Long Term Care Coordinating Council (LTCCC) Behavioral Health Work Group Meeting Minutes

Date: MONDAY, February 10th, 2020 **Time:** 2:00pm to 3:30pm
Location: 1650 Mission, 5th floor Golden Gate Conference Room

Present: Susie Smith (Co-chair), Alex Jackson (Co-chair), Bernadette Navarro-Simeon, Cathy Spensley, Dr. Scott Arai, David McCahon, Scott Haitsuka, Rose Johns, Gloria Wong, Christine Ng, Dr. Ingrid Lin

Absent: Dr. Michi Yukawa, Jennifer McAtee, Jessica Lehman, Lisa Rosene, Jesus Guillen, Anne Fischer, Dr. Marcy Adelman, Norman Manglona, Dr. Fiona Donald, Krista Gaeta

Guest speakers: Susan Gonzalez, Systemic Advocacy Coordinator; Samantha Poteet, Advocate; Michelle Yook, Advocate, Deaf and Counseling Advocacy and Referral Agency (DCARA)

Check-in/Updates

- Introductions were facilitated
- Special guests from Deaf Counseling and Referral Agency (DCARA) were present to help facilitate a discussion on the mental health needs of the deaf and hard of hearing population

Overview of DCARA Advocacy

- Longest running deaf social services agency in the Bay Area
- Serves infants through seniors with a range of social services
- Deaf-centric agency – work led by deaf people, very proud of this; deaf individuals are active participants in their own process
- Services as directed by California Department of Social Services include: communication advocacy; independent living skills (e.g., budgeting taking bus); community education; employment/job development
- DCARA serves 14 counties from Fresno to Humboldt – diverse regions (rural communities have very limited options for services)
- Work on macro and micro levels (policy/systems and individual)

Note: *"Deaf" used in today's meeting but refers to deaf, deaf/blind, late deaf/deafened, deaf and other disabilities

- Needs vary by person, experience of deafness can be very different

Statistics on the Deaf Community

- Estimates are that ***50% of deaf individuasl have experienced trauma, but they are too low, it's closer to 90% in the deaf community***
- The deaf community is 7 times more likely to struggle with ***illiteracy; the average reading level is 3rd or 4th grade***
- The deaf community is ***2.5 times more likely to experience suicidality***

- A very low percentage of deaf individuals get the mental health care they need
- ***Higher rates of substance use and mental health needs in the deaf community are believed to partially be the result of language deprivation***

Existing Gaps/Challenges to Accessing Mental Health Services

- Lack of language access impacts individuals ability to access mental health services and impedes providers ability to provide an appropriate diagnosis
- Existing law protects communication access (interpreter, text translation) ***but does not protect for language access – and language is one of the biggest barriers for the deaf community***. This contributes to significant issues:
    - Challenge: ***Expression barriers can result in outbursts, acting out – behavior often classified as mental health issu***e but really the issue is the individual does not have tools/capacity to engage and communicate
    - ***Privacy concerns*** – interpreter community often very small and this can be an issue especially when discussing medical concerns
    - Different communication styles and methods – many professionals are unaware of different communication styles and methods (e.g., captions, FM systems, UbiDuo
    - ***The number of professionals who know how to work with the deaf community is very small***, so the deaf community must go ahead with what's available and that can include ***traveling very far for services***
- ***Lack of ethnic/racial diversity*** among providers 70-80% of DCARA clients are people of color, but the large majority of providers are white
- ***Transportation*** San Francisco Muni ***doesn't have hearing loop induction system which makes it difficult for hard of hearing people to get out and travel*** to appointments
- ***Methods for people to connect with resources –*** Systems that require phone call then require TTY – but then deaf users must have access to a computer and be able to type in English
- ***Assumption that needs are the same*** – one size fits all approach does not work
    - Experiences and preferences vary, for example, late-deafened may not know ASL and prefer to write
        - People know what is best for them – let them determine what they need

Best Practices and Recommendations

- Making sure ***waiting rooms are visually accessible and navigable for deaf or hard of hearing individuals***
- Provide ***deaf cultural competency to staff***
    - Examples were given of common negative experiences deaf individuals have with staff where staff will simply walk away or freeze when a deaf person attempts to communicate with them

        - DCARA provides basic ***competency training for organizations***
- Mental health treatement sessions need to ***accommodate time to setup interpretation services. For example, while hearing clients get a whole 50 minute session deaf clients often get less time because interpretation setup can take 10-20 minutes.***
- Muni consider introducing ***transportation induction looping systems to help hard of hearing passengers navigate public transit, so they can make it to appointments***
- Increase structured group programming ***or peer-support programs which can reduce social isolation and promote wellness***
- Provide ***mental health case management*** to assist clients in obtaining access to appropriate services and interpretation

Meeting Adjourned

Meeting minutes and agendas can be found here:
https://www.sfhsa.org/about/commissions-committees/long-term-care-coordinating-council-ltccc/behavioral-health-workgroup

Next Meeting: Monday, March 9th **Time:** 2:00pm-3:30pm