



Department for Behavioral Health, Developmental & Intellectual Disabilities

Guidance for Effective Communication in Treatment, Recovery, and Other Service Settings Deaf and Hard of Hearing Services

FY2027

Purpose

Ensuring effective communication at all points of service is the responsibility of the Community Mental Health Center or DBHDID-contracted entity. Effective communication occurs when information between two or more people is shared or exchanged and each person is able to fully understand and make decisions based on that information. This is often a process that requires going back and forth with questions and answers until everyone has a clear understanding.

Determining the appropriate fit for auxiliary aids and services for individuals who are Deaf, Hard of Hearing, or Deafblind should be a cooperative, ongoing, person-centered process.

CMHCs are strongly encouraged to read the document [ADA Requirements: Effective Communication](#) from the U.S. Department of Justice Civil Rights Division for clear guidance on legal obligations and definitions.

The Americans with Disabilities (ADA) Information line is available at 1-800-514-0301 or 1-833-610-1264 (TTY).

Definitions

- **Language or Communication Access Policy** Language access is an important aspect of accessibility for people with limited English proficiency (LEP). The term language access refers to the ability of individuals to communicate effectively and access information, services, and opportunities in their preferred language. American Sign Language (ASL) is a language separate from English and does not have a written form. For ASL users, English is often a second language and providers should consider the strong possibility that these individuals may also have Limited English Proficiency (LEP). The Language Access or Communication Access Policy should include information on how to access sign language interpreters as well as other auxiliary aids and services.

- CMS, the Center for Medicare and Medicaid Services, offers the resource [Guide to Developing a Language Access Plan](#) for developing a Language Access Plan.
- CMS, the Center for Medicare and Medicaid Services, also offers the resource [Improving Communication Access for Individuals Who are Deaf or Hard of Hearing](#) specifically for planning for individuals who are Deaf, Hard of Hearing, or Deaf-Blind.
- The APA, American Psychological Association, offers [APA Style and Grammar Guidelines](#) for bias free language.
- **Communication Access Plan** A Communication Access Plan (CAP) is a one-page form used by individuals to indicate hearing status and the communication-related auxiliary aids and services needed. It is more detailed than the Right to Free Language Access Form and therefore offers clearer guidance to providers. Including a copy of this in the Electronic Health Record will assist any agency staff in matching the right auxiliary aid or service to the individual.
 - See [Hearing Loss Association of America \(HLAA\) Healthcare Communication Complete Provider Guide](#) for an example and supporting documents.
- **Communication Access Support Plan** Some individuals with developmental or intellectual disabilities, serious mental illness, or language dysfluency may need assistance in advocating for the services and supports on their Communication Access Plan. Targeted case managers, therapists, peer support specialists, and other team members may create treatment goals around self-advocacy and/or create Communication Access Support Plans to help teams and individuals collaborate for effective communication. While assistive or augmentative communication may be a tool used by the team, it should not be the only option offered to an individual whose primary language is a sign language and who needs interpreters and other signers in their environment.

Staff Training

All staff should have comprehensive and ongoing training regarding the Americans with Disabilities Act and the entity's responsibility to provide effective communication at all points of service.

Serving individuals with hearing loss effectively requires additional knowledge and consideration of psychosocial, cultural, linguistic, and other impacts. DBHDID offers free training to contracted entities upon request. Both the Deaf and Hard of Hearing Services Point People and the entity's training department should be involved in the planning and implementation of training.

Environmental Considerations

Effective communication starts with creating a good environment for listening and using visuals clues. In addition to considering the installation of Video Remote Interpreting options for front desks and purchasing portable amplification options like FM systems, use these basic strategies:

1. Improve acoustics by reducing the number of hard surfaces or softening them with furniture, carpets, etc.
2. Improve acoustics by reducing or eliminating background noise as much as possible.
3. Be mindful of lighting so that individuals' faces are clearly seen.

Planning for Interpreters

The contract requirement of having *“Kentucky-based interpreters”* is in place to ensure that interpreters provided are aware of the regional signs used and that individuals have choices including people who are familiar to them. Using an interpreter in a therapeutic setting can put a person in a vulnerable position. Increasing choice helps to reduce the balance of power.

The contract requirement that *“Offering virtual interpreting as the only format is not permitted”* is in place to ensure that both in-person and virtual interpreting options are available. On video or video remote interpreting (VRI) is often inappropriate in behavioral health settings. It is usually not the first choice for individuals who sign. However, CMHCs are encouraged to have a range of options available in case of inclement weather, difficulty finding available in-person interpreters, distance, or other circumstances. VRI is recommended primarily for triage or if the individual specifically requested that interpreting be delivered in that manner.

If Video Remote Interpreting is chosen, **all** of the following specific performance standards must be met for ADA compliance.

- 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;
- a sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the face, arms, hands, and fingers of the person using sign language, regardless of his or her body position;
- a clear, audible transmission of voices; and
- adequate staff training to ensure quick set-up and proper operation.

The contract requirement of a “*sufficient number of interpreters*” means that the number of interpreters or interpreter agencies meets the immediate demand of clients requesting interpreting services for behavioral health treatment. Not all interpreters have the skills to work in behavioral healthcare settings. Individuals participating in treatment must also have choice in the best fit whenever possible. See [Kentucky Commission on the Deaf and Hard of Hearing Interpreter/CART](#) for more information on determining the best agencies and/or freelance interpreters to contract with for your agency.

All interpreters working in Kentucky must be licensed. See [Kentucky Board of Interpreters for the Deaf and Hard of Hearing](#) for the complete regulation and a list of interpreters. Fully licensed interpreters with national certification are preferred in behavioral healthcare settings. See the [National Association of the Deaf’s Position Statement on Mental Health Interpreting](#) for more in depth considerations.

Some individuals seeking behavioral health or developmental / intellectual disability services may have language deprivation or language dysfluency. In these situations, the team should consult with sign language experts such as Deaf Interpreters, Certified Deaf Interpreters, or Speech-Language Pathologists with experience in language deprivation.

Contracted entities may also request a Communication Skills Assessment through DBHDID. Contact your Point Person for DHHS to learn more.

Individuals with dual hearing and vision loss are considered DeafBlind and need different auxiliary aids and services. The [Helen Keller National Center Learning Center](#) provides online professional learning modules about communication access for this population.

Planning for Other Auxiliary Aids and Services

Ask the individual what works best for them. A Communication Access Plan (CAP) is an effective tool to guide conversations and to use in the Electronic Health Record to ensure that communication access needs are understood across agency programs and staff. A CAP should take into account changing communication needs depending on setting (i.e. group or individual therapy) and be reviewed periodically for changes.

People who are deaf or hard of hearing have varying degrees of residual hearing. This variation, as well as the variation in the types of assistive listening devices different people use, can affect the types of aids, services, and accommodations that are most likely to ensure effective communication. Agencies are encouraged to have a “toolbox” of options and choices for those they serve.

CMHCs can explore a variety of auxiliary aids and services as one-time equipment purchases or services available by vendors through contract. Entities with 24 hour or inpatient services as

well as residential programs should consider the additional auxiliary aids and services necessary for alerting and safety. These may include but are not limited to the following:

- Communication Access Realtime Translation (CART)
 - [Kentucky Commission on the Deaf and Hard of Hearing - CART](#)
 - [Kentucky Commission on the Deaf and Hard of Hearing - CART Providers](#)
- Hearing Loop Technology
 - [Hearing Loss Association of America \(HLAA\) Hearing Loop Technology](#)
- Alerting Devices and other Assistive Technology
 - [Kentucky Commission on the Deaf and Hard of Hearing Assistive Technology](#)
- Captioning on all TVs and Instructional Materials
- Captioned Telephones
 - [CaptionCall](#)
 - [CapTel](#)
- VideoPhones
 - [Sorenson](#)
 - [Purple](#)
 - [Convo](#)
- [Hamilton Relay](#)

Point People for Deaf and Hard of Hearing Services

Per contract, each Community Mental Health Center has a designated Point Person to serve as the internal liaison for matters related to Deaf and Hard of Hearing Services with DBHDID. The Point Person can help to resolve issues and plan for proactive improvements.

For DBHDID-contracted agencies that do not have a Point Person requirement, opting to appoint one may help plan proactively for access and addressing issues as they arise.

DBHDID Deaf and Hard of Hearing Services Staff

DBHDID staff are available to provide technical assistance and training. The Program Administrator can be reached at DHHServicesDBHDID@ky.gov or (502) 892-9122. Enhanced Access funding is available for reimbursement of interpreting expenses, CART expenses, or equipment purchases.