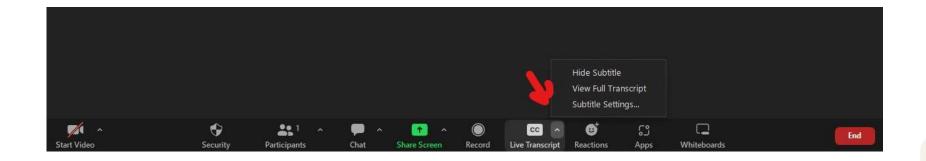
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  - For example:
    - Blaire Thomas, National Council
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    - Click on the **Participants** icon at the bottom of the screen
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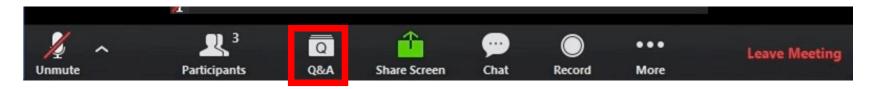


# How to Enable Closed Captions (Live Transcript)

Next to "Live Transcript," click the arrow button for options on closed captioning and live transcript.



### How to Ask a Question



Share questions throughout today's session using the **Q&A Feature** on your Zoom toolbar. **We'll answer as many questions as we can throughout today's session.** 



### NTTAC Learning & Action Series Team



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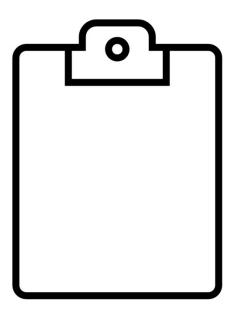
# Learning Series Curriculum

Date	Topic
January 8	Population Specific Services: Individuals who are Deaf/Hard-of-Hearing
February 5	Population Specific Services: Native Spanish Speakers
March 5	Population Specific Services: LGBTQ+ Individuals

## **Learning Objectives**



- Increase awareness of how Individuals who are Deaf/Hard-of-Hearing are being served in CCBHC
- Identify strategies that support community outreach and engagement
- Identify strategies that support care coordination and improving health outcomes



### Poll Questions

Does your organization ask about hearing and/or vision support needs?

- Yes
- No

Does your organization have access to TTY phones?

- Yes
- No

Do you know what % of your local population is Deaf/Hard-of-Hearing?

- Yes
- No

# What is a Certified Community Behavioral Health Clinic (CCBHC)?

CCBHC is an integrated community behavioral health model of care that aims to improve service quality and accessibility. CCBHCs do the following:

- Provide integrated, evidence-based, trauma-informed, recovery-oriented and personand-family-centered care
- Offer the full array of CCBHC-required mental health, substance use disorder (SUD) and primary care screening services
- Have established collaborative relationships with other providers and health care systems to ensure coordination of care



## **CCBHC** Requirements

- 3.d.2 The CCBHC designates an interdisciplinary treatment team that is responsible, with the person receiving services and their family/caregivers, to the extent the person receiving services desires their involvement or when they are legal guardians, for directing, coordinating, and managing care and services. The interdisciplinary team is composed of individuals who work together to coordinate the medical, psychiatric, psychosocial, emotional, therapeutic, and recovery support needs of the people receiving services, including, as appropriate and desired by the person receiving services, traditional approaches to care for people receiving services who are American Indian or Alaska Native or from other cultural and ethnic groups.
- 4.b.2 Person-centered and family-centered care is responsive to the race, ethnicity, sexual orientation and gender identity of the person receiving services and includes care which recognizes the particular cultural and other needs of the individual. This includes, but is not limited to, services for people who are American Indian or Alaska Native (AI/AN) or other cultural or ethnic groups, for whom access to traditional approaches or medicines may be part of CCBHC services. For people receiving services who are AI/AN, these services may be provided either directly or by arrangement with tribal organizations.
- 4.d.7 The CCBHC uses culturally and linguistically appropriate screening tools and approaches that
  accommodate all literacy levels and disabilities (e.g., hearing disability, cognitive limitations), when
  appropriate.





### Session Presenters



Mary Smith, BS
Practice Administrator
Pittsburgh Mercy



Christopher Lu, LPC
Practice Administrator
Pittsburgh Mercy

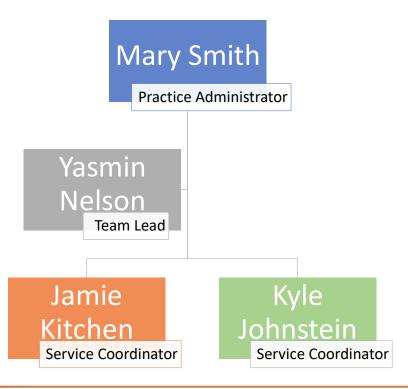
### Our Organization



- Pittsburgh Mercy is a person-centered, population-based, trauma-informed community health and wellness provider located in Allegheny County.
- We are one of six providers in the state of Pennsylvania, and the only provider in Western Pennsylvania, selected to participate in the initial CCBHC pilot.
- Persons interested in starting services with us are encouraged to call or walk into our Admissions Center:
  - 330 South 9<sup>th</sup> Street
     Pittsburgh, PA 15206
     1-877-637-2924
  - Hours of operation:
    - Mondays, Tuesdays, and Thursdays: 8:15 am 12:15 pm and 1 3 pm
    - Wednesdays: 8:15 am 12:15 pm and 1 5 p.m.
- More information can be found at our website: <a href="https://www.pittsburghmercy.org/">https://www.pittsburghmercy.org/</a>
- Those interested in our Deaf services can also email: <a href="DeafServicesTeam@pittsburghmercy.org">DeafServicesTeam@pittsburghmercy.org</a>



# Specialized Service Coordination (SC) Team Organizational Chart





# Deaf Services Program: Outpatient (OP) Therapy Organizational Chart





# Deaf Services Program: Medication Management Providers

# Leslee Blaze

Psychiatric Nurse Practitioner

# Larisa Suvorova

Psychiatric Nurse

# Respecting Deaf Culture

- Deaf, Deaf/Blind, and Hard of Hearing are commonly accepted terms.
  - Avoid terms like "deaf-mute," "deaf and dumb," or "hearing impaired"
- Deaf vs. deaf
  - Deaf, spelled with a capital "D," is used when speaking about individuals who identify themselves as members of the Deaf community or aspects of the culture itself
  - deaf, spelled with a lower case "d" is used when speaking about the audiological condition of not hearing
- Deafness is not seen as a disability, but rather an identity and culture that offers different perspectives and benefits to society.



### Communication

- Getting someone's attention:
  - Banging on table
  - Flashing lights
  - Waving hands
  - o Tapping on shoulder
- Communication between Deaf and hearing colleagues:
  - Writing back and forth
  - Gesturing
  - o Lip reading- though not all Deaf people can lip read and communication is not very clear
  - Text to speech
- Other considerations:
  - If two Deaf people are signing you can walk between them (do not wait, bend over, etc.)
  - o If learning American Sign Language (ASL), it is necessary to practice with someone fluent

## Accessibility

- Use of visual alert devices
  - o E.g., flashing doorbells, emergency strobe lights, phone notifications
- Closed captioning or interpreting provided for all trainings
- Use of interpreting services
  - Pittsburgh Mercy contracts with Sign Language Interpreting Professionals (SLIP) for both virtual and in person interpreting
- Video Relay Services (VRS)
  - o E.g., Sorenson, Purple



### Deaf Services in the CCBHC Model

- Deaf, Deaf/Blind, and Hard of Hearing persons served have access to all CCBHC core services provided at Pittsburgh Mercy.
- Where possible, services are provided by a Deaf staff member
  - o Screening, Assessment, Diagnosis, and Risk Assessment
    - Scheduled utilizing front desk staff familiar with Deaf services and provided by a Deaf master's level clinician
  - o Outpatient Mental Health and Substance Use Services
    - Provided by a Deaf master's level clinician
  - Targeted Case Management
    - Provided by Deaf direct care staff
  - Treatment Planning
    - Completed according to programming by assigned staff member
- Where needed, interpreting services are utilized for the other core services





# Reach of Deaf Services Program

- 52 Deaf, Deaf/Blind, and Hard of Hearing persons served in SC
- 24 Deaf, Deaf/Blind, and Hard of Hearing persons served in OP therapy
- 11 Deaf, Deaf/Blind, and Hard of Hearing persons served in both SC and OP therapy
- 5 Deaf and Hard of Hearing persons served in medication management



### Deaf Services Coordination of Care

- Ongoing coordination of care between SC, OP therapy, and medication management services
- Monthly interdisciplinary team meetings including all internal service providers
- Deaf staff attend meetings with the larger SC and OP therapy programs
- Interpreters scheduled for all meetings where a hearing person is present



## Outreach to Community

- Being a community program, SCs are visible in the community
  - Due to SCs being Deaf themselves, this visibility leads to connections with the agencies where they work
- Representation at Deaf Task Force meetings every other month
  - Mary Smith represents our Deaf Services program and has presented on our programming
- Communication with other Deaf service providers in the area
  - Treatment team meetings, provider meetings, etc.
- Yearly attendance at Sign-a-Thon
  - o Pittsburgh Mercy tables at event to promote the services we provide



#### Barriers to Care

- Communication
  - Interpreters must be scheduled two weeks in advance to guarantee availability
  - Lack of Certified Deaf Interpreters (CDI)
  - o Interpreters are often not familiar with mental health specific language and services
- Housing options are limited
  - Accessibility and safety accommodations are often not provided
    - E.g., flashing doorbells, fire alarms
  - o Landlords need to be educated on free resources available for accommodations
  - Older building often present difficulties to installing proper accommodations
- Limited community supports for Deaf individuals that are available to hearing individuals due to lack of interpreting services

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Wellbeing

## Importance of Specialized Teams

- Service coordinators and therapist providing direct care are Deaf themselves, leading to:
  - o Connection through life experience and shared culture
  - Understanding of barriers: communication and otherwise
  - Awareness of federal and local laws and regulations
    - E.g., Americans with Disabilities Act, Sign Language and Transliterator State Registration Act
- Reduction of barriers in receiving SC and OP therapy services
- Deaf, Deaf/Blind, and Hard of Hearing specific advocacy
  - o Particularly around rights for language interpreting when speaking with hearing service providers
- Specialized training and education
  - o E.g., Yasmin Nelson completed training to be a Support Service Provider (SSP)
- o Existing relationships with providers offering services to Deaf and Hard of Hearing individuals
  - o E.g., PAHrtners, Dr. Kimberly Mathos



#### Resources

- Health Bridges
  - Site was created through a partnership between Behavioral Health Task Force of Allegheny County for Persons who are Deaf, Deafblind and Hard of Hearing and University of Pittsburgh
  - o https://healthbridges.info/directory/
    - Local resource list for Western PA
- Office of the Deaf and Hard of Hearing (ODHH)
  - o Benjamin Moonan-Representative-PA Department of Labor and Industry-ODHH
    - https://www.dli.pa.gov/odhh



# Thank You!



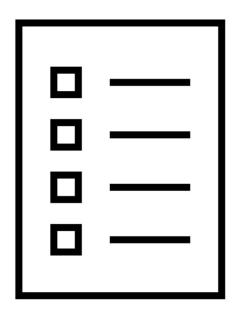
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### Resources

• Breaking the Stigma: Deaf Mental Health and Counseling

# Remaining Population Specific Services Sessions

Date	Topic
February 5	Population Specific Services: Native Spanish Speakers
March 5	Population Specific Services: LGBTQ+ Individuals