

MISSOURI DEPARTMENT OF MENTAL HEALTH

MARK STRINGER, DEPARTMENT DIRECTOR



DEPARTMENT OPERATING REGULATION NUMBER

DOR 4.141

CHAPTER Program Implementation and Records	SUBCHAPTER Clinical Standards and Procedures	EFFECTIVE DATE 6/23/16	NUMBER OF PAGES 7	PAGE NUMBER Page 1 of 7
SUBJECT Clinical Standards of Care for Deaf Consumers in Department Operated Settings		AUTHORITY Section 630.050	HISTORY See Below	
PERSON RESPONSIBLE Department Deputy Director			SUNSET DATE 7/1/19	

**PURPOSE:** Provides Clinical Standards of care and prescribes procedure (a) for ensuring that deaf consumers in Department operated facilities are provided opportunities for accessible and appropriate forms of communication when receiving categories of mental health services from Department of Mental Health employees; and (b) for minimizing barriers to social interaction and communication among deaf recipients of the Department operated inpatient and residential mental health services.

**APPLICATION:** Applies to all Department employees providing a category of mental health service in facilities directly operated by the Department of Mental Health.

(1) **Definitions:** As used in this DOR, the following terms are defined as follows:

(A) **Accessible and Appropriate Forms of Communication:** Usage of an ASL Fluent clinician(s) during the provision of a category of mental health service, or in their absence, providing for access to an Appropriately Certified Interpreter.

(B) **Appropriately Certified Interpreter:** An individual who is certified by the Board for Certification of Interpreters as either "Master" or "Advanced", or an individual certified by the Registry of Interpreters for the Deaf as a Certified Deaf Interpreter (CDI), or an individual certified by the Registry of Interpreters for the Deaf or the National Association of the Deaf at a level recognized by the Board for Certification of Interpreters as equivalent to "Master" or "Advanced" as described in 5 CSR 100-200.170.

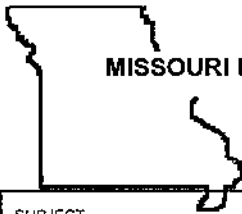
(C) **ASL Fluent:** Any one or more of the following measures or attestations of fluency in American Sign Language (ASL):

1. For clinicians, an "advanced" or higher rating on the Sign Language Proficiency Interview (SLPI), see <http://www.rit.edu/ntid/slpi/>. For non-clinicians, an "intermediate" or higher rating on the SLPI.

2. For Clinicians, certification or recognition by the Board for Certification of Interpreters as "Master" or "Advanced". For non-clinicians, certification or recognition by the Board for Certification of Interpreters as "Master", "Advanced", or "Basic".

3. For clinicians and non-clinicians, graduation from any post-secondary educational program, such as one at Gallaudet University, that uses sign language as a primary language of instruction or being prelingually deaf and using ASL as their primary language;

4. For clinicians and non-clinicians, written attestations of ASL fluency by two individuals who have an advanced- plus or higher rating on the



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standard SLPI rating scale, or who are certified or recognized as “Master” or “Advanced” by the Board for Certification of Interpreters, or who are prelingually deaf instructors of ASL, or who are graduates of any post-secondary educational program, such as one at Gallaudet University, that uses sign language as a primary language of instruction, or who are prelingually deaf and use ASL as their primary language. The attestations shall be based on these individuals' conversation in ASL, either in-person or by videophone or by related video technology (of not less than 15 minutes duration) with a person seeking recognition by DMH as ASL fluent, the attestation being that, in the opinion of the attesting individual, the individual seeking recognition is ASL fluent.

(D) **Category of Mental Health Services:** Any one of the following clinical services directly provided to a deaf consumer:

1. Any screening, assessment, or re-assessment, whether done for the purposes of determining eligibility for services, diagnosis, or for the development or modification of a plan of treatment.
2. Any treatment planning or discharge planning meetings, or the preparation for such meetings.
3. A visit with a contracted or employee physician, advanced practice nurse, physician assistant, or pharmacist.
4. An individual psychotherapy/psychoeducational session.
5. A group psychotherapy/psychoeducational session.

(E) **Clinician/Clinical Staff:** Employees of Department facilities who either provide direct clinical oversight of the services provided to consumers, or who are professional clinicians providing a category of mental health service, or who otherwise deliver treatment in either a professional or para-professional capacity.

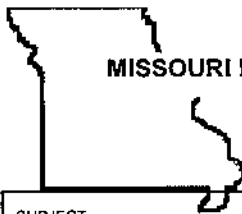
(F) **Crisis Hotline:** A 24 (twenty-four) hours a day/7 (seven) days a week crisis hotline accessible by the deaf through a Text Telephone (“TTY”) or voice. This is currently provided by the Leadership through Education and Advocacy for the Deaf Institute (LEAD).

(G) **Deaf:** An inability, because of a hearing loss, to discriminate speech when spoken in a normal conversational tone regardless of the use of amplification devices.

(H) **Deaf Culture:** The social beliefs, behaviors, art, literary traditions, history, values and shared institutions of individuals affected by deafness who use sign as their main means of communication.

(I) **Deaf Inpatient Unit:** The residential unit at the Department psychiatric hospital serving all deaf consumers in the state in need of intermediate or long-term psychiatric services. This does not include deaf consumers in need of inpatient treatment in an intermediate or high security setting.

(J) **Director of Deaf Services:** The individual or individuals hired by the Department to coordinate the Department’s system of care for deaf consumers receiving mental health services.



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**(K) Deaf Services Training Program:** A training program that is 12 (twelve) hours in length and covers the following content areas: Deaf Culture; ASL, including its features, its significance in the deaf community, and the ASL skill variance in the deaf community; medical and psychosocial aspects of the deaf population; English fluency limitations in the deaf community; how diagnosis treatment effectiveness and treatment efficacy differ in regard to deaf vs. hearing individuals; effective working relationships between interpreters and clinicians.

**(L) Department:** Department of Mental Health.

**(M) Department Facility:** Any facility directly operated by the Department, if such facility provides either outpatient or inpatient mental health services. This includes the Department's psychiatric hospitals and habilitation centers.

**(N) Interpreter Training Program:** A training program underwritten in part and approved by the Department and covering the topic of interpreting in mental health settings.

**(O) Minimal Language Fluency:** Severely delayed first-language fluency relative to chronological age. An individual with such a level of fluency may:

1. Possess functional communication skills in a language but lack fluency. Vocabulary may be sufficient for everyday conversations, but misunderstandings are frequent, and consistent grammatical mistakes are present;

2. Present grossly impaired language abilities including very limited vocabulary, which likely includes home signs, signs used in isolation or short phrases, and signs used incorrectly. Almost no grammatical structure is present; or

3. Rely primarily on gesture, drawing, or other nonlinguistic communication strategies.

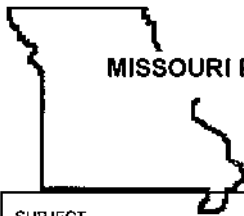
**(P) Preferred Method of Communication:** One of the following communication modalities common in deaf individuals:

1. **American Sign Language (ASL):** Visual, natural language commonly used among deaf individuals, which is based on a standardized syntax and grammar that is distinct from English and complete unto itself, and serves to promote assimilation of Deaf Culture.

2. **Contact Signing (CS):** Use of ASL vocabulary while following typical English word order. Most common communication method utilized between deaf individuals and the hearing persons who work with them (Previously known as Pidgin Signed English).

3. **Manually Coded English (MCE):** Any one of several invented signing systems that attempt to approximate English morphology and syntax by combining actual or modified ASL signs with invented manual prefixes and suffixes. The most common form of MCE is Signing Exact English (SEE2).

4. **Simultaneous Communication (SimCom):** the use of speech supplemented with concurrent use of MCE or CS.



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5. **Speechreading:** the combined use of lipreading, residual hearing, and other natural cues to improve comprehension of spoken English.

6. **Cued Speech:** the use of handshapes and hand locations, in conjunction with mouthing, to manually represent phonemes to aid in the comprehension of spoken English.

7. **Non-Standard Signing (NSS):** Use of gestures, "home signs" and other idiosyncratic visual communication typically developed by consumers who are not fluent in ASL or any of the aforementioned communication methods as a means for communicating with family members, friends or care givers.

(Q) **Telehealth ASL Services:** Use of Videoconferencing Technology via the Missouri Telehealth Network to allow for the remote viewing of either a consumer or a Clinician, and that allows for the successful usage of ASL communication.

(R) **Video Remote Interpreting (VRI):** Use of Videoconferencing Technology over a connection that delivers high-quality video images and that allows for the remote viewing of an Appropriately Certified Interpreter by a consumer and Clinician in the same location and that allows for the successful usage of ASL communication among the three parties.

**(2) Consumer Notice**

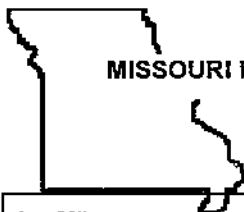
(A) Upon admission to a Department Facility, a deaf consumer, and the consumer's guardian, if applicable, will be provided notice regarding the opportunity to receive Accessible and Appropriate Forms of Communication when provided any one of the Category of Mental Health Services. If the Department Facility is unaware that the consumer is deaf, that notice will be provided the moment the consumer is determined to be deaf during the initial assessment process. The notice shall be written at a 3<sup>rd</sup> grade level in recognition of the written English dysfluency common among deaf consumers.

(B) Department Facilities shall post 3 (three) 10" x 12" posters advertising publicizing the availability of the Crisis Hotline.

**(3) Department Facility Requirements:** To promote Deaf Culture and thereby minimize barriers to social interaction and communication among deaf recipients of the Department's inpatient and residential services, the Department will:

(A) Utilize CIMOR to identify and track any consumer meeting the definition of deaf to ensure that the consumer is provided all that is required in this Regulation. This requires an assessment sufficient to:

1. Identify a consumer as deaf during the History and Physical conducted by the attending physician;
2. Establish the consumer's preferred method of communication as either ASL, CS, MCE, SimCom, Speechreading, Cued Speech, or NSS; and
3. Evaluate in a global fashion the consumer's fluency in a first language, identifying individuals who are fluent, as well as those who have Minimal Language Fluency.



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(B) Operate intermediate and long-term inpatient psychiatric services for adults in the Deaf Inpatient Unit. In operating this unit, the Department will seek to accomplish the following:

1. To recruit and retain Clinical Staff for the Deaf inpatient unit who are ASL fluent.
2. To require that Clinical Staff who are hired for the Deaf Inpatient Unit and who are not ASL fluent to complete a Deaf Services Training Program, unless that requirement is waived by the Department's Deputy Director or the Director of Deaf Services.
3. To provide employees of the Deaf Inpatient Unit who are interested in developing some basic familiarity with ASL the opportunity to receive such training within 1 (one) year of their initial employment.
4. To address the communication needs of deaf patients who are not ASL fluent or who utilize CS, MCE, SimCom, Speechreading, Cued Speech, or NSS as their Preferred Method of Communication.

(C) Operate a high security Department facility (Fulton State Hospital) charged with serving the entire state for those adult Department consumers whose legal or clinical status is such that their acute, intermediate, or long-term inpatient needs must be provided within a high security hospital.

(D) If the beds in the Department facilities are also beds that may be accessed by non-deaf consumers, the Department will ensure that deaf consumers are afforded equal access to those beds as non-deaf consumers, provided that they are similarly situated in terms of their need for inpatient treatment. If a bed in the Department facilities describe in (B) and (C) above is vacant, a deaf consumer who is clinically appropriate for admission to that bed may not be denied access.

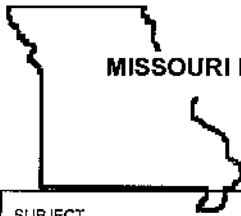
(E) Promote continuity of care for Department consumers who are transitioning either to or from Department facilities, and are in need of either acute inpatient psychiatric treatment or outpatient psychiatric treatment, by contracting with an administrative agent for the provision of such services.

**(4) Training**

(A) Deaf Services Training program shall be offered to all individuals who are required to complete it, either by this Department Operating Regulation or through contract with Department providers.

(B) All Clinical Staff of the Deaf Inpatient Unit will be trained in the Deaf Services Training program within 60 (sixty) days of the start of their employment or their assignment to the Deaf Services Unit. Completion of part or all of the Deaf Services Training program may be waived by the Department's Deputy Director or the Director of Deaf Services for a Clinician based on the following determination (all waivers must be in writing):

1. The individual is ASL fluent;



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2. The individual has already completed a substantially similar training program; or

3. The individual has substantial experience working with deaf persons.

(C) All Appropriately Certified Interpreters employed by the Department will be afforded the opportunity to participate in the Interpreter Training Program.

(5) Accessible and Appropriate Forms of Communication: During the provision of any one of the Category of Mental Health Services or any other service for which an Accessible and Appropriate Form of Communication is necessary to provide effective communication to any deaf consumer being served in any Department facility, the Department will ensure that the consumer is provided Accessible and Appropriate Forms of Communication as follows:

(A) Preferably by an ASL Fluent clinician. If the clinician is not physically present, the service can be provided by Telehealth ASL Services; or

(B) In the absence of an ASL Fluent clinician, by an Appropriately Certified Interpreter.

1. The interpreter is expected to be physically present during the provision of the Category of Mental Health Services, particularly those that are scheduled in advance and recur on a predictable and routine basis. However, if the interpreter cannot be physically present in a timely fashion, access to an interpreter can be provided through VRI.

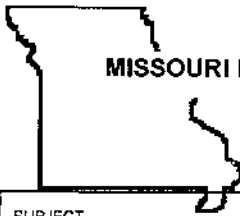
2. When an interpreter who is employed by the Department is unavailable, contracted interpreters who have completed the Interpreter Training Program will be preferentially utilized by Department facilities, but no interpreter shall be required to complete the program.

(C) If it is determined that a deaf consumer does not use ASL to communicate, the Department shall make reasonable and good faith efforts to provide alternative communication methods.

(D) If a deaf consumer requests a specific Accessible and Appropriate Form of Communication, the Department shall make reasonable and good faith efforts to give primary consideration to the consumer's request.

(E) In the absence of an ASL Fluent clinician, a deaf consumer may waive use of an Appropriately Certified Interpreter, but only if the Department obtains a written waiver (DMH Form attached to this DOR), signed and dated by the consumer (or the consumer's guardian, if any, acting on his or her behalf). No Department employee shall request a deaf consumer (or a consumer's guardian) to waive use of an Appropriately Certified Interpreter but shall only use the written waiver to document a request initiated by the consumer (or consumer's guardian).

1. The waiver shall advise the consumer of the opportunity for Accessible and Appropriate Forms of Communication for the Category of Mental Health Services.



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2. The waiver may be revoked by the consumer at any time (or the consumer's guardian, if any), but only by a signed and dated written revocation.

3. The signed and dated written waiver and any signed and dated revocation shall be placed in the consumer's medical record and a copy submitted to the Director of Deaf Services.

(6) **Evaluation:** The DMH facilities, including the Deaf Inpatient Unit, shall cooperate with the Director of Deaf Services in the production of a semi-annual report specifying: the average daily census of the unit; the number of days the census of the unit was at or exceeded capacity, and what that capacity was; the average length of stay; and the number of signed and dated written waivers and waiver revocations for use of an interpreter.

***HISTORY: Original DOR effective April 25, 2012. Amendment effective August 1, 2012. Amendment effective June 23, 2016.***



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WAIVER OF INTERPRETER SERVICES



I, \_\_\_\_\_, understand that under the Missouri Department of Mental  
(Name of Consumer)

Health's Clinical Standards of Care for Deaf Consumers (DOR 4.141), I have the right to use an appropriately certified ASL interpreter when receiving a category of mental health service. A category of mental health service includes the following:

1. Any screening, assessment, or re-assessment, whether done for the purposes of determining eligibility for services, diagnosis, or for the development or modification of a plan of treatment.
2. Any treatment planning or discharge planning meetings, or the preparation for such meetings.
3. An individual psychotherapy/psychoeducational session.
4. A group psychotherapy/psychoeducational session.

I acknowledge that ASL is my preferred language and/or my language needs assessment indicates that I would benefit from an ASL interpreter.

I hereby voluntarily waive my right to use an interpreter for the following categories of mental health service (please check all that apply):

- |                          |  |                          |                    |                          |               |
|--------------------------|--|--------------------------|--------------------|--------------------------|---------------|
| <input type="checkbox"/> | Screening  | <input type="checkbox"/> | Assessment         | <input type="checkbox"/> | Re-Assessment |
| <input type="checkbox"/> | Treatment Planning                                 | <input type="checkbox"/> | Discharge Planning |                          |               |
| <input type="checkbox"/> | Individual Psychotherapy/Psychoeducational Session |                          |                    |                          |               |
| <input type="checkbox"/> | Group Psychotherapy/Psychoeducational Session      |                          |                    |                          |               |

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing. I also understand that actions already taken based on this authorization, prior to revocation, will not be affected.

My signature below acknowledges that I have read, understand, and authorize the waiver of interpreter services as specified.

<b>Signature of Consumer:</b>	_____	<b>Date:</b>	_____
<b>Signature of Witness:</b>	_____	<b>Date:</b>	_____
<b>Signature of Parent/ Legal Guardian/Representative:</b>	_____	<b>Date:</b>	_____

**NOTICE OF REVOCATION**

I, \_\_\_\_\_ (Consumer) hereby revoke my waiver of interpreter services when receiving a category of mental health service. This revocation effectively makes null and void my previous declination of interpreter services expressly given by the above authorization. I understand that any actions based on this authorization, prior to revocation, will not be affected.

<b>Signature of Consumer:</b>	_____	<b>Date:</b>	_____
<b>Signature of Witness:</b>	_____	<b>Date:</b>	_____
<b>Signature of Parent/ Legal Guardian/Representative:</b>	_____	<b>Date:</b>	_____