



THE LEGAL BASIS FOR ACCESSIBLE SERVICES



Overview

-
- ❖ The Deaf Services Parity Gap
 - ❖ Civil Rights Act, Title VI
 - ❖ Rehabilitation Act, Section 504
 - ❖ Americans with Disabilities Act, Titles II and III
 - ❖ Affordable Care Act, Section 1557
 - ❖ Case Law
 - ❖ Reasonable Accommodations



Disclaimers

- ❖ I am a mental health professional.
- ❖ I am not an attorney.
- ❖ I am providing technical guidance.
- ❖ I am not providing legal advice.
- ❖ This presentation is not comprehensive.



The Deaf Services Parity Gap

- Deaf and hard of hearing adults have at least the same prevalence of mental illness as hearing people.
- Children with hearing loss have significantly higher rates of behavior problems and mental illness than their peers.
- Deaf and hard of hearing experience at least 3-5 times higher rates of abuse and neglect.



The Deaf Services Parity Gap

- ❖ The vast majority of of the deaf population's mental health needs remain underserved.
- ❖ Provision of mental health services to deaf people is 1 to 3 decades behind the provision of services to hearing people.
- ❖ Deaf people with mental illness may be the most neglected population of MI in the US.



The Deaf Services Parity Gap

Nationally

- 39% of individuals with SMI present for outpatient services (13% at MH clinics/centers).
- An estimated 10-20% of Deaf with SMI present for services (unknown at MH clinics/centers).
- Only 10 states have a deaf services director/coordinator, and only 7 offer statewide specialized services from ASL-fluent clinicians.
- Severe shortage of ASL-fluent clinicians, case managers, and paraprofessionals.
- Non-signing providers are rarely competent in Deaf culture.



The Deaf Services Parity Gap

In Missouri

- 30% of individuals with SMI present for services at CMHCs.
- An estimated 28% of Deaf with SMI present for services at CMHCs.
- We have a director of Deaf Services and a range of specialized services.
- This positions Missouri as a national leader in Deaf mental health care.
- Challenges remain in quality of care due to the shortage of ASL-fluent and culturally competent providers.



The Deaf Services Parity Gap

In Missouri

- CMHCs serve ~250 Deaf adults ~25 Deaf children annually.
- Only 5 clinicians and 2 community support specialists meet DMH's ASL-fluency standards.
- How Deaf consumers are served by CMHCs:
 - ▶ ~36% from an ASL-fluent clinician in-person.
 - ▶ ~3% from an ASL-fluent clinician via telehealth.
 - ▶ ~61% from non-signing clinicians and case managers, many of whom have little or no training in Deaf culture or Deaf mental health.



The Legal Basis for Parity

- ❖ Civil Rights Act, Title VI (1964)
- ❖ Rehabilitation Act, Section 504 (1973)
- ❖ Americans with Disabilities Act, Titles II & III (1990/2008)
- ❖ Affordable Care Act, Section 1557 (2010)
- ❖ Missouri Human Rights Act



Laws vs. Regulations

US Code (USC)

- Federal law as passed by Congress and signed by the President.
- Any changes must be passed by Congress and signed by the President.

Code of Federal Regulations (CFR)

- Rules promulgated by Federal agencies under authority granted in the US Code.
- Amplify the requirements of the US Code.
- Technically are not laws but have the force of law.
- Any changes must go through the Federal rule-making process, including the solicitation of public comment.



Civil Rights Act, Title VI

- Passed in 1964.
- Prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance.
- In *Lau v Nichols* (1974), the US Supreme Court ruled that nondiscrimination on the basis of national origin requires meaningful access for persons who have limited English proficiency (LEP) due to national origin.
- Executive Order 13166 (2000), "Improving Access to Services for Persons with Limited English Proficiency," required federal agencies to develop guidelines for language access due to LEP for recipients of federal financial assistance.
- US Department of Health and Human Services issued *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons* (2003).
- Programs and activities normally provided in English must be accessible to persons with LEP.
- Does not apply to Deaf persons who have LEP due to hearing loss rather than national origin.



Rehabilitation Act, Section 504

- ▶ Passed in 1973.
- ▶ Applies to any recipient of Federal financial assistance.
 - ▶ “*Recipient* means any state or its political subdivision, any instrumentality of a state or its political subdivision, any public or private agency, institution, organization, or other entity, or any person to which Federal financial assistance is extended directly or through another recipient...”
 - ▶ “*Federal financial assistance* means any grant, loan, contract (other than a procurement contract or a contract of insurance or guaranty), or any other arrangement by which the Department provides or otherwise makes available assistance in the form of: (1) Funds; (2) Services of Federal personnel; or (3) Real and personal property...”



Rehabilitation Act, Section 504

Prohibits discrimination on the basis of disability.

- ▶ (1) A recipient, in providing any aid, benefit, or service, may not, directly or through contractual, licensing, or other arrangements, on the basis of handicap:
 - (i) Deny a qualified handicapped person the opportunity to participate in or benefit from the aid, benefit, or service;
 - (ii) Afford a qualified handicapped person an opportunity to participate in or benefit from the aid, benefit, or service that is not equal to that afforded others;
 - (iii) Provide a qualified handicapped person with an aid, benefit, or service that is not as effective as that provided to others;
 - (iv) Provide different or separate aid, benefits, or services to handicapped persons or to any class of handicapped persons unless such action is necessary to provide qualified handicapped persons with aid, benefits, or services that are as effective as those provided to others; ...



Rehabilitation Act, Section 504

Requirement for health, welfare, and social services providers:

▶ (d) *Auxiliary aids.*

- (1) A recipient to which this subpart applies that employs fifteen or more persons shall provide appropriate auxiliary aids to persons with impaired sensory, manual, or speaking skills, where necessary to afford such persons an equal opportunity to benefit from the service in question.
- (2) The Director may require recipients with fewer than fifteen employees to provide auxiliary aids where the provision of aids would not significantly impair the ability of the recipient to provide its benefits or services.
- (3) For the purpose of this paragraph, auxiliary aids may include brailled and taped material, interpreters, and other aids for persons with impaired hearing or vision.



Americans with Disabilities Act

❖ Passed in 1990 and updated in 2008.

Title II

- ❖ Applies to all services, programs, and activities provided or made available by public entities.
- ❖ Public entity means any State or local government, including any agencies, departments, districts, or other instrumentalities.
- ❖ Extends to include contractors, licensees, etc. who provide services on behalf of the government.

Title III

- ❖ Applies to all public accommodations with respect to the operations of a place of public accommodation.
- ❖ Public accommodation means a business or nonprofit that serve the public.
- ❖ Examples of places of public accommodation include:
 - ▶ professional office of a health care provider, hospital, or other service establishment;
 - ▶ homeless shelter, food bank, adoption agency, or other social service center establishment;



Americans with Disabilities Act

Title II

- a) No qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any public entity.
- (b)(1) A public entity, in providing any aid, benefit, or service, may not, directly or through contractual, licensing, or other arrangements, on the basis of disability —
- (i) Deny a qualified individual with a disability the opportunity to participate in or benefit from the aid, benefit, or service;
 - (ii) Afford a qualified individual with a disability an opportunity to participate in or benefit from the aid, benefit, or service that is not equal to that afforded others;
 - (iii) Provide a qualified individual with a disability with an aid, benefit, or service that is not as effective in affording equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as that provided to others;
 - (iv) Provide different or separate aids, benefits, or services to individuals with disabilities or to any class of individuals with disabilities than is provided to others unless such action is necessary to provide qualified individuals with disabilities with aids, benefits, or services that are as effective as those provided to others;
 - (v) Aid or perpetuate discrimination against a qualified individual with a disability by providing significant assistance to an agency, organization, or person that discriminates on the basis of disability in providing any aid, benefit, or service to beneficiaries of the public entity's program;

Title III

- a) *Prohibition of discrimination.* No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any private entity who owns, leases (or leases to), or operates a place of public accommodation.
- (a) *Denial of participation.* A public accommodation shall not subject an individual or class of individuals on the basis of a disability or disabilities of such individual or class, directly, or through contractual, licensing, or other arrangements, to a denial of the opportunity of the individual or class to participate in or benefit from the goods, services, facilities, privileges, advantages, or accommodations of a place of public accommodation.
- (b) *Participation in unequal benefit.* A public accommodation shall not afford an individual or class of individuals, on the basis of a disability or disabilities of such individual or class, directly, or through contractual, licensing, or other arrangements, with the opportunity to participate in or benefit from a good, service, facility, privilege, advantage, or accommodation that is not equal to that afforded to other individuals.
- (c) *Separate benefit.* A public accommodation shall not provide an individual or class of individuals, on the basis of a disability or disabilities of such individual or class, directly, or through contractual, licensing, or other arrangements with a good, service, facility, privilege, advantage, or accommodation that is different or separate from that provided to other individuals, unless such action is necessary to provide the individual or class of individuals with a good, service, facility, privilege, advantage, or accommodation, or other opportunity that is as effective as that provided to others.



Americans with Disabilities Act

Both prohibit discrimination on the basis of disability:

- ❖ *Denial of participation* – Cannot directly or indirectly deny the opportunity to participate in or benefit from what the entity provides.
- ❖ *Participation in unequal benefit* – Cannot provide an opportunity to participate in or benefit from what the entity provides that is not equal to that afforded to other individuals.
- ❖ *Separate benefit* – Cannot provide a different or separate opportunity or benefit from that provided to other individuals, unless such action is necessary to provide the individual or class of individuals with an opportunity or benefit that is as effective as that provided to others.



Americans with Disabilities Act

Both require reasonable accommodations:

- Modification of policies, practices, and procedures when needed to provide equal opportunity.
 - ▶ Unless the entity can demonstrate that making the modifications would fundamentally alter the nature of what is being provided.
- Provision of auxiliary aids and services when needed for effective communication.
 - ▶ Unless the entity can demonstrate that the provision would fundamentally alter the nature of what is being provided.
 - ▶ Or the entity can demonstrate that the provision would result in an undue burden.



Americans with Disabilities Act

Auxiliary aids and services include:

- Qualified interpreters on-site or through video remote interpreting (VRI);
- notetakers; real-time computer-aided transcription services;
- written materials; exchange of written notes;
- telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids;
- closed caption decoders; open and closed captioning, including real-time captioning;
- voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications devices;
- videotext displays;
- accessible electronic and information technology;
- or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing;
- ...



Americans with Disabilities Act

Undue burden means significant difficulty or expense.

- ▶ In determining whether an action would result in an undue burden, factors to be considered include:
 - ▶ (1) The nature and cost of the action needed under this part;
 - ▶ (2) The overall financial resources of the site or sites involved in the action; the number of persons employed at the site; the effect on expenses and resources; legitimate safety requirements that are necessary for safe operation, including crime prevention measures; or the impact otherwise of the action upon the operation of the site;
 - ▶ (3) The geographic separateness, and the administrative or fiscal relationship of the site or sites in question to any parent corporation or entity;
 - ▶ (4) If applicable, the overall financial resources of any parent corporation or entity; the overall size of the parent corporation or entity with respect to the number of its employees; the number, type, and location of its facilities; and
 - ▶ (5) If applicable, the type of operation or operations of any parent corporation or entity, including the composition, structure, and functions of the workforce of the parent corporation or entity.



Affordable Care Act, Section 1557

- ❖ Passed in 2010. Regulations effective July 18, 2016.
- ❖ Applies to every health program or activity, any part of which receives Federal financial assistance provided or made available by the Department; every health program or activity administered by the Department; and every health program or activity administered by a Title I entity..
 - ▶ “*Federal financial assistance* means any grant, loan, contract (other than a procurement contract or a contract of insurance or guaranty), or any other arrangement by which the Department provides or otherwise makes available assistance in the form of: (1) Funds; (2) Services of Federal personnel; or (3) Real and personal property...”



Affordable Care Act, Section 1557

- ❖ Prohibits discrimination on the basis of race, color, national origin, sex, age, and disability.
 - ▶ Except as provided in Title I of the ACA, an individual shall not, on the basis of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any health program or activity to which this part applies.
- ❖ If a covered entity's principle business is providing health services, then all operations are subject to section 1557 requirements.



Affordable Care Act, Section 1557

Covered entities with 15+ employees must:

- Designate an employee responsible to oversee compliance and investigate grievances.
- Adopt grievance procedures that incorporate appropriate due process.



Affordable Care Act, Section 1557

All covered entities must:

- ❖ Take appropriate initial and continuing steps to notify beneficiaries, enrollees, applicants, and members of the public of the following:
 - ▶ (1) The covered entity does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities;



Affordable Care Act, Section 1557

All covered entities must:

- ❖ Take appropriate initial and continuing steps to notify beneficiaries, enrollees, applicants, and members of the public of the following:
 - ▶ (2) The covered entity provides appropriate auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, free of charge and in a timely manner, when such aids and services are necessary to ensure an equal opportunity to participate to individuals with disabilities;



Affordable Care Act, Section 1557

All covered entities must:

- ❖ Take appropriate initial and continuing steps to notify beneficiaries, enrollees, applicants, and members of the public of the following:
 - ▶ (3) The covered entity provides language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to individuals with limited English proficiency;



Affordable Care Act, Section 1557

All covered entities must:

- ❖ Take appropriate initial and continuing steps to notify beneficiaries, enrollees, applicants, and members of the public of the following:
 - ▶ (4) How to obtain the aids and services in paragraphs (a)(2) and (3) of this section;
 - ▶ (5) An identification of, and contact information for, the responsible employee designated pursuant to §92.7(a), if applicable;



Affordable Care Act, Section 1557

All covered entities must:

- ❖ Take appropriate initial and continuing steps to notify beneficiaries, enrollees, applicants, and members of the public of the following:
 - ▶ (6) The availability of the grievance procedure and how to file a grievance, if applicable; and
 - ▶ (7) How to file a discrimination complaint with OCR in the Department [of Health and Human Services].



Affordable Care Act, Section 1557

All covered entities must:

❖ By October 16, 2016

- ▶ Post a notice of the 7 items just described, including taglines in the top 15 languages spoken by LEP persons in the state:
 - In significant publications and communications (except ones that are small-sized) targeted to beneficiaries, enrollees, applicants, and members of the public;
 - In conspicuous locations where the entity interacts with the public;
 - In a conspicuous location on the covered entity's website accessible from the site's homepage.



Affordable Care Act, Section 1557

All covered entities must:

➤ By October 16, 2016

- ▶ Post, in a conspicuous font size, in significant publications and communications that are small-sized, such as postcards and tri-fold brochures:
 - The nondiscrimination statement; and
 - Taglines in the top two languages spoken by LEP persons in the state.



Affordable Care Act, Section 1557

Top 15 LEP Languages in Missouri

- Spanish
- Chinese
- Vietnamese
- Serbo-Croatian
- German
- Arabic
- Russian
- Korean
- French
- Tagalog
- Pennsylvania Dutch
- Japanese
- Farsi (Persian)
- Oromo (Cushite/Somali)
- Amharic



Affordable Care Act, Section 1557

Meaningful Access for Individuals with LEP

▼ A covered entity shall:

- ▶ Take reasonable steps to provide meaningful access to each individual with limited English proficiency eligible to be served or likely to be encountered in its health programs and activities;
- ▶ Offer a qualified interpreter to an individual with limited English proficiency when oral interpretation is a reasonable step to provide meaningful access for that individual with limited English proficiency;
- ▶ Use a qualified translator when translating written content in paper or electronic form.



Affordable Care Act, Section 1557

Effective Communication for Individuals with Disabilities

- ✦ “A covered entity shall take appropriate steps to ensure that communications with individuals with disabilities are as effective as communications with others in health programs and activities, in accordance with the standards found at 28 CFR 35.160 through 35.164 [ADA Title II regulations].”
- ✦ “Where the regulatory provisions referenced in this section use the term ‘public entity,’ the term “covered entity” shall apply in its place.”



Affordable Care Act, Section 1557

- ❖ Various lawsuits have challenged certain ACA and Section 1557 requirements with final outcomes to be determined.
- ❖ The US Department of Health and Human Services has proposed revisions to Section 1557 regulations, including:
 - ▶ Eliminating compliance coordinator and grievance requirements;
 - ▶ Eliminating written notice and tagline requirements;
 - ▶ Reducing the standard for spoken-language access to those outlined in the HHS guidelines issued under Title VI.
- ❖ As of December 6, 2019, the requirements referenced in this presentation remain in effect.



Modifying Policies, Practices, and Procedures

- Appointment length.
- Video Relay Service (VRS) and text relay.
- What about direct email and text communication?

Does HIPAA Prohibit Email Communication with Patients?

No!



HIPAA Permits Email Communication with Patients

HHS.gov

Health Information Privacy

U.S. Department of Health & Human Services

Does the HIPAA Privacy Rule permit health care providers to use e-mail to discuss health issues and treatment with their patients?

Yes. The Privacy Rule allows covered health care providers to communicate electronically, such as through e-mail, with their patients, provided they apply reasonable safeguards when doing so. See 45 C.F.R. § 164.530(c). For example, certain precautions may need to be taken when using e-mail to avoid unintentional disclosures, such as checking the e-mail address for accuracy before sending, or sending an e-mail alert to the patient for address confirmation prior to sending the message. Further, while the Privacy Rule does not prohibit the use of unencrypted e-mail for treatment-related communications between health care providers and patients, other safeguards should be applied to reasonably protect privacy, such as limiting the amount or type of information disclosed through the unencrypted e-mail. In addition, covered entities will want to ensure that any transmission of electronic protected health information is in compliance with the HIPAA Security Rule requirements at 45 C.F.R. Part 164, Subpart C.

Note that an individual has the right under the Privacy Rule to request and have a covered health care provider communicate with him or her by alternative means or at alternative locations, if reasonable. See 45 C.F.R. § 164.522(b). For example, a health care provider should accommodate an individual's request to receive appointment reminders via e-mail, rather than on a postcard, if e-mail is a reasonable, alternative means for that provider to communicate with the patient. By the same token, however, if the use of unencrypted e-mail is unacceptable to a patient who requests confidential communications, other means of communicating with the patient, such as by more secure electronic methods, or by mail or telephone, should be offered and accommodated.

Patients may initiate communications with a provider using e-mail. If this situation occurs, the health care provider can assume (unless the patient has explicitly stated otherwise) that e-mail communications are acceptable to the individual. If the provider feels the patient may not be aware of the possible risks of using unencrypted e-mail, or has concerns about potential liability, the provider can alert the patient of those risks, and let the patient decide whether to continue e-mail communications.

<https://www.hhs.gov/hipaa/for-professionals/faq/570/does-hipaa-permit-health-care-providers-to-use-email-to-discuss-health-issues-with-patients>



HIPAA Permits Email Communication with Patients

HHS.gov

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“Patients may initiate communications with a provider using e-mail. If this situation occurs, the health care provider can assume (unless the patient has explicitly stated otherwise) that e-mail communications are acceptable to the individual.”



Providing Auxiliary Aids and Services

- ❖ Direct communication with ASL-fluent staff.
- ❖ On-site interpreting
- ❖ Video Remote Interpreting (VRI)
- ❖ Computer-Aided Real-time Transcription (CART)
- ❖ Assistive Listening Devices (ALDs)
 - ▶ Most common is FM system.
- ❖ Written Materials and Exchanging Written Notes
- ❖ Other Auxiliary Aids and Services



ADA Effective Communication Requirements

- ✦ “A public accommodation shall furnish appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities.”
- ✦ “This includes an obligation to provide effective communication to companions who are individuals with disabilities.”
- ✦ “A public accommodation shall respond to telephone calls from a telecommunications relay service established under title IV of the ADA in the same manner that it responds to other telephone calls.”



Determining Which Auxiliary Aid or Service

- ❖ The type of auxiliary aid/service necessary to ensure effective communication will vary in accordance with:
 - ▶ The method of communication used by the individual;
 - ▶ The nature, length, and complexity of the communication involved; and
 - ▶ The context in which the communication is taking place.
- ❖ In order to be effective, the aid/service must be provided:
 - ▶ In an accessible format,
 - ▶ In a timely manner, and
 - ▶ In a way that protects the privacy and independence of the individual.



Determining Which Auxiliary Aid or Service

ADA Title II & ACA Section 1557

- ✦ In determining what types of auxiliary aids and services are necessary, a public or covered entity shall give **primary consideration** to the requests of individuals with disabilities.

Primary consideration means that the covered entity must honor the choice of the individual unless it can demonstrate that another equally effective means of communication is available, or that use of the means chosen would result in a fundamental alteration or undue burden.

ADA Title III

- ✦ A public accommodation should consult with individuals with disabilities whenever possible to determine what type of auxiliary aid is needed to ensure effective communication, but the ultimate decision as to what measures to take rests with the public accommodation, provided that the method chosen results in effective communication.



Determining Which Auxiliary Aid or Service

ADA Title II & ACA Section 1557

ADA Title III

Effective communication is determined from the perspective of both the covered entity and the consumer –

Not just from the perspective of the covered entity.



Landmark Case Law: Tugg v Towey

- ▶ Plaintiffs sued the Florida Department of Health and Rehabilitative Services for violating the ADA and Section 504.
 - ▶ Argued that a mental health service through an interpreter provided less effective communication than direct communication with an ASL-fluent counselor.
 - ▶ Argued that mental health services from a hearing counselor unfamiliar with Deaf culture does not provide an equal opportunity to benefit from services.



Landmark Case Law: Tugg v Towey

- ✦ Judge ordered that mental health services should be provided by counselors who sign and possess an understanding of the mental health needs of the deaf community.
- ✦ Judge, distinguishing between mental health needs that result from a disability and those that result from cultural differences, did not require knowledge of Deaf culture.



The Hierarchy of Language Access

1. Direct communication with ASL-fluent staff.
2. On-site interpreter.
3. Video Remote Interpreting (VRI) service.
4. Typed communication (e.g. Ubi Duo).
5. Handwritten communication.



The Hierarchy of Language Access

Direct Communication with ASL-Fluent Staff

- Most effective option.
- Usually the most cost effective option.
- Limited by the shortage of ASL-fluent staff.



The Hierarchy of Language Access

On-site Interpreter

- Second-most effective option.
- Most commonly used option.
- Limited by geographic availability of interpreters.



The Hierarchy of Language Access

Video Remote Interpreting (VRI) Service

- ❖ Limited field of view and 2D image reduces effectiveness for signed language.
- ❖ Paralinguistic features like affect that are critical to mental health services are among the first aspects of communication lost.
- ❖ Most appropriate for use when an on-site interpreter is not immediately available.
- ❖ May not be appropriate for individuals who are psychotic, have language dysfluency, etc.



The Hierarchy of Language Access

Video Remote Interpreting (VRI) Service

- ❖ To meet ADA/Section 1557 standards, must provide:
 - ▶ (1) Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication;
 - ▶ (2) A sharply delineated image that is large enough to display both the interpreter's and participating individual's face, arms, hands, and fingers regardless of body position;
 - ▶ (3) A clear, audible transmission of voices; and
 - ▶ (4) Adequate training to ensure that staff are able to quickly and efficiently set up and operate the VRI.



The Hierarchy of Language Access

Typed (e.g. Ubi Duo) or Handwritten Communication

- ❖ Tends to result in significantly truncated communication.
- ❖ Only appropriate for brief, simple communications.
- ❖ Relies on English literacy:
 - ▶ Not effective/appropriate for all individuals.
 - ▶ Average deaf high school graduate reads just below a 4th grade level.



The Overall Standard

- ❖ Must provide deaf and hard of hearing persons with:
 - ▶ Equal opportunity to gain the same benefit or obtain the same result as others.
 - ▶ Communication that is as effective as communication with others.
 - Auxiliary aids and services, including interpreters, when needed for effective communication.
 - Primary consideration to the requested auxiliary aids and services.
- ❖ Undue burden or fundamental alteration - affirmative defenses.



Resources in the DSA Manual

dmh.mo.gov/deafservices/dsamannual



Questions?

