

DIVISION OF MENTAL HEALTH SERVICES
Administrative Bulletin Transmittal Memorandum

June 19, 1997

Subject: Administrative Bulletin 5:07
Deaf and Hard of Hearing Clients

This Administrative Bulletin is being forwarded for your review, action if necessary, distribution to staff as appropriate, and retention in your Administrative Bulletin manual. Please be advised that each recipient of this Bulletin is responsible for being familiar with its content and ensuring that all affected Department personnel adhere to it.


Alan G. Kaufman
Director

AGK:bf/m:ab

DIVISION OF MENTAL HEALTH SERVICES

ADMINISTRATIVE BULLETIN 5:07

Effective Date: February 15, 1992
Revised Date: June 16, 1997

Subject: Deaf and Hard of Hearing Patients

I. Purpose

To establish the administrative and clinical procedures for the care and treatment of patients who are deaf or hard of hearing and admitted to a State psychiatric hospital.

II. Policy

It is the goal of the Division of Mental Health Services to assure deaf and hard of hearing patients equal access to all appropriate mental health services that their level of mental illness requires without limitation due to their hearing impairment.

Hard of hearing patients who are able to utilize their residual hearing through amplification to such a degree that they are able to carry on normal oral communication with a minimum of difficulty will be mainstreamed into the hospital's programs.

III. Authority

In accordance with Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112) and the Americans with Disabilities Act (P.L. 101-336), a deaf or hard of hearing patient in a State psychiatric hospital has a right to equal access to services available at that facility.

IV. Scope

This policy applies in all instances to deaf and hard of hearing patients being admitted to, and residing at, State psychiatric hospitals as specified in N.J.S.A. 30:4-160:

1. Greystone Park Psychiatric Hospital
2. Trenton Psychiatric Hospital
3. Marlboro Psychiatric Hospital
4. Ancora Psychiatric Hospital
5. The Forensic Psychiatric Hospital
6. The Senator Garrett W. Hagedorn Gero-Psychiatric Hospital

V. Definitions

Accommodated Services - Services which are accessible to deaf citizens and which afford such citizens an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement from the services as is enjoyed by hearing persons.

American Sign Language - A recognized sign language with complete and unique syntax, grammar and semantics which are different from English. Fingerspelling, Signed English, pantomime and other forms of communication are not American Sign Language.

Close Captions (CC) - Captioning signals are broadcast on a special line so that the television must have a decoder to read and print the captions.

Consultants - A mental health professional or mental health administrator who is not an employee of the State of New Jersey and who possesses a masters-level degree in a mental health profession, as well as training and at least five years experience in the provision of mental health services to deaf individuals, and when relevant to the subject of the consultation, experience in the provision of services through American Sign Language.

Deafness (Deaf) - Describes people who may have no useful residual hearing and who are unable to use hearing as the predominant mode for understanding speech.

Hard of Hearing - Hearing impaired persons who are able to utilize their residual hearing through amplification to such a degree that they are able to carry on normal oral communication with a minimum of difficulty.

Hearing Impairment (Hearing Impaired) - These terms are meant to include every person who has a hearing problem, whether deaf or hard of hearing.

Open Captions (OC) - Signals are visible on every television tuned to that program.

Manual Communication - Ideographic systems in which symbols are made with hands, gestures, facial expressions and spatial relationships to express and communicate entire concepts.

Qualified Sign Language Interpreter - A qualified sign language interpreter is fluent in American Sign Language as evidenced by either (1) R.I.D. certified, or (2) screened and approved by the New Jersey Division of the Deaf as qualified for the purpose of the proposed interpreting

assignment or employment, or (3) certified by another state, and/or (4) certified by Civil Service. The parties agree to support an upgrade of the current eligibility requirements of the job specifications of the Department of Personnel regarding the position of Interpreter for the Deaf consistent with the current proposal by the Division of the Deaf. A Qualified Sign Language Interpreter complies with the ethical code for interpreters as promulgated by the Registry of Interpreters for the Deaf, (R.I.D.). If such an interpreter is required by the terms of this Agreement, and is not available in a timely fashion, then a Qualified Sign Language Interpreter shall be one who is qualified within the meaning of 28 C.F.R. 36.104 as evidenced by credentials, recently evidenced skills, experience and references. When possible, current interpreting skills shall be assessed by a Qualified Sign Language Interpreter.

Regional Resource Center (RRC) - State funded community agencies responsible to provide accommodated services for mental health clients who are deaf. They also provide consultation and education to other providers.

Residual Hearing - The hearing that remains after a person has experienced a hearing loss.

Sign Language - An ideographic system in which symbols are made with the hands to show entire concepts. Thus, if signs alone are used, it is difficult or impossible to follow the exact sequence of the English language.

Sign Language Interpreter - One who transmits a spoken, written or signed message from one language to another. The interpreter adjusts the sign and communication modes used to suit the deaf or hearing impaired person's needs and preferences.

Statewide Specialized Hospital Program - A centralized program currently at Greystone Park Psychiatric Hospital whose design has been modified to accommodate the deaf. The physical environment is modified to address the life safety concerns of the deaf client and the environment is designed to enhance communications. Staff are trained to develop total communication skills and to be sensitive to the needs of the deaf.

Telecaption Adapter - Device that prints captions (or sentences) on the television screen so that TV dialogue can be read.

VI. Procedures

A. Screening and Commitment:

When a client who is suffering from mental illness and who is deaf or hard of hearing is presented to a screening center, the screening center shall contact the Regional Resource Center for the Deaf (ACCESS) to employ their assistance in completing the initial clinical assessment.

If the screening center is non-enhanced, both ACCESS and the screening center shall make the client aware of the enhanced services that are available and encourage and assist the client in accessing those services at the enhanced screening center.

The screening center, with ACCESS assistance, shall assure the ability of the client to communicate with staff and, as appropriate, an interpreter shall be used.

If commitment to inpatient services is a reasonable consideration, the face-to-face consultation by a qualified clinical staff member from the Regional Resource Center shall be provided.

Individuals who are mentally ill and deaf who meet involuntary commitment standards at the enhanced screening centers, Enhanced Short Term Care Facilities, (STCFs), and county psychiatric hospitals and who are in need of intermediate or long term hospitalization shall be admitted directly to the Specialized Statewide Inpatient Program, (SSIP). Transfers of deaf or hearing impaired patients from county psychiatric hospitals to the SSIP shall be made in accordance with N.J.A.C. 10:35-4.1 et seq.

It is the goal of the Division of Mental Health Services to meet the client's needs in the community whenever possible through the services available via the Regional Resource Center, accommodated programs within general hospitals and enhanced short term care facilities, and accommodated outpatient and partial care programs.

Should the screening center assessment confirm the need for client's hospitalization, the process and procedures outlined in the relevant affiliation agreement that determines utilization of STCF, County and State hospital resources shall be implemented.

If commitment to the state psychiatric hospital is clinically warranted, the client shall be reviewed for transfer to the Division of Mental Health Services Statewide Specialized Hospital Program for the Deaf and Hard of Hearing at Greystone Park Psychiatric Hospital.

ACCESS and screening center staff shall notify Greystone Park Psychiatric Hospital that a client who is deaf is being committed. Greystone admissions unit will notify the SSIP Core Team Coordinator so that arrangements can be made for outreach services to the admissions unit by core team staff.

The RRC shall be responsible to follow-up and assure continued accommodations and accessible treatment at general hospitals, enhanced short term care facilities and accommodated outpatient and partial care programs. The RRC will maintain an advocacy role for the patient for the duration of treatment.

B. Admission to Greystone Park Psychiatric Hospital for placement in the Specialized State-wide Inpatient Program:

As soon as hospital staff are made aware that they are, or will be, admitting a deaf or hard of hearing client whose hearing impairment might limit a complete and accurate assessment and/or limit the necessary treatment regimen, the hospital staff shall:

1. Notify the CORE team leader to arrange for their participation in the assessment process.
2. Arrange for or undertake a Communication Assessment, note the results and make recommendations as to the mode of communication to be used with the patient.
3. Have patients who are deaf be relocated to the SSIP within 48 to 72 hours of admission, or sooner if clinically appropriate. If the stay on Admissions is prolonged for clinical reasons, qualified staff from the SSIP shall be scheduled to provide accommodated services.
4. Upon admission to the SSIP of a patient who has not had a Communication Assessment performed by RRC staff, the SSIP shall initiate an Initial Communications Assessment (ICA) within the first three days or sooner if clinically appropriate. The ICA shall describe in writing the patients communication modes and suggest actions necessary to accommodate mental health services.

5. A Comprehensive Communications Assessment (CCA) shall be completed within fourteen working days of admission by a qualified evaluator or an evaluation team as defined below.
 - (a) The assessment shall include recommendations for accommodating clinical assessments and the services needed to address the patient's behavioral, clinical, academic, vocational, nursing and social needs.
 - (b) The Comprehensive Communication Assessment shall include a language assessment that evaluates a patient's ability to use non-English based language abilities including Visual Gesture, ASL, Pidgin Sign English, Signed English, Fingerspelling, and Oral and Written English. The evaluator or evaluation team assessing a patient's non-English based language abilities shall have:
 - (i) Skills sufficient to evaluate the competency of others in Fingerspelling, Signed English, Pidgin Sign English, ADL and Visual Gesture; and
 - (ii) Demonstrated knowledge of assistive technology.

When the patient is prelingually deaf, DMHS shall make best effort to include in the evaluation team a member who has native fluency in ASL. It is also preferable that the evaluation team include a member who is certified by the National Registry of Interpreters for the Deaf, has at least a Bachelor's degree in a Human Services related discipline, and past experience in teaching ASL.
 - (c) English language-based evaluations (i.e., evaluations of speech reading, spoken and written English) may be undertaken by a speech/language pathologist or an audiologist with specialized training in aural rehabilitation.
 - (d) In addition to describing the patient's degree of ASL fluency, the evaluator(s) shall consult with clinicians in various disciplines in preparation for making recommendations as to what accommodations are necessary to make mental health services accessible.
 - (e) Family members may be consulted by the evaluator(s) if the patient does not object.

- (f) The evaluator(s) shall consult with an educator/vocational rehabilitation specialist in order to establish the patient's English language reading level.
6. The recommendations made in the Initial and Comprehensive Communication Assessments, regarding the communication mode of the client shall be implemented by all disciplines when conducting their assessments to assure that the staff are effectively communicating with the client, resulting in accurate assessments and in therapeutically effective recommendations for care and treatment, and to insure that the client is able to communicate and participate in the process to the best of his or her ability.
 7. The Regional Resource Center staff shall have an active role in developing the SSIP Comprehensive Treatment Plan.
 8. The Comprehensive Treatment Plan shall be completed within fourteen days of admission. In addition to normal considerations addressed by the plan, attention shall be given to accommodation of the client's special needs.
 9. As part of the Initial Clinical Assessment process, an evaluation of the client's hearing loss shall be completed, unless the client has a documented history of hearing impairment available to hospital staff. Audiometric/audiological screening for all clients shall be conducted in accordance with Administrative Bulletin 5:08 (Audiological Screening).
 10. Clients identified as needing a hearing aid by a qualified audiologist shall be provided with the hearing aid, with education in its use and care, and shall be scheduled for routine evaluations. Procurement, maintenance and replacement of hearing aids and essential components (e.g., ear molds) shall be an ongoing process. Staff shall be trained in assisting the clients in the use and care of hearing aids.
- C. Treatment Programs at Greystone Park Psychiatric Hospital:

In the treatment process, deaf and hard of hearing clients shall be provided equal access to treatment programs.

1. Regardless of whether a patient resides in the SSIP or non-SSIP unit, Treatment Team meetings shall be scheduled to permit for the client to attend and participate with the assistance of a qualified interpreter.
2. A Core Treatment Team for the SSIP shall be developed and shall assume primary treatment planning and continuity-of-care responsibility for all patients who are admitted to the SSIP.

The Core Team shall provide accommodated assessment and treatment team services for newly admitted patients, as well as for those patients who may require transfer to other hospital units within Greystone. Hospital policy and procedures shall specifically address the expectations and process for provision of outreach services on those units. These procedures shall emphasize the primary responsibility for continued involvement of the Core Team in decision-making and treatment.

Staffing of the Core Team shall, as closely as possible, replicate staffing of the treatment teams which work with hearing patients, and shall in all cases include the services of a psychiatrist, physician, psychologist, (who shall perform all psychological testing for deaf patients in the program), a social worker and a Registered Nurse. The Core Team shall be assisted by a qualified interpreter where recommended by the Communications Assessment. Specialized support personnel shall include, as needed, activity therapists, educators and a speech/language pathologist.

3. The SSIP shall provide to all patients, according to their clinical needs, a variety of specialized and accommodated services and activities which include, but are not limited to, psychiatry, medicine, social services, psychology, (including individual and group psychotherapy), medication education, rehabilitation services, (including psychosocial rehabilitation, occupational therapy, dance, drama, vocational and/or art therapy), clinical nutrition, MICA programming and pastoral services. All such services shall be accommodated for each deaf or hearing impaired patient through the utilization of the mode of communication, (e.g. American Sign Language, other forms of sign language or manual communication and accommodated forms of English language communication), specified for such services in the client's

Communications Assessment. All other activities and services available to hearing patients at the hospital in which the SSIP is located shall be accessible to and accommodated for all participating deaf patients.

4. The decision to transfer a patient from the SSIP to a non-SSIP unit (e.g. CSU, Medical Services, etc.), shall be made by the Core Team after all interventions at the SSIP have been tried and are unsuccessful. In the event of such a transfer:
 - (i) Staff from the SSIP shall accompany the patient, and a qualified interpreter shall be available at the time of the transfer to facilitate communication between the patient and the treatment team of any such other, more appropriate unit.
 - (ii) The Core Team from the SSIP shall continue to provide appropriate interventions on the other unit, in conjunction with the other team.
5. Staff from the RRC shall participate actively in specialized programming in the SSIP through liaison services, provision of community-based day programming, provision of staff development and training programs, and participation in treatment team meetings and whenever clinically appropriate, patients shall participate in a community-based partial care program in cooperation with the RRC.
6. If the Communication Assessment, or a subsequent Assessment, recommends communication skills development for the client, such training shall be provided in accordance with these recommendations.
7. Interpreter services for the deaf client shall be made available minimally two hours per day and available as needed.
8. Whenever possible, clients who are deaf should be clustered in their residential living areas in accordance with their levels of functioning and communication modes. Assigned staff should be trained in appropriate communication skills.
9. If seclusion or restraint is ordered for a deaf patient, the individual shall retain visual access to the nursing and/or attendant staff. A staff person who has the ability to communicate effectively in the patient's mode of communication

shall participate as early as possible in any deliberations which may lead to the imposition of mechanical restraints and/or seclusion. In no event shall a physician's order for continuation of seclusion or restraints be entered without such participation. Since restraints effectively prohibit the use of hands and arms for communication, if it becomes necessary to use restraints on an individual who is deaf, the following procedure shall be undertaken unless contraindication is documented:

- (i) Restraints shall be removed from the upper extremities at regular intervals to allow for communication;
- (ii) A staff person who has the ability to communicate effectively in the patient's mode of communication shall be assigned to the patient so that the patient can communicate his or her needs;
- (iii) Paper and pencil shall be provided for written communication, if recommended as a communication mode by the Communication Assessment.

D. Clients' Rights:

It is the Division of Mental Health Services' policy to assure that all clients' rights are protected. In relation to the deaf and hard of hearing clients, this will require additional efforts on the part of hospital staff.

1. An initial court review hearing shall be scheduled and conducted within 20 days of the involuntary patient's admission. The patient's ability to communicate at the hearing must be assured and a certified interpreter shall be present.
2. Documents and policies such as the Patient's Bill of Rights, Medication Fact Sheets, Right to Refuse Medication, patients' consent agreements, advocates services, how to access legal representation and the Elderly Ombudsman's program shall be communicated to all patients in a communication mode designated by the communication assessment for that purpose.

3. Deaf and hard of hearing patients shall have access to the U.S. mail system, with staff assistance when necessary. Telephones with amplifiers and a TTY shall be located on the units in which deaf patients reside. If they are not freely available to patients, the procedure for using the TTY/amplifier shall be posted.
4. The vocabulary of written notices of rights and services, as well as written consent forms, shall not exceed a fifth grade reading level and shall conform to the recommendations of the Communication's Assessment.
5. When a deaf or hard of hearing client is undergoing diagnostic testing, evaluation and/or examination, the client's ability to communicate and participate in the process shall be appropriately accommodated in the patient's mode of communication.
6. All hospital services to deaf and hard of hearing patients shall be accommodated to ensure that deaf clients have an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement from the services provided to hearing persons.

E. Specialized Statewide Inpatient Program (SSIP)

The Specialized Statewide Inpatient Program shall be located at a state psychiatric hospital on one or more separately identified units which will be staffed by qualified personnel and physically accommodated with all necessary accessibility and safety devices such as captioned TV decoders, telecommunications devices, flashing light emergency and smoke alarms, as well as bed vibrators.

The SSIP shall be under the supervision of a single qualified administrator who also functions as the coordinator/team leader of the CORE Treatment Team.

The SSIP shall employ or contract for a sufficient number of hours of professional time in each relevant discipline to provide complete and timely accommodated treatment team services for each SSIP patient to the extent required by his or her clinical condition. The SSIP shall employ sufficient qualified nursing staff to provide complete accommodated nursing services. All SSIP Core Team and ward staff shall be qualified by

training and experience to provide high quality, accommodated inpatient psychiatric care to deaf and hearing impaired persons.

Both the Admissions and other non-SSIP units at the hospital shall make provision for adaptive devices such as a portable bed vibrator alarm, a captioned TV decoder and a telecommunication device when a deaf patient is residing on the unit(s). Specialized equipment shall receive regularly scheduled preventative maintenance.

F. Core Team and SSIP

Staff's sign language proficiency levels shall be based upon job position communication needs. In accordance with the Department of Personnel's procedures, all staff persons ASL skills shall be evaluated by an objective method of communication assessment, (such as the Sign Communication Proficiency Interview, SCPI), which is accepted generally within the field of deaf services. If a test other than the SCPI is proposed by the DMHS for this purpose, it shall be a test acceptable to the state Department of Personnel.

- (i) Provided they meet Department of Personnel requirements, SSIP psychologists and social workers shall have an ASL fluency level of "Survival+" to "Advanced" as defined by the SCPI (or its equivalent if another test is used pursuant to this paragraph). SSIP unit nursing staff shall have an ASL fluency level of "Survival" to "Intermediate+" as defined by the SCPI or its equivalent, as set forth above.
- (ii) The SSIP shall maintain at least three (3) full time equivalent positions for interpreters to ensure that qualified interpreters are present at every SSIP location in which a patient needs or requests an interpreter, to allow for family therapy, family and hearing-staff participation in treatment and discharge planning, and in other circumstances in support of direct patient services. All SSIP staff shall be trained within three months of their initial hiring in the techniques necessary in order to competently deliver all relevant clinical services through interpreters.

(iii) A qualified interpreter shall be available to cover medical and psychiatric emergencies during the evening and night shifts on an on-call basis. On-call interpreters shall be required to respond to a unit within one hour if possible, and in any event, within two hours.

Every effort shall be made to recruit, assign and retain staff with fluency in American Sign Language, knowledge of total communication, the psychology of deafness, and experience in working with mentally ill persons who are deaf or hard of hearing. Staff vacancies shall be published as appropriate in major publications designed for and read by hearing-impaired individuals, which publications shall include, but not be limited to, the Gallaudet College Alumni Association (GCAA), the Silent News, publications of the American Speech and Hearing Association, periodicals published by state associations of the deaf, the NAD Broadcaster, DEE CEE Eyes, the ADARA newsletter and the Division of the Deaf and Hard of Hearing's monthly Communicator.

G. Recreation/Leisure:

In addition to its regular recreational programs, the hospitals shall offer programs designed to accommodate deaf and hard of hearing clients. The hospital should use organizations established for the hearing impaired as a resource for recreational programs.

These special programs may be conducted both on and off grounds, as appropriate.

When appropriate, specialized recreation equipment shall be made available, e.g., Telecaption Adapter decoder.

H. Life Safety:

The hospital shall include within its fire and evacuation procedures specific instructions on how to assure the safety of deaf and hard of hearing clients in emergency situations. Appropriate visual and/or vibratory signal devices shall be employed. Staff on each shift shall be assigned specific responsibility for individual patients in the case of emergencies.

Specialized equipment that is available for use with deaf and hard of hearing clients shall receive regularly scheduled preventive maintenance.

I. Staff Training:

It is the goal of the SSIP to have all staff be at the highest level of ASL fluency appropriate to their job category. The findings of the evaluation referenced in paragraph F herein shall serve as the basis for a training plan in order to assist staff in attaining the highest level. In addition to American Sign Language training, specialized training, (conducted by consultants from the disciplines of psychiatry, psychology, medicine, social work, rehabilitation and nursing), for staff assigned to the program, shall include the following:

- (i) Each staff person shall be required to participate in a minimum of 18 seminar hours per year. Seminars shall be provided by qualified professionals. The curriculum shall be designed to provide sequential training in relevant topics including, but not limited to:

- The psychology of deafness;
- The psychosocial aspects of deafness and sensory deprivation;
- The language and communication methods of hearing impaired individuals;
- The appropriate use of a sign language interpreter;
- The instruction on hearing-aid use, inspection, cleaning, and timely repair as well as the replacement of batteries;
- Life safety procedures and use of specialized equipment such as: TTY/TTD, Flashing/Vibrating Alarm Clocks, Fire Alarm Bed Devices, Vibrators and Closed Captioned TV;
- Staff's advocacy role and the legal rights of patients;
- The Statewide model of services for individuals who are deaf or hard of hearing and mentally ill.

- (ii) An individual training record shall be maintained for each member of the CORE Team and staff who are assigned to the SSIP. The record shall include the training received, date and number of hours.

J. Hospital Operational Procedure:

Each hospital shall develop and implement appropriate local operational procedures within ninety days of the effective date of this policy to assure local compliance with the provisions of this policy. A copy of the hospital operational procedure shall be forwarded to the Regional Assistant Director and to the Assistant Director for Quality Improvement. Hospital operational procedures shall be reviewed annually and copies of revised procedures forwarded to annually thereafter.

6/19/87
Date


Alan G. Kaufman, Director

DIVISION OF MENTAL HEALTH AND HOSPITALS

ADMINISTRATIVE BULLETIN 5:07

Date: February 15, 1992

Subject: Deaf and Hard of Hearing Clients

I. Purpose

To establish the administrative and clinical procedures for the care and treatment of clients who are deaf or hard of hearing and admitted to a State psychiatric hospital.

II. Policy

It is the goal of the Division of Mental Health and Hospitals to assure deaf and hard of hearing clients equal access to all appropriate mental health services that their level of mental illness requires without limitation due to their hearing impairment.

Hard of hearing clients who are able to utilize their residual hearing through amplification to such a degree that they are able to carry on normal oral communication with a minimum of difficulty will be mainstreamed into the hospital's programs.

III. Authority

In accordance with Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112) and the Americans with Disabilities Act (P.L. 101-336), a deaf or hard of hearing client in a State psychiatric hospital has a right to equal access to services available at that facility.

IV. Scope

This policy applies in all instances to deaf and hard of hearing clients being admitted to, and residing at, State psychiatric hospitals as specified in N.J.S.A. 30:4-160:

1. Greystone Park Psychiatric Hospital
2. Trenton Psychiatric Hospital
3. Marlboro Psychiatric Hospital
4. Ancora Psychiatric Hospital
5. The Forensic Psychiatric Hospital
6. The Senator Garrett W. Hagedorn Center for Geriatrics
7. Arthur Brisbane Child Treatment Center

V. Definitions

Accommodated Services - Services that are accessible to deaf people despite their handicap and which is equal to the quality of services provided to others who are not deaf.

Close Captions (CC) - Captioning signals are broadcast on a special line so that the television must have a decoder to read and print the captions.

Deafness (Deaf) - A condition in which the residual hearing, if any, is not usable; perceivable sounds have no meaning to the individual.

Hard of Hearing - Hearing impaired persons who are able to utilize their residual hearing though amplification to such a degree that they are able to carry on normal oral communication with a minimum of difficulty.

Hearing Impairment (Hearing Impaired) - These terms are meant to include every person who has a hearing problem, whether deaf or hard of hearing.

Open Captions (OC) - Signals are visible on every television tuned to that program.

Regional Resource Center (RRC) - State funded community agencies responsible to provide accommodated services for mental health clients who are deaf. They also provide consultation and education to other providers.

Residual Hearing - The amount of hearing a hearing-impaired person may have; it may be of some use or of no use at all.

Sign Language - An ideographic system in which symbols are made with the hands to show entire concepts. Thus, if signs alone are used, it is difficult or impossible to follow the exact sequence of the English language.

Sign Language Interpreter - Renders the spoken message by using sign language, fingerspelling, and by mouthing the words by lip movements and facial expressions.

Statewide Specialized Hospital Program - A centralized program currently at Greystone Park Psychiatric Hospital whose design has been modified to accommodate the deaf. The physical environment is modified to address the life safety concerns of the deaf client and the environment is designed to enhance communications. Staff are trained to develop total communication skills and to be sensitive to the needs of the deaf.

Telecaption Adapter - Device that prints captions (or sentences) on the television screen so that TV dialogue can be read.

TDD - Telecommunication Device for the Deaf.

Total Communication - A philosophy in which full communication is established through the employment of one or more methods, creating the most effective environment for the persons involved in the give and take of communication. Possible methods would be writing, reading, illustrating, amplification, speech, lip-reading, sign language, fingerspelling, gestures, body movements, and/or facial expressions.

TT - Teletypewriter.

VI. Procedures

A. Screening and Commitment:

When a client is presented to a screening center who is suffering from mental illness and who is deaf or hard of hearing, the screening center shall contact the Regional Resource Center for the Deaf to employ their assistance in completing the initial clinical assessment. The screening center shall assure the ability of the client to communicate with staff and, if necessary, an interpreter shall be used. If commitment is a reasonable consideration, face-to-face consultation by a qualified clinical staff member from the RRC must be provided.

It is the goal of the Division of Mental Health and Hospitals to meet the client's needs in the community whenever possible through the services available via the Regional Resource Center, accommodated programs within general hospitals and short term care facilities, and accommodated outpatient and partial care programs.

Should the screening center assessment confirm the need for client's hospitalization, the process and procedures outlined in the relevant affiliation agreement that determines utilization of STCF, County and State hospital resources shall be implemented.

If the total length of stay including STCF, county and regional State psychiatric hospitalization exceeds 60 days and continued hospitalization is clinically warranted, the client shall be reviewed for transfer to the Division of Mental Health and Hospitals Statewide Specialized Hospital Program for the Deaf and Hard of Hearing.

The RRC shall be responsible to follow-up and assure continued accommodations and accessible treatment at general hospitals, short term care facilities and accommodated outpatient and partial care programs. The RRC will maintain an advocacy role for the patient for the duration of treatment.

B. Admission to State Psychiatric Hospital:

As soon as hospital staff is made aware that they are, or will be, admitting a deaf or hard of hearing client whose hearing impairment might limit a complete and accurate assessment and/or limit the necessary treatment regimen, the hospital staff shall initiate necessary procedure to resolve the limitation.

1. Staff completing the assessment for the comprehensive treatment plan shall be trained in total communication. Otherwise, an appropriate interpreter shall be part of the assessment process. The appropriate Regional Resource Center shall be contacted for assistance.
2. If the assessment team (including the interpreter) finds that the client's hearing impairment impedes an accurate assessment of mental health needs, arrangements shall be made to have consultants qualified and experienced in working with the deaf and hard of hearing assist in the assessment. The assessment shall include behavioral, clinical, academic, nursing, social and communication strengths and weaknesses. The treatment recommendations of the team shall address the mental health needs of the client in relation to the limitation imposed by the hearing impairment both from a treatment and program perspective.
3. The assessment process shall be completed within ten days of admission.
4. As part of the assessment process, a full evaluation of the hearing loss shall be completed to determine its impact upon the treatment of the client's mental illness. The assessment may require the use of specially trained consultants, interpreters, rehabilitation counselors, non-profit community resources or State agencies, e.g., Division of the Deaf and Hard of Hearing. The evaluation shall include recommendations as to what accommodations will be necessary to provide the client with meaningful access to mental health services.

5. The Comprehensive Treatment Plan shall be completed within fourteen days of admission. In addition to normal considerations addressed by the plan, attention shall be given to accommodation of the client's special needs.
6. Audiological screening for all clients shall be conducted in accordance with Administrative Bulletin 82-5. The findings of Step I and, when appropriate, Step V shall be available for the Initial Treatment Plan.
7. Clients identified as needing a hearing aid by a qualified audiologist shall be provided with the hearing aid, be educated in its use and care, and be scheduled for routine evaluations. Procurement, maintenance and replacement of hearing aids and essential components (e.g., ear molds) shall be an ongoing process. Staff will be trained to assist clients in the use and care of hearing aids.

C. Treatment Programs:

In the treatment process, deaf and hard of hearing clients shall be provided equal access to treatment programs.

1. Treatment Team meetings shall be scheduled to permit for the client to attend and participate. Interpreters, if warranted, shall be present for deaf clients.
2. Follow-up assessment must be done in a manner, and with appropriately trained staff, to assure that the client's hearing impairment will not interfere with an accurate assessment and that recommendations for care and treatment will take into account the hearing impairment as well as the mental health needs of the client.
3. If the clinical condition permits and the need exists, each client shall minimally participate in one hour per day in specialized programs designed to address the hearing loss. This may consist of communication skills development.
4. Hospital services to deaf and hard of hearing clients shall be accommodated to allow for the client's meaningful participation.
5. Provision shall be made to have the staff routinely assigned to the deaf clients trained in total communication and issues of deafness.

6. Interpreter services for the deaf client shall be made available minimally two hours per day and available as needed.
7. Since restraints effectively prohibit the use of hands and arms to communicate in Sign language, if it becomes necessary to use restraint on a deaf client, special efforts shall be made to assure periodic opportunities for the client to communicate. Likewise, should seclusion become necessary, additional supervision and monitoring may be necessary since the client may not be able to communicate needs to staff.
8. Whenever possible, clients who are deaf should be clustered in their residential living areas in accordance with their levels of functioning and communication modes. Assigned staff should be trained in appropriate communication skills.

D. Clients' Rights:

It is the Division of Mental Health and Hospitals' policy to assure that all clients' rights are protected. In relation to the deaf and hard of hearing clients, this will require additional efforts on the part of hospital staff.

1. An initial court review hearing must be scheduled and conducted within 20 days of the involuntary patient's admission. The client's ability to communicate at the hearing must be assured and a certified interpreter shall be present.
2. Documents and policies such as the Patient's Bill of Rights, Medication Fact Sheets, Right to Refuse Medication, patients' consent agreements, advocates services, how to access legal representation and the Elderly Ombudsman's program shall be communicated to all clients. When these documents are communicated to a client who is deaf an interpreter shall be used and documented in the client's chart.
3. Deaf and hard of hearing clients shall have access to the U.S. mail system, with staff assistance when necessary. Telephones with amplifiers and a TDD shall be made available.
4. The vocabulary of written notices of rights and services, as well as written consent forms, should not exceed a fifth grade reading level. Interpreter shall be provided to assist deaf

clients who are unable to understand such written notices. Clients who are unable to read and have minimal Sign and English language skills shall have such notices explained at a level at which they are capable of understanding (e.g., mime, drawing, acting out concepts, demonstration, etc.).

5. When a deaf or hard of hearing client is undergoing diagnostic testing, evaluation and/or examination, the client's ability to communicate and participate in the process shall be appropriately accommodated.

E. Recreation/Leisure:

In addition to its regular recreational programs, the hospitals shall offer programs designed to accommodate deaf and hard of hearing clients. The hospital should use organizations established for the hearing impaired as a resource for recreational programs.

These special programs may be conducted both on and off grounds, as appropriate.

When appropriate, specialized recreation equipment shall be made available, e.g., Telecaption Adapter decoder.

F. Life Safety:

1. Each hospital shall include within its fire and evacuation procedures specific instructions on how to assure the safety of deaf and hard of hearing clients in emergency situations. Appropriate visual and/or vibratory signal devices shall be employed. Staff on each shift shall be assigned specific responsibility for individual clients in the case of emergencies.
2. Specialized equipment that is available for use with deaf and hard of hearing clients shall receive regularly scheduled preventive maintenance.

G. Staff Training:

To sensitize staff to the needs and ways of interacting with deaf and hard of hearing clients, the hospital administration shall make use of existing organizations specializing in providing services to deaf and hard of hearing people.

1. Updated information on resources for the deaf and hard of hearing should be routinely made available to staff. (Most organizations provide guidelines, pamphlets, directories, etc., to aid staff in meeting the needs of deaf and hard of hearing clients.)
2. The Regional Resource Center shall provide training to hospital staff relative to the needs of the mental health client who is deaf.
3. A training plan shall be developed to give staff who work with deaf and hard of hearing clients an annual orientation to the special needs of that client population. This training should include as one of its goals the development of total communication skills in both the professional and direct care staff assigned to the deaf clients.

H. Staff Recruitment:

The Human Resource office should be proactive in recruiting professional and direct care staff who are experienced in working with the deaf and hard of hearing and trained in total communication.

I. Hospital Operational Procedure:

Each hospital shall develop and implement appropriate local operational procedures within ninety days of the effective date of this policy to assure local compliance with the provisions of this policy. A copy of the hospital operational procedure shall be forwarded to the Assistant Director for Quality Improvement. Hospital operational procedures shall be reviewed annually and statements that no changes have been made or copies of revised procedures forwarded to the Office of Quality Improvement annually thereafter.

2/15/92
Date


Alan G. Kaufman, Director