MISSOURI COMMISSION FOR THE DEAF AND HARD OF HEARING

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Subject: Ensuring Accessibility for Deaf and Hard of Hearing Clients in Rehabilitation Programs Under the ADA and Section 504

On behalf of the Missouri Commission for the Deaf and Hard of Hearing (MCDHH), we want to emphasize the responsibility of rehabilitation programs to provide Deaf and Hard of Hearing individuals with full and equal access to their services.

This includes, but is not limited to, substance use treatment programs, mental and behavioral health rehabilitation programs, residential treatment facilities, outpatient rehabilitation programs, vocational rehabilitation services, physical rehabilitation programs, recovery programs, and other programs that provide rehabilitation, treatment, counseling, education, or support services.

MCDHH is a state agency dedicated to improving accessibility and opportunities for Deaf and Hard of Hearing Missourians. We work with individuals, service providers, businesses, organizations, and government agencies to help promote effective communication and equal access.

Legal Responsibilities Under the ADA and Section 504

Depending on the type of organization and its funding, rehabilitation providers may have responsibilities under Title II or Title III of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and other applicable federal or state requirements.

Deaf and Hard of Hearing individuals must have an equal opportunity to participate in and benefit from rehabilitation services. Communication barriers should not prevent a client from receiving the same quality, range, and effectiveness of services available to other clients.

Accessibility must be considered throughout the rehabilitation process, including:

- Intake, admission, and assessment
- Eligibility evaluations
- Individual treatment or rehabilitation planning
- Individual counseling sessions
- Group counseling and therapy
- Educational classes and workshops
- Recovery and support groups
- Medical or psychiatric appointments
- Medication, education, and management
- Case management
- Vocational or employment-related services
- Family meetings
- Crisis intervention
- Discharge and transition planning
- Aftercare and follow-up services

- Telephone and telehealth communication

Effective Communication

Rehabilitation providers should determine what auxiliary aids or services are necessary to provide effective communication based on the individual client, the complexity of the communication, and the situation.

Appropriate accommodation may include:

- Qualified American Sign Language (ASL) interpreters
- Certified Deaf Interpreters (CDIs), when appropriate
- Communication Access Realtime Translation (CART)
- Assistive listening devices
- Captioned or accessible video content
- Accessible telehealth platforms
- Video Relay Service (VRS)
- Telecommunications Relay Service (TRS)
- Written communication when appropriate as a supplement to other accommodations

Written notes, lipreading, or automated captioning should not automatically be assumed to provide effective communication in situations involving complex treatment, counseling, informed consent, behavioral health, medical information, or other significant discussions.

Qualified Interpreters

When an interpreter is necessary for effective communication, the interpreter must be qualified for the situation.

Rehabilitation programs should not routinely require Deaf or Hard of Hearing clients to bring their own interpreter.

Family members, friends, children, other clients, or unqualified employees generally should not be used as substitutes for qualified interpreters, particularly during confidential counseling, treatment planning, medical discussions, assessments, or other sensitive conversations.

Using family members or friends may compromise confidentiality, accuracy, independence, and the client's ability to communicate openly.

Access to Group Programs and Activities

Accessibility responsibilities do not end with individual appointments.

If participation in group counseling, peer support meetings, educational programs, recovery meetings, recreational activities, job-readiness classes, or other activities is part of a rehabilitation program, Deaf and Hard of Hearing clients must also be provided with meaningful access to those services.

A client should not be excluded from a group activity simply because providing an interpreter, CART service, or another accommodation is necessary.

Programs should plan for accessibility in advance whenever possible.

Confidentiality

Communication access services must be provided in a manner that protects the client's privacy and confidentiality.

Qualified interpreters and other communication professionals should be able to appropriately handle confidential information discussed during rehabilitation, counseling, treatment, medical appointments, and other services.

No Additional Cost to the Client

The cost of appropriate auxiliary aids and services generally cannot be passed on to the Deaf or Hard of Hearing client as an additional charge.

A client should not be required to pay for an interpreter or other necessary communication accommodation in order to participate in a rehabilitation program.

Accessible Telephone and Telehealth Communication

Rehabilitation programs should ensure that Deaf and Hard of Hearing clients can communicate with staff outside of in-person appointments.

Programs should accept calls made through Video Relay Service (VRS) and Telecommunications Relay Service (TRS) in the same manner that they accept other telephone calls.

Staff should not hang up or refuse a relay call simply because a communication assistant or interpreter is participating in the call.

Telehealth services should also be accessible. When an interpreter is needed, programs should make arrangements so that the interpreter can participate effectively in the telehealth appointment.

Individualized Communication Access

Not every Deaf or Hard of Hearing person communicates in the same way.

Some individuals may primarily use ASL, while others may use spoken English, captioning, assistive listening technology, CART, written communication, or a combination of methods.

Providers should communicate directly with the client regarding their communication needs rather than assuming which accommodation will work.

The client's requested method of communication should be given serious consideration when determining how effective communication will be provided.

Treatment Should Not Be Reduced Because of Communication Needs

A Deaf or Hard of Hearing client should not receive fewer services, shorter counseling sessions, limited group participation, delayed treatment, or a different level of care solely because communication accommodations are needed.

Communication access should be incorporated into the client's rehabilitation services, so the individual has a meaningful and equal opportunity to participate.

Developing an Accessibility Plan

MCDHH strongly encourages rehabilitation programs to establish written policies for serving Deaf and Hard of Hearing clients before an accessibility need arises.

Programs should consider:

- Identifying an ADA or accessibility coordinator

- Establishing procedures for requesting interpreters and CART
- Maintaining relationships with qualified interpreting agencies
- Training staff regarding Deaf and Hard of Hearing communication access
- Educating staff about VRS and TRS calls
- Making videos and educational materials captioned and accessible
- Developing procedures for emergency or after-hours communication
- Documenting a client's preferred communication method
- Ensuring accessibility during both individual and group services
- Reviewing accessibility procedures regularly

Commitment to Equal Rehabilitation Services

Deaf and Hard of Hearing Missourians deserve the same opportunity to receive rehabilitation, recovery, counseling, education, and support services as anyone else.

Communication access is an essential part of meaningful participation. Providing appropriate accommodation allows clients to understand their treatment, communicate openly with providers, participate in recovery programs, make informed decisions, and work toward successful outcomes.

MCDHH encourages rehabilitation programs throughout Missouri to review their policies, staff training, communication procedures, and accessibility practices to ensure Deaf and Hard of Hearing individuals can fully participate in their services.

If your organization has questions regarding communication access or best practices for serving Deaf and Hard of Hearing individuals, please contact the Missouri Commission for the Deaf and Hard of Hearing.

Thank you for your commitment to providing accessible and equitable services to all Missourians.

Sincerely,

Missouri Commission for the Deaf & Hard of Hearing

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Becky M Davis, Executive Director

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