

**Council on Deaf and Hard of Hearing Equality
Behavioral Health Committee Meeting
November 20, 2012 - 1:30 P.M.
Delaware School for the Deaf – Newark, DE**

Present: Christy Hennessey (Chair); Karen Miller, Deaf Ministries; Loretta Sarro, DODHH; Dara Schumaier, DSAMH; Carol Stevens, Deaf Ministries; Josh Weinstein; Kyle Hodges, Staff.

Interpreters: Pamela D'Occhio and Caroline Greene

Guest: Warren Ellis (DDDS)

Call to Order

Christy called the meeting to order at 1:44 pm.

Additions/Deletions to the Agenda

Addition: Mental Health Conference

Approval of the Meeting Minutes

Motion was made, seconded and approved to accept the minutes of the September 18, 2012 meeting.

Chair Report

This is included under Business.

Business

Group Home Services for People Who are D/HH

Christy spoke about the need for deaf and hard of hearing people to be in group homes together for interaction and communication. Currently those living in group homes are isolated by language barriers with other people in the home and staff. Christy questioned how this decision is measured and determined by agencies. Kyle spoke about emails communicated with Jane Gallivan and Warren Ellis (DDDS). Kyle introduced Warren so he could expand on his answers in person. Warren stated that they have 52 clients who are deaf or hearing impaired. Warren explained that the diagnosis regarding impaired hearing is given when the person enters the DDDS system from a wide variety of sources and the severity of impact varies widely. DDDS clients are involved in either day habilitation activities or employment; residential services are provided to a limited number of people (funded annually for a certain number of placements within DDDS). He stated that hearing loss is not a factor considered when deciding where to place a person; they look at health factors, economic conditions, etc. and come up with a score and use the Registry to determine who they are able to fund. Warren explained that they have 75 spots reserved for the year; they reserve 25 spots for emergencies and gave some examples. DDDS has about 3,500 people in their system statewide.

Carol explained her experience in working with two deaf clients where there are communication problems with elderly parents who do not sign. Carol added that both could develop reasonable communication skills in an environment with communication available. Warren commented that anyone can apply for their services and may or may not be determined eligible.

Dara stated that DHSS is working closely with DSHA for a more integrated system for DHSS clients. She added that different housing options, including people's personal choice, are being looked at throughout DHSS due to the Olmstead Settlement mandates.

Warren explained that the people in the DDDS system include a wide range of cognitive impairments. He said that everyone has to have mild developmental disability and lower, unless they have Asperger's or Autism in order to be eligible for services. He said the ability to use ASL varies widely. Warren agreed that some people are isolated and this needs to be addressed depending on their or their families' choices; some live with foster providers. Loretta asked about the assessment process in determining eligibility. Warren clarified that they rely typically on schools for the assessment. Loretta asked about adults entering the system. Warren explained that he is not aware of anyone who does not have school records available. He clarified that if someone had no communication skills and no one is with them, they would get interpreter services involved. Warren stated that DDDS needs to develop connections with the deaf community even though it is a low incidence of people. He said they would expect an agency or foster provider to be able communicate in sign or learn. Warren commented that jobs are available for people who can sign in working with agencies or becoming a foster provider. Connections is the only agency he knows of that has these connections to the deaf community.

Josh spoke about people being located within access of other deaf people where they could have improved quality of life through socialization and communication, for example a part of a building or a building they could go to for support services. He would like to start brainstorming on these ideas, adding that other states have modeled this. Warren commented that the 52 include a broad range of ages and are in different living situations. Carol spoke about her experience in Maryland, where deaf and hard of hearing people could go to one agency to get services that included day habilitation, residential services, day program for deaf/blind people living at home, support services for those more independence, people with developmental disability issues/non-developmental disability issues. These were funded differently, but came out of the same agency. People came from all over the state to get these services and their lives were greatly enhanced. Warren agreed but said the challenge is, from one of the models mentioned, that funding primarily comes through a Home & Community-Based Waiver; a residential site is for four people or less, so it would be difficult funding a dormitory type of living situation. Warren added that they could work at having one agency that deaf people could go to for services, and how to address it since we have not been able to do an RFP for specific groups for some time due to procurement laws. If enough people chose this agency (an authorized provider), they would have to be economically viable. Dependent upon how it is structured, we could require a certain level of signing ability of staff. Josh commented that this would save money, rather than outsourcing all over. Warren stated that DDDS is interested and willing to work on this to provide better services for people in their system who are hearing impaired. Kyle asked what would be reasonable next steps; research the 52 people to see what their services they are receiving and their situation; then do assessments to see what the person needs or wants. Warren said they have a communication tool that can be utilized to do

assessments. Kyle asked for a copy of this tool to review and see if it is appropriate for deaf and hard of hearing people.

Kyle asked if there are other models that would work in Delaware. Warren will talk to Jane about the interest expressed by this group and how it could fit in with some of the other things they are involved in. Warren offered to check to see if the person Carol mentioned is in the DDDS system; if they are, then address communication issues.

Josh asked for a breakdown of the 52 people in terms of school level, whether residential or institution program, if they have ASL or other form of communication modality, what county are they in and if there is a specific agency that has more deaf people placed in their agency than another agency. Josh commented that this information would be helpful. Warren commented that he would be able to get some of the information, but not all. Kyle commented that the level of detail about communication would not be known until an assessment is done on the individual. Warren asked for the information requested by Josh be sent to him via email; Warren said he would attend another meeting after looking at the information. Josh commented that it was important to look at how these 52 people could be served better and determine what sign support they need and not necessarily have them all be grouped together. Josh will forward the five elements to Kyle, who will add a couple of clarifications. Kyle thanked Warren for attending.

Kyle asked Dara if the same information can be collected from DSAMH. Dara said they could get this information through individual providers, approximately 20 agencies; they currently do not have the data system with that level of capability.

Carol mentioned that she is involved with a camp that serves deaf adults with special needs. They have received funding and this could be an opportunity for people. Carol will forward this information to Warren. Kyle invited Warren to the January 15th meeting.

AA (Alcoholic Anonymous) Meetings

There is a need for an interpreter to attend meetings for several deaf people. Someone was volunteering, but is quitting. There are 4-5 additional people who could join the existing two people who attend AA meetings. Dara was asked if the State could pay for this service or what other options are available. Dara explained how AA works, which is a totally voluntary organization and is member-supported. Kyle asked if a person was required to attend AA meetings, would the State pay for interpreting services; Dara explained that they cannot you cannot force treatment; also Medicaid does not pay for group therapy. DSAMH pays for some kinds of group therapy, but the rules are very narrow. Josh asked how an AA meeting operates.

Dara explained that a 12-step model is self-governance, self-supported and confidential. There are Regional meetings, where districts can send representatives meetings that address policies. The group meetings are individual and completely autonomous. Some meetings are open and some are closed. The person should be bringing this issue to the attention of their sponsor and coming up with a solution; AA is very focused on self-help. Dara recommended that the deaf people should start their own group and this would be much more powerful model to achieve recovery. Carol commented that if a person cannot afford an interpreter and his recovery is being jeopardized. Dara suggested that has been in recovery for an extended period of time, but

cannot afford to pay for an interpreter. Dara suggested that he check with his particular group, which may be willing to help pay for an interpreter. Carol commented that this is a continual access issue for deaf people with alcohol and drug problems.

Mobile Crisis Intervention (Statistics and Interpreters)

Christy had received statistics from Penny Chelucci, but accidentally deleted the email. Christy explained that two people from the Mobile Crisis Intervention had attended a Delaware Consumer Recovery Coalition meeting. They explained how their program works and gave examples of how they deal with crisis situations in homes. Christy asked them if they have a contract for interpreting services for deaf people; they responded they did not and she encouraged them to get that in place. Dara explained that CAPES is a specific place at the Wilmington Hospital for psychiatric crisis; CAPAC is in Ellendale known as the Recovery Resource Center. Mobile Crisis Intervention is also in Ellendale. Dara will get the statistics from Penny and forward to Christy.

2013 Meeting Schedule

Kyle confirmed that Jo had sent the schedule for 2013. Kyle commented that if access into DSD becomes a problem, he will check it out.

Adjournment

Loretta stated that progress is being made on the Captel system and will be discussed at the upcoming CODHHE meeting. The meeting ended at 3:30 pm.

The next meeting will be Tuesday, January 15, 2013, Delaware School for the Deaf, Newark, 1:30 pm.

Respectfully Submitted,

Jo Singles
Administrative Specialist
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