

Colorado Daylight Partnership Standards Checklist for Serving Deaf and Hard of Hearing Clients

The Standards Checklist is intended to guide the delivery of mental health and substance disorder services to deaf and hard of hearing individuals. They are based on the Colorado Daylight Partnership's Standards of Care for Serving Deaf and Hard of Hearing Clients

GENERAL STANDARDS OF CARE

Standard 1. Organizations shall integrate the deaf and hard of hearing standards in this document into existing policies, organizational plans, managements, and monitoring activities. Organizations will cover these standards in staff orientations and training.

- Have the standards been integrated into current policies and procedures where it applies?
- Are these standards covered during the agencies new employee orientation?
- Are the standards integrated into organizational plans?

Standard 2. Organizations shall ensure timely and effective communication access of the client's choice at no cost to deaf and hard of hearing clients during normal operating hours and all points of contact, including, but not limited to, consent, Colorado Communication Profile, assessment, medication check and adjustment, treatment, social work, recreational, physical, or occupational therapy, psycho-educational classes or groups, and continuing services. Communication access shall include certified sign language interpreters, other communication services such as Computer Assisted Real-time Transcription (CART), captioned video materials, and an array of hearing assistive technology, as well as sign language fluent providers when available.

- Does the agency provide certified sign-language interpreters when necessary to provide communication to those who request these services?
- Does the agency provide computer assisted real-time transcription (CART), captioned video materials, and hearing assistive technology?
- Does the agency employ staff who are able to successfully communicate to Deaf/severely hard of hearing clientele, utilizing ASL or other devices?
- Does the agency provide these communication accommodations for all points of contact?

Standard 3. Organizations shall ensure that complaint and grievance policies address accessibility for deaf and hard of hearing clients, including cultural and linguistic accessibility and strategies for identifying, preventing, and resolving conflicts, cross-cultural issues, or complaints by clients.

- Does the agency have policies in place for ensuring communication access during compliant and grievance processes is available for deaf and hard of hearing clients?
- Has the agency identified culturally or linguistically competent staff within or outside the agency to participate in a compliant or grievance process with a deaf or hard of hearing client?

Standard 4. Organizations shall ensure adequate time is available for communication with deaf and hard of hearing clients in all settings, including scheduling appointments, consenting to services, and delivery of services.

- Does the agency allow and instruct staff to schedule longer times for delivery of services to deaf and hard of hearing clients?
- Does the agency allow and instruct staff to schedule longer times for communication access providers to be present when securing consent from deaf and hard of hearing clients?

Standard 5. Organizations shall utilize telebehavioral health when additional expertise from providers who specialize in services to deaf and hard of hearing clients is needed to ensure linguistic and culturally competent services, including for consultation and/or direct service delivery.

- If the agency uses telebehavioral health, has the agency established business agreements with specialized providers?
- If the agency has business agreements with specialized providers, are staff aware of this resource and able to refer clients and/or seek consultation?

Standard 6. Organizations shall inform clients through prominently displayed visual and written information of their right to communication access through hearing assistive technology and interpreters/communication services, as well as sign language fluent providers when available. Organizations shall also include such information in promotional materials.

- Does the agency have visual and written information on display informing clients of their communication rights?
- Does the agency have information on communication access included on the website and in other promotional materials?

PHYSICAL ENVIRONMENT

Standard 7. Organizations shall use the following equipment at all facilities...

- Does the agency have fire alarms with visual signaling?
- Does the agency have door knockers with visual signaling on rooms used with deaf and hard of hearing clients?
- Does the agency have at least one television used with clients with close caption technology?
- Does the agency have telecommunication access equipment for clients to call for an appointment, call hotline services in case of emergency, or for enabling clients to make calls from the organization's offices (e.g., calling a taxi, family member)?

Standard 8. Organizations shall ensure the physical environment includes...

- Does the agency have visual information to help clients to find their way around the building without having to ask for directions?
- Does the agency have adequate lighting for Visual Communication?
Does the agency have consultation and psychiatric assessment rooms that meet all of the following criteria: ensure confidentiality; are appropriately sized for the number of participants (including the communication providers); have appropriate seating arrangements; and improve speech comprehension through have adequate acoustics and minimized visual and other sensory distractions?
- Does the agency train staff to schedule all deaf and hard of hearing clients in consultation and psychiatric assessment rooms meeting the above requirements?

Standard 9. Organizations shall have available the additional following equipment at in-patient and residential settings...

- Does the agency provide accessible wakeup alarms (e.g. vibrators, amplified, flashing lights?)
- Does the agency have secure storage for clients' hearing assistive technology?

Standard 10. Organizations shall ensure the physical environment of in-patient and residential settings includes...

- Adequate room for private visits with relatives and friends, small group activities, social events, and recreational activities?
- Does the agency have adequate space for private phone calls?
- Does the agency have access to videophones, amplified telephones, and/or other telecommunication equipment for deaf and hard of hearing clients?

PROVIDER QUALIFICATIONS AND TRAINING

Standard 11. Organizations shall ensure staff members who provide services to deaf and hard of hearing clients have specialized training/experience commensurate to their staff position to work with such clients or shall receive supervision by a staff member with specialized training/experience.

- Have agency staff, who work with this population, received training in culturally and linguistically appropriate service delivery?
- Have agency staff, who work with this population, received training in implementation of a communication profile?
- Have agency staff, who work with this population, received training in adaptation of psychiatric or other assessments and factors?
- Have agency staff, who work with this population, received training in how to adapt mental health/substance abuse terminology?
- Are agency staff trained in scheduling adequate time for sessions?
- Are agency staff trained in working knowledge of relay services and other telecommunication alternatives?
- Are agency staff trained in how to use and troubleshoot hearing assistive equipment?
- Are agency staff trained in working with interpreters, including the role of interpreters and the parameters within which interpreters work?

Standard 12. Organization shall ensure staff members who provide services in sign-language are measured as proficient in sign-language. A recognized instrument, such as, the ASL Proficiency interview, should be used to measure a clinician's competency in sign language

- Have agency staff, who directly work with this population taken a ASL proficiency interview exam and been determined fluent?

CONSENT AND RIGHTS

Standards 13-15. Organizations shall ensure that consent, permissions, rights, and explanation of forms, procedures, policies, or rules, intake paperwork, and any and all communication required by rules and regulations are provided in a manner that the client understands, including in language and communication modes appropriate for the client, as appropriate to the client's condition.

- Are organizational documents provided to deaf and hard of hearing clients in a manner that the client understands?
- Is admission and admission paperwork completed in a manner that ensures informed consent is achieved with deaf and hard of hearing clients, including using communication providers or technology to facilitate communication access?
- Are rules and regulations provided in a language and communication mode appropriate for the client?

COMMUNICATION ACCESS THROUGH INTERPRETERS

Standards 16 - 28, covering all aspects of working with interpreters in mental health and substance abuse settings.

- Has the agency located and established appropriate agreements, including a Healthcare Portability and Accountability Business Agreement, with one or more interpreters and interpreting agencies who can provide pre-scheduled, after hours, and short-notice interpreters? (can include in-house interpreters or contracted interpreters)
- Has the agency also established appropriate agreements with one or more Certified Deaf Interpreters or, if a CDI is not available, with a Deaf Interpreter who has successfully completed specialized training?
- Has the agency ensured that interpreters used in-house or through contracts are certified according to CRS 6-1-707 (16)?
- Has the agency established a policy for paying for interpreters?
- Are clinicians allowed to and aware that they may have a pre-and post-session meeting with interpreters to share information on communication issues specific to the deaf or hard of hearing client?
- Does the agency ensure interpreter be present when the client or clinician request a sign-language interpreter (including when the clinician is a sign-language fluent provider?)
- Does the agency ensure a Certified Deaf Interpreter is present when clinicians or clients identify the need, such as when Deaf clients have minimal language skills and there are potential health or safety risks.
- Does the agency ensure ongoing evaluation of the effectiveness and quality of language services being provided through an interpreter?
- Does the agency have and enforce a firm policy to not use friends and family as interpreters in any setting?
- Do the interpreters utilized by the organization demonstrate professional boundaries and judgment, adhere to confidentiality rules and code of ethics as defined by the interpreting professions, agency, state, and federal laws.
- Are the interpreters utilized by the organization aware of their own bias and judgment regarding mental health and substance abuse issues?
- Are the interpreters that the agency utilize have a good understanding of mental health and substance abuse issues?
- Has the agency provided interpreters with information on mental health and substance abuse prior to interpreting, including information on abnormal psychology and common diagnoses, especially specific psychological disorders that have significant implications for communication and interpreting, mental health and substance abuse treatment protocols, differentiating between the purposes and goals of treatment plans and diagnostic assessments, the roles and functions of mental healthcare and substance abuse providers.
- If the agency uses restraint and seclusion, has the agency ensured that interpreters have basic knowledge of restraint and seclusion purposes and practices available prior to interpreting?
- Does the agency have a policy in place to allow interpreters to access confidential information as pertains to the performance of their duties?
- Does the organization provide a waiting area for interpreters that is separate from consumers?

HEALTH CARE RECORDS

Standard 29: Organizations ensure healthcare records for clients who are deaf or hard of hearing include...

- Does the agency health record include hearing status, both functionally and self-identified (deaf, hard of hearing, late deafened, etc.)?
- Does the agency health record include personal hearing assistive technology used by the client?
- Does the agency health record include preferred method of communication including language and hearing assistive technology needs?
- Does the agency health record include preferred language for care?
- Does the agency health record include preferred language for written materials?
- Does the agency health record include all spoken, signed, and written languages used, including if the client does not use sign language?
- Does the agency health record include accommodations provided (interpreters, hearing assistive technology)?
- Does the agency health record include the client's preferred interpreter or communication service provider?
- Does the agency health record include any incidents where interpreters/communication service providers or assistive technology were needed, but not available?
- Does the agency health record include preferred methods of contact?
- Does the agency health record include the communication method used to secure informed consent?

Standard 30. Organizations shall update healthcare records with this information every six months or when client communication preferences change.

- Does the agency ensure that standard policies for updating healthcare records include requirements to update all of the communication access information included above?

COMMUNICATION DURING SECLUSION AND RESTRAINT

Standards 30 - 35, covering all aspects of communication access and safety during seclusion and restraint.

- Does the agency document when deaf and hard of hearing clients are required to be secluded or restrained and, to the extent possible, that the techniques did not deprive the clients of the ability to communicate?
- Does the agency ensure newly renovated or constructed rooms used for seclusion have windows that are of sufficient size and appropriately placed to allow for communication access between sign-language fluent staff, interpreters, and clients?
- Does the agency ensure that in the event a deaf or hard of hearing client must be restrained, restraint techniques will balance the importance of client safety with the importance of communication access?
- Does the agency ensure that in the event that a person who uses sign-language for communication must be restrained, a staff member or interpreter fluent in sign-language will stay within the line of sight of the client continuously during the period of restraint?
- Does the agency ensure that in the event that a person who uses hearing assistive technology for communication must be restrained, assistive hearing technology will only be removed when it presents an immediate safety issue and will be returned as soon as the safety issue is resolved?

SCREENING, ASSESSMENT, AND EVALUATION

Standards 36 - 38, covering all aspects of screening, assessment, and evaluation for deaf and hard of hearing clients.

- Does the agency ensure a communication profile is completed with deaf and hard of hearing clients for the purpose of providing behavioral health services?
- Does the agency ensure testing of deaf and hard of hearing clients includes gathering information about cultural identification and hearing acuity, including degree of hearing acuity, age of onset of hearing loss, etiological components, and language proficiencies?
- Does the agency ensure clinicians who test deaf and hard of hearing clients document the following: why a specific test was a chosen, how the test was modified, and how the client's results on the test were affected by cultural and linguistic factors?

TREATMENT/CLINICAL BEST PRACTICES

Standards 36 - 48, covering all aspects of screening, assessment, and evaluation for deaf and hard of hearing clients.

- Does the agency ensure that providers who work with deaf and hard of hearing clients; determine if they are best served in specialized or mainstream setting?
- Does the agency ensure clinicians are aware that they must use caution with evidence-based practices that are implemented without being adapted to the cultural and linguistic needs of deaf and hard of hearing clients?
- When clients require substance abuse services, does the agency prioritize substance abuse treatment services found effective and to be promising practices for deaf and hard of hearing clients, which may include education and prevention services, continuing services, recognition and prevention of deafness-related enabling, vocational rehabilitation, and basic employment skills
- Does the agency ensure clinicians develop treatment plan that specify services necessary to meet the client's needs, including interpreters, technology support, and other services to ensure full linguistic access and culturally competent services?
- Does the agency ensure clinicians understand that every deaf and hard of hearing client shall have the right to participate in the treatment planning process, including the review of materials involved in the process that must be presented to the client in the appropriate language in a clear and understandable manner?
- Does the agency possesses updated information about deaf and hard of hearing specialized services and resources, local and otherwise, to share with clients?
- Does the agency provide clients with materials that are easily understood, including materials accessible to deaf and hard of hearing clients with limited English proficiency?
- Does the agency identify and secure client access to sign-language fluent staff, including through telebehavioral health, whenever possible, using interpreters as a service bridge rather than a primary solutions for access to care?
- Does the agency ensure a clinical review of deaf and hard of hearing client records is conducted every 12 months with specific consideration of whether the appropriate communication access has been available, services have been provided in a culturally competent manner, and assessment and treatment have been modified as needed?
- Does the agency have policies and procedures in place to ensure a client whose preferred communication method is sign language has access to sign-fluent staff and/or an interpreter all group activities including recreational, family therapy, individual therapy if a sign-language fluent provider is not present, and as requested by the patient while in an in-patient, day-treatment, or residential facility
- Does the agency utilize Deaf-only placements for residential and in-patient settings whenever possible?