

**Behavior Health on Deafness Sub-Committee Meeting
September 15, 2009
Independent Resources, Inc.
Wilmington, DE
1:00 pm**

Present: Christy Hennessey (Chair); Loretta Sarro; Joshua Weinstein, MCC; Karen Miller, Deaf Ministries; Lois Steele; Kyle Hodges, Staff

Interpreter: Pamela D'Occhio

Additions or Deletions to the Agenda

- Loretta added a DSCYF event in Dover today
- Loretta added a DHSS event in June
- Loretta added that she wanted to talk about the adult abuse registry
- Loretta added that she wanted to talk about PM 46 related to injury of clients

Approval of the Meeting Minutes

Motion was made, seconded and approved to accept the June 15, 2009 meeting minutes as submitted (after adding Barbara Schroeder).

Chair's Report

Christy mentioned that she had attended a Consumer Recovery meeting at DSAMH. Number of people attending has greatly increased (around 50, usually 12 attend) and encouraged Christina to have her clients attend. They discussed mental health services, workshops, town hall plans. Christy also added that Kevin Huckshorn attended and empowered the consumers about having the ability to make changes. Loretta added that Steve Dettwyler had received questions about community-based services as compared to inpatient type of services. Some community members are resistant to some outpatient services because there is a gap in service. The consumers would like to choose their preferred location (group similar diagnoses together). This meeting is more of a peer specialist workshop and advocacy which is open to everyone (they meet once a month/2nd or 3rd Friday in the pm).

DPC Policy

Changes they will propose to DPC as follows:

- 1st paragraph under Purpose – Deaf and/or Hard of Hearing (D/HH) (first letter of the words capitalized)

- Under Standards: remove the words: deafness or (1st sentence) – this is confusing and subjective
- 5th line: remove word: adequately
- 7th line: remove: the regular
- Last line: hearing loss due to the natural aging process and have become hard of hearing. Ask for clarification on why the last line is in the policy and ask about their screening process. Loretta thinks that is for people who lose hearing as they age, but do not know sign. Josh would rather see it separate from this memo.

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Under definitions, add D/HH – Deaf and/or Hard of Hearing and VP – Video Phone

Under Procedures, the following was discussed.

- A. Ask for clarification on how they measure or determine competence. It was suggested that DPC propose a more clearly defined measure such as RID-Certified with a Score of XXX or use ASL - PI. 3 or above. Kyle suggested when the memo goes to Kevin or Steve, we need to recommend that qualifications of interpreters need to be clearly defined and we should offer assistance in developing this criteria. This was agreed to by the group. If specific credentials are developed and included in the policy, a reasonable timeframe for the interpreters to have the credentials needs to be determined.
- A. The last sentence should read: “A sign is posted in the Admissions Suite stating that DPC will provide certified sign language interpreters at patients’ request.”
- B. The sentence should read: “The Admitting Physician recognizes when there is a communication barrier and alerts the Nurse and Admissions Clerk.” This does not put a label on who has the communication barrier since it is not necessarily the deaf person that has the communication barrier.
- C.: This section should read as follows: Staff are sensitive to the need for an interpreter during the admissions process. Staff act in a way that demonstrates sensitivity to the communication barrier, minimizes the patient’s level of anxiety and calms the patient. Staff will utilize the following when a communicating with a D/HH patient:.
- The next heading should read Communicating with D/HH Patients
- Remove all bullets listed under the heading and replace with:
 - Get the patient’s attention and establish eye contact before communicating
 - Having pen and paper always available
 - Write in short simple sentences
 - Using facial expressions and gestures to communicate
- Remove D.
- Replace E. with: Admitting staff will ask if the patient wants an interpreter. If so, admitting staff will determine what type of interpretation services. The D/HH patient can also initiate the request. If the patient requires the services of an

- Remove F. (archaic language and does not make sense)
- G. Discussion ensued about what happens if there is not clear communication between the patient and interpreter. There may need to be some language inserted consistent with the following: “When the interpreter arrives, it will require a few minutes of communication between the interpreter and the patient to establish clear communication or if it is not a good fit, to figure out that a replacement interpreter is needed.” A question was raised about the patient being permitted to choose the interpreter or how much control will the patient be allowed to have to pick the appropriate interpreter. With the issue of comprehension, sometimes an interpreter team works better. A decision was made to table G. Josh will work on this language.
- J. Question arose regarding Treatment Team: Is patient included in Treatment Team? It will be recommended that patient be included in Treatment Team.

The Consumer Survey; Deaf Sensitivity Training; and Vice-Chair for Committee were not addressed since there was not enough time.

Other Business

Loretta provided a handout on the Adult Abuse Registry.

Loretta will email everyone Policy Memorandum 46 which talks about investigations of abuse and neglect within DHSS.

Loretta reported that she attended the DHSS Overview with Secretary Rita Landgraf, which provided updates on budgeting and stimulus package, the programs that are being set up because of the stimulus package and the services that the Divisions are providing, Secretary Landgraf presented spoke about the 12 Divisions, and the process of identifying where needs are more prevalent than others, the Adult Abuse Registry and the LTC Task Force that has been established. They did mention the need for a Community-Based Ombudsman.

There was also a similar meeting for DSCYF.

The next meeting will be on November 17 at 1:00 pm at IRI in Wilmington.

Respectfully Submitted,

Kyle Hodges
 CODHHE Administrator
 S:\bhdc/min09June