Position Statement on State Mental Health Coordinators Serving Deaf and Hard of Hearing Individuals (2013)

The National Association of the Deaf (NAD) strongly believes that in order to create a culturally affirmative mental health services delivery system for people who are deaf[1], the system must start with a competent state mental health coordinator[2]. In the **2003** and **2008** position statements, the NAD recognized that states need to develop a statewide continuum of mental health services for deaf individuals and while many of the recommendations in these papers remain pertinent today, the NAD identifies a pressing need for state mental health coordinators to champion positive changes in their home states.

The creation of a state mental health coordinator position within the State Mental Health Authority to establish and conserve the mental health continuum serving deaf consumers would be a key first step in developing those services (Gournaris, Hamerdinger & Williams, 2013). While it is not mandatory for this position to be within the State Mental Health Authority, as emphasized by these authors, working within the state system gives the coordinators a stronger position in defining optimal mental health services for deaf consumers with mental health needs living in their home states.

The presence of a state mental health coordinator also provides the necessary visibility and an institutional presence within the state system that cannot be replicated by a non-state agency serving a smaller target population or a regional area (Gournaris, Hamerdinger & Williams, 2013). Again, whether the state provides the clinical services directly or develops contracts with providers in the private sector for service delivery, the statutory responsibility for mental health services in the public sector rests with the state. Employment within a state agency also gives the coordinators the authority to develop policies, procedures, and guidelines for serving deaf consumers, setting a statewide standard of care, as well as maintaining control in distributing grants as appropriate to private mental health agencies who meet these standards. It is also very important for the coordinators to be optimally placed within organizational hierarchy where these positions will have the authority to implement and manage a statewide system of mental health care for deaf consumers versus merely serving as consultants or subject matter experts.

Selection of a Coordinator: A competent state mental health coordinator must be selected based on one's extensive experience in treating deaf consumers as well as one's ability to lead. The NAD advises against appointing a person who has little or no experience in mental health or working with deaf consumers for the role of a state mental health coordinator regardless of the demonstrated or evident leadership skills of this person. It is essential for this person to have experience working with deaf consumers and being an effective leader in a bureaucratic environment. It is crucial that this position be filled by someone who is qualified to do this work.

The state mental health coordinator should:

- be fluent in American Sign Language (ASL) (i.e., within the Advanced to Superior level ranges as determined by a signing proficiency test) and have a thorough understanding of Deaf Culture

- have clinical training and a minimum of 5 years of experience providing direct services to deaf consumers with mental health needs

- have at least a Master's degree in a behavioral health or clinical field with a preference towards individuals with a state board-issued license to practice independently

- have a demonstrated ability to create or integrate programs within the existing mental health service delivery system in the state in order to set up a true service continuum

- have the aptitude to adapt and/or develop policies and procedures based in the actual service needs of the consumers, not just what is bureaucratically most feasible

- have expertise in providing consultation, training, and technical assistance to mental health service providers in various settings such as inpatient, outpatient, and residential programs serving deaf consumers with mental health needs, addiction, or substance abuse

- have the ability to serve as a skilled liaison with other state agencies or departments (e.g., behavioral health, health, and vocational services) for the collaboration needed to maximize the use of in-state resources and joint planning

- have the competency and expertise to supervise staff responsible for the statewide delivery of mental health services in states where direct supervision authority is granted

- have the necessary authority to establish statewide mental health standards care for deaf consumers, including standards for ASL skills in mental health settings

- have the fiscal authority to create and distribute mental health funds or grants to public and private providers to achieve optimum service delivery within the system of care, and have the ability to skillfully evaluate each provider's outcomes data

- have comprehensive knowledge of applicable federal and state regulations

The above criteria of a mental health coordinator will bring positive changes in the mental health delivery system for deaf consumers in any state. The NAD wants to stress that that a coordinator must not be selected to assume the limited role of *only* providing resources, consultation, and technical assistance to mental health service providers. A state coordinator must be given the necessary authority to provide the necessary comprehensive programming and services as indicated earlier in this paper. The NAD encourages states to give the state mental health coordinators greater policy and fiscal authority in setting up and administering statewide mental health services for deaf consumers, defining the standards of care, and creating contracts or grants for private providers. It is also imperative that this position is not created as "window dressing" to appease the deaf community and their stakeholders, but part of a genuine effort to either establish or improve the statewide mental health delivery system for deaf consumers (Gournaris, Hamerdinger, & Williams, 2013). The wrong person in such an important role can easily disrupt the efforts to set up a true statewide mental health continuum.

Supervision: If feasible within the state mental health delivery system, the NAD recommends direct supervision authority is given to the state mental health coordinator ensuring culturally affirmative mental health services are delivered by trained staff and clinicians. As an alternative, shared supervision authority provided by both clinical directors within the local mental health centers and the state coordinator can be considered.

Outcomes Data: Once the statewide mental health service delivery system is in place, the state mental health coordinator should have the authority to gather clinical and programmatic outcomes data in order to demonstrate the effectiveness of the linguistically appropriate and culturally affirmative mental health services in their state. The absence of good outcomes data will make advocacy efforts much more difficult. Solid outcomes data will help strengthen the state mental health coordinators' conclusions about best treatment practices with deaf people and champion the existence of specialized and culturally affirmative mental health services in their home states.

In conclusion, the NAD wishes to underscore that a state mental health coordinator must be selected based on specific criteria as listed above as well as giving this

position with appropriate policy and fiscal authority to make positive changes within the state mental health delivery system for deaf consumers. The NAD strongly believes that deaf people have a fundamental right to access culturally affirmative and linguistically accessible mental health services in their home states. To make this a reality, deaf communities, state associations, and state commissions for deaf and hard of hearing people throughout the country should continually educate[3] state legislators about the unique mental health needs of deaf people. State legislators may be more likely to support the creation of a state mental health coordinator position within the State Mental Health Authority if apprised that the provision of statewide mental health services will enable deaf individuals to become productive citizens.

Produced by the NAD Mental Health Committee in coordination with NAD staff. Approved by the NAD Board of Directors, April 13, 2013.

References:

Gournaris, M. J., Hamerdinger, S., & Williams, R.C. (2013). Creating a Culturally Affirmative Continuum of Mental Health Services: The Experiences of Three States. In N. Glickman (Ed.), *Deaf Mental Health Care* (pp.138-180). New York, NY: Routledge.

---

[1] The term “deaf” is to be interpreted to include individuals who are hard of hearing, late deafened, and deaf-blind.

[2] This particular position often comes in different job titles such as director, administrator, or other similar titles. We use the term coordinator in this paper to denote the person ultimately responsible for mental health services to deaf people in their home state.

[3] The Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans developed a self-study **online course** with six modules designed to help people advocate for positive changes in public policies that impact people who are deaf, deafblind, and hard of hearing in any state. Using these online modules as guidelines is likely to be useful in building efforts to advocate for the development of a statewide mental health delivery system in your home state. Website for this program is at: **http://www.mncdhh.org/makingyourcase/**