

**REPORT ON THE RESULTS OF THE
PROCESS TO CONTINUE EFFORTS TO USE
MENTAL HEALTH FUNDING TO ADDRESS
THE MENTAL HEALTH NEEDS OF DEAF
AND HARD-OF-HEARING PERSONS**

(FY2014 Appropriation Bill - Public Act 59 of 2013)

March 1, 2014

Section 499: The department shall continue efforts to use mental health funding to address the mental health needs of deaf and hard-of-hearing persons. The department shall report to the senate and house appropriations subcommittees on community health on the results of this process by March 1 of the current fiscal year.

*Michigan Department
of Community Health*



**Rick Snyder, Governor
James K. Haveman, Director**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES ADMINISTRATION
FY 2014 APPROPRIATION BILL SECTION 499
BOILERPLATE REPORT**

Section 499 of Public Act 59 of 2013 (State of Michigan Omnibus Budget) directed the Michigan Department of Community Health to “explore ways to use mental health funding to address the mental health needs of deaf and hard of hearing persons”. Two items are highlighted here as a result of this work.

First, the Behavioral Health and Developmental Disabilities Administration of Michigan Department of Community Health clarified expectations for managers and providers of public funded behavioral health services. The correspondence dated January 15, 2014 clarified that all recipients of publicly funded behavioral health services are entitled to equal access regardless of need for additional accommodations to facilitate therapeutic and meaningful communication. In addition to providing clarity around issues such as access to appropriate interpreter services, the letter also contained a listing of relevant citations about accommodations for Deaf or Hard of Hearing Individuals. This letter is included as Attachment A to this report.

Second, the Michigan Department of Community Health facilitated a Deaf, Hard of Hearing and Deaf/Blind Workgroup consisting of Deaf, Hard of Hearing and Deaf/Blind advocates, representatives of certain state associations and other interested parties to review mental health services provided and to make recommendations. A listing of the members of the workgroup and the resulting prioritized list of recommendations is provided as Attachment B to this report. In addition to consideration by leadership of the Department of Community Health and the legislature through the normal boilerplate report processes, the prioritized list of recommendations in the report will also be provided to the Mental Health and Wellness Commission for their consideration.



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

...ICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

DATE: January 15, 2014

TO: Prepaid Inpatient Health Plan Executive Directors
Community Mental Health Services Program Executive Directors
Regional Substance Abuse Coordinating Agency Executive Directors

FROM: Lynda Zeller, Deputy Director *LZ*
Behavioral Health and Developmental Disabilities Administration

SUBJECT: Deaf and Hard of Hearing Services

Section 499 of Public Act 200 of 2012 (State of Michigan Omnibus Budget) directed the Michigan Department of Community Health to "explore ways to use mental health funding to address the mental health needs of deaf and hard of hearing persons." As a result, the Department of Community Health established a Deaf and Hard of Hearing Workgroup in January 2013, comprised of representatives from the deaf and hard of hearing community, advocates, state employees, and professionals from the private sector. This workgroup has explored how other states deliver behavioral health and intellectual/developmental disabilities services to deaf and hard of hearing persons in the public mental health system. The workgroup is preparing a report that will identify ways to strengthen access and services, as well as ways to explore and share best practices across the state. Once the report is completed, we will be working with the Michigan Association of Community Mental Health Boards toward recommended actions.

All recipients of public behavioral health services are entitled to equal access to services, as well as treatment that is of equal quality, regardless of the need for additional accommodations to allow for therapeutic meaningful communication. Prepaid Inpatient Health Plans, Community Mental Health Services Programs and Regional Substance Abuse Coordinating Agencies are legally obligated to adhere to all the applicable laws, rules and the contract with the Michigan Department of Community Health related to deaf and hard of hearing services. A list of applicable citations is included for your reference. The majority of the requirements for meeting the needs of the deaf and hard of hearing are found in the Balanced Budget Act and the subsequent Michigan Department of Community Health/Prepaid Inpatient Health Plan contract. The Michigan Department of Community Health/Community Mental Health Services Program and the Michigan Department of Community Health/Regional Substance Abuse Coordinating Agency contracts also address capacity to accommodate alternate needs for communication.

Minimally, a Prepaid Inpatient Health Plan/Community Mental Health Services Program/Regional Substance Abuse Coordinating Agency must provide an interpreter free-of-charge to the individual during their experience with the agency. This includes information

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about services, access, screening, assessment, treatment, and any customer services contacts. When obtaining the services of an interpreter, Health Insurance Portability and Accountability Act privacy rules apply. **The use of a family member or a friend for interpreting does not meet the legal requirements for providing an interpreter.** As a reminder, medical necessity criteria, per the Medicaid Provider Manual, require that amount, scope, and duration of the treatment should be sufficient to achieve the purpose of the service. **For a deaf or hard of hearing individual, this may mean additional time to accommodate interpretation and understanding among all involved.**

Research has proven that deaf and hard of hearing individuals experience a higher incidence of depression, anxiety, and trauma in their lives. It is imperative that the Prepaid Inpatient Health Plans/Community Mental Health Services Programs/Regional Substance Abuse Coordinating Agencies fulfill their legal and contractual obligation to serve this population. Each Prepaid Inpatient Health Plan/Community Mental Health Services Program/Regional Substance Abuse Coordinating Agency must assure it has sufficient capacity to support deaf and hard of hearing individuals in all areas of supports and services provided. If a region has a low incidence of deaf or hard of hearing persons, the Prepaid Inpatient Health Plan/Community Mental Health Services Program/Regional Substance Abuse Coordinating Agency should contact other regions to obtain the names of individuals who are certified state or federal interpreters with whom the Prepaid Inpatient Health Plan/Community Mental Health Services Program/Regional Substance Abuse Coordinating Agency could contract (as an out-of-network provider).

Thank you for your support and assistance with this important issue.

LZ:go

Attachment

**Relevant Citations Regarding Accommodations for
Deaf or Hard of Hearing Individuals**

Balanced Budget Act of 1997, Pub. L. No. 105-33, (1997)

Stat. 438.6(d)(3)(1997)

Stat. 438.6(f)(1)(1997)

Stat. 438.10(c)(4)(1997)

Stat. 438.10(d)(1)(ii)(1997)

Stat. 438.10(d)(2)(1997)

Stat. 438.10(e)(2)(ii)(D)(1997)

Stat. 438.10(f)(6)(vii)(1997)

Stat. 438.52(b)(2)(ii)(1997)

Stat. 438.206(c)(2)(1997)

PIHP/MDCH Contract

Part I, Section 15.7: Limited English Proficiency

Part I, Section 15.8: HIPAA

Part II, Section 3.4.2: Cultural Competence

Part II Section 3.4.6: Out-of-network responsibility

Part II, Section 6.3.3: Information requirements

Part II, Section 6.4, G: Provider network services

CMHSP/MDCH

Part I, Section 15.3 Non-discrimination

Part I, Section 15.8 HIPAA

Part II, Section 3.3.2 Limited English Proficiency

Part II, Section 3.3.3 Cultural Competence

Part II, Section 6.3.3 Marketing (B and C)

Part II, Section 6.4.1 Provider Contracts (J)

Medicaid Provider Manual

Section 1.5 Beneficiary Eligibility

Section 2.5.A Medical Necessity Criteria

Mental Health Code

330.1206 (2) Community mental health services program; purpose; services

330.1708 Suitable services; treatment environment; setting; rights

330.1713 Choice of physician or mental health professional

Attachment B

April 1, 2014

Deaf, Hard of Hearing & Deaf/Blind Workgroup

Recommendations

The Michigan Department of Community Health facilitated a Deaf, Hard of Hearing and Deaf/Blind Workgroup consisting of Deaf, Hard of Hearing and Deaf/Blind advocates, representatives of certain state associations and other interested parties to review mental health services provided to the Deaf, Hard of Hearing and the Deaf/Blind community and make recommendations.

Members of the workgroup included:

Andrea Barbre
Sign Language Interpreter

Marcy Colton
Director
DeafC.A.N.!

Chris Hench
Parent of a Deaf child

Charlyss Ray
Specialist
Michigan Department of Community Health

David Scholl
Executive Director
V.O.I.C.E. Inc.

Tammy Scholl
Director of Community Services
V.O.I.C.E. Inc.

June Walatkiewicz
Clinical Social Worker

Jeff Brown
Executive Director
Oakland County Community Mental Health
Agency

Leslie Fritz
Deputy Director
Michigan Department of Civil Rights

Kathleen Mitchell
Deaf Specialist
Oakland Integrated Healthcare Network

Andrew Schepers
Chief, Grassroots Development and
Legislative Policy
Michigan State Medical Society

Mike Vizena
Executive Director
Michigan Association of CMH Boards

Tanya Wyatt-Dennis
School Social Worker
Detroit Public Schools

After developing their recommendations, the group prioritized all of them, listing the highest priority recommendations first and following in descending order. Items 1 through 4 were voted to be very high priority; items 5 through 11 were of moderate priority and the remaining items were lowest priority of the recommendations made by the group. The prioritized recommendations are being forwarded to the Michigan Mental Health and Wellness Commission for review and possible further action.

In the recommendations provided to the department, there was a desire to establish a statewide program addressing the complexities of the Deaf and Hard of Hearing and Deaf and Blind community in order to effectively provide services and render treatment to individuals with serious mental illness, substance use disorders and intellectual/developmental disabilities.

The Deaf, Hard of Hearing and Deaf/Blind Workgroup is making the following recommendations to the Michigan Department of Community Health:

1. Create a state-wide Deaf, Hard of Hearing and Deaf/Blind Coordinator position within the Michigan Department of Community Health that would coordinate efforts with the Michigan Department of Civil Rights. It is preferred that this position be filled by a Deaf, Hard of Hearing or Deaf/Blind person. The position would handle state-wide planning, oversight and execution of deaf health and behavioral health services that will provide culturally competent care to the Deaf, Hard of Hearing, and the Deaf/Blind.
 - a. The Coordinator would work within the Department of Community Health in conjunction with the Michigan Department of Civil Rights, colleges and universities, prepaid inpatient health plans, community mental health service providers, Medicaid health plans, the Michigan State Medical Society, the Michigan Osteopathic Association, other state associations and other entities to, among other things, develop and coordinate training and other educational opportunities to promote culturally sensitive treatment and expansion of medical and other professions.
 - b. The Coordinator would conduct a search nationally and internationally to identify model behavioral and health service programs that serve persons who are Deaf, Hard of Hearing or the Deaf/Blind; quantify best practice processes and promulgate them as practice standards in Michigan.
 - c. Develop referrals and resources for the Deaf, Hard of Hearing and the Deaf/Blind to get appropriate behavioral health treatment and assessment throughout the state.
 - d. The Coordinator would be responsible for development of a state website for Deaf services and resources to include sign language video education on depression, medication use and other relevant resources.

- e. In conjunction with the Department of Civil Rights Division of Deaf and Hard of Hearing, develop and publish a version of a Consumer Handbook for Deaf, Hard of Hearing and Deaf/Blind individuals seeking services, written at a 3rd grade reading level.
- f. The Coordinator would work with universities, advocacy groups, the Michigan State Medical Society, the Michigan Osteopathic Association and other providers to develop Culturally Affirmative Mental Health Specialist training for professionals who work with individuals with hearing loss. This would include cross-cultural communication skills, skills working with interpreters, and skills in selecting and designing culturally syntonetic treatment interventions.
- g. Explore relationship with universities (e.g. Michigan State University Center for Disability Concerns) to examine need to increase the number of Deaf, Hard of Hearing and Deaf/Blind individuals that pursue secondary education and mental health professions.
- h. Create a community awareness program. Look for grant or other funding to support. Compliment Department's Anti-Stigma program for individuals with serious mental illness and intellectual/developmental disabilities.
- i. Work with university medical schools and allied health departments to develop awareness and culturally sensitive curriculum.
- j. Work with the Michigan State Medical Society, the Michigan Osteopathic Society, and other providers to educate the medical community on Deaf, Hard of Hearing and Deaf/Blind cultural challenges and differences.
- k. Inform university medical schools, the Michigan State Medical Society, the Michigan Osteopathic Society and other providers about websites and programs provided by universities, such as the free San Diego State University upcoming website that will provide medical terminology translated into American Sign Language for health professionals and their patients to use.
- l. Develop programs and possible grant funding for sign language interpreters to obtain mental health interpreter training. Encourage experienced interpreters to go through the Mental Health Interpreter training program offered annually in Alabama to increase number of certified mental health interpreters in Michigan.
- m. Create a reference database of qualified American Sign Language interpreters with mental health interpreting experience or certification.

- n. Develop and make available on the website videotaped versions of written English policies that effect Deaf, Hard of Hearing and Deaf/Blind consumers and their families
 - o. The Coordinator shall collect and periodically review community mental health service provider access center admission denials for Deaf, Hard of Hearing and Deaf/Blind individuals and review to verify whether or not the individual meets criteria for service.
 - p. The Coordinator shall establish a relationship with the Michigan School for the Deaf and other schools and evaluate behavioral health and substance use disorder needs for students.
2. The Department of Community Health should review existing prepaid inpatient health plan, Medicaid health plan and community mental health service provider contracts and amend them to contain language that clearly establishes the responsibilities of these entities in providing behavioral health services to the Deaf, Hard of Hearing and Deaf/Blind community.
- a. Each prepaid inpatient health plan should have an advisory council to make sure the prepaid inpatient health plan keeps on track and handles complaints from Deaf people. One of the jobs of the councils might be to give annual training to prepaid inpatient health plan and provider staff; alternately, they could contract for this training.
 - b. All prepaid inpatient health plan, community mental health service providers, and Medicaid health plans should have an appropriately trained “point person” for services to the Deaf, Hard of Hearing, and Deaf/Blind.
 - c. All Office of Recipient Rights officers must take training on Deaf culture and language and the Americans with Disabilities Act as it applies to communication access. This should apply to hospital Offices of Recipient Rights as well.
 - d. All prepaid inpatient health plans, community mental health service providers, and Medicaid health plans should provide intake information in an accessible form for Deaf, Hard of Hearing and Deaf/Blind clients, for example through a link on their website in American Sign Language.
 - e. Training and other information provided to patients must be made accessible to the Deaf, Hard of Hearing and Deaf/Blind, such as how to file an Office of Recipient Rights complaint.
 - f. Every prepaid inpatient health plan, community mental health service provider and Medicaid health plan must identify all the Deaf, Hard of Hearing and

Deaf/Blind behavioral health care consumers in their region and review their plans to make sure they have person-centered and evidence-based appropriate services. The review must be done by someone who is neutral and familiar with the unique issues that Deaf, Hard of Hearing and Deaf/Blind people face.

- g. Every prepaid inpatient health plan, community mental health service provider and Medicaid health plan must provide Deaf, Hard of Hearing and Deaf/Blind individuals with culturally and linguistically appropriate guide to self-determination.
 - h. All access centers must have a person on staff that is trained and credentialed to do an appropriate assessment on a Deaf, Hard of Hearing or Deaf/Blind person or contract with a person who is qualified to do so.
 - i. All access centers shall keep records of all Deaf, Hard of Hearing and Deaf/Blind individuals who contact them for services but are denied admission.
 - j. All cultural competency trainings and materials should include reference to deafness.
 - k. Health plans must inform all Deaf, Hard of Hearing and Deaf/Blind enrollees of coverage of up to 20 mental health patient visits when experiencing mild or moderate psychiatric symptoms.
3. Create a legislatively established Division within the Department of Community Health which coordinates with the Division of Deaf and Hard of Hearing within the Michigan Department of Civil Rights. This should be a division for Deaf, Hard of Hearing and Deaf/Blind Behavioral Health Services which will handle statewide planning, oversight and execution of deaf and behavioral health services that would provide culturally competent care.
 4. Create state Policy Guideline for culturally affirmative services for the Deaf, Hard of Hearing, and Deaf/Blind including persons with intellectual/developmental disabilities and substance use disorder. Mental health standards of care should be developed in conjunction with Division of Deaf and Hard of Hearing within the Michigan Department of Civil Rights.
 5. Explore the Medicaid State Plan Amendment to provide for Medicaid reimbursement for interpreters for Medicaid health and behavioral health services.
 6. Review the existing state Deaf and Hard of Hearing Substance Use Disorder Contract with the Salvation Army Harbor Light Center for measurable outcomes. Amend contract to require evidence-based substance use disorder treatment modalities and annual

reporting of service outcomes. Establish provision for post-treatment transition services to be provided to the Deaf, Hard of Hearing and Deaf/Blind.

7. The American Sign Language Proficiency Interview (ASLPI) with fluency requirements should be used as a qualifying device for sign language competent staff employed by publicly funded agencies. Clinical therapists and clinical supervisors working with a Deaf population should have a Sign Language Proficiency Interview rating of Advanced or higher.
8. All prepaid inpatient health plans, community mental health service providers and Medicaid health plans with Michigan School for the Deaf students within their catchment area should have a liaison with the Michigan School of the Deaf.
9. The Michigan Department of Community Health shall partner with the Michigan Department of Civil Rights Division of Deaf and Hard of Hearing in quality audits of services provided by publicly funded programs for persons with hearing loss and publish the results as well as engage in Quality Improvement Consultation Processes.
10. Explore with the Michigan Department of Community Health Medical Services Administration and State Budget Office the restoration of limited or total coverage of hearing aids for adults.
11. Require that the need of an interpreter or other accessible communication for a Deaf, Hard of Hearing or Deaf/Blind patient be listed in the data fields collected for Medicaid recipients around "preferred language." American Sign Language should be listed as a requirement for Deaf, Hard of Hearing, and Deaf/Blind patients that need an interpreter.
12. Create a fund that requires all counties to proportionally contribute to the fund to provide services to the Deaf, Hard of Hearing and Deaf/Blind based on the incidence of mental illness or substance abuse that is proportionate to that county.
13. Pursue the integration of the health and behavioral health care model for the Deaf, Hard of Hearing and Deaf/Blind community.
14. Develop and implement structures to routinely support "County of Financial Responsibility" agreements to be used when Deaf, Hard of Hearing or Deaf/Blind persons want to access specialized services between counties.
15. Every prepaid inpatient health plan, community mental health service provider and Medicaid health plan should have Deaf, Hard of Hearing and Deaf/Blind patient intake information in an accessible form. It is suggested that a link be provided on websites with information provided in American Sign Language.