Maryland
DEPARTMENT OF HEALTH

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DEAF, DEAF-BLIND, HARD OF HEARING, LATE-DEAFENED *(DDBHH/LD)*
Brief Overview of Maryland's Programs and Services

Access to Care:
The BHA provides grant funding DDBHH/LD language interpreting programs for:

- **13 counties** (Anne Arundel County; Baltimore City; Carroll County; Charles County; Frederick County; MidShore Counties-***Caroline, Kent, Talbot, Dorchester, Queen Anne's****;* Montgomery County; Prince George's County; Washington County)

- American Society of Addiction Medicine (ASAM) level community outpatient/intensive outpatient (OP/IOP–1, 2.1) and residential treatment facilities (3.1, 3.3, 3.5, 3.7, 3.7-withdrawal management); Psychiatric Rehabilitation Programs (PRPs); Residential Rehabilitation Programs (RRPs); Supported Employment (SE) as part of PRP and/or RRP treatment; and community programs such as self-help groups, e.g., Alcoholics Anonymous/Narcotics Anonymous

- Deaf language interpreters who are fluent in American Sign Language (ASL), for deaf individuals who have behavioral health (mental health disorder-MH and co-occurring MH and substance use disorder-SUD) needs

- ASL or deaf language platform of choice by a constituent, as part of a clinical and rehabilitation service to facilitate communication between a therapist and patient. If services include mental health therapy, they must be rendered by a mental health professional licensed to practice in Maryland, and authorized by an applicable Practice Act under the Health Occupations Article.

- Statewide access to DDBHH/LD language interpreting services through a contract with the University of Maryland, Baltimore, Deaf Addiction Services at Maryland *(DASAM)* upon request.

Service Outcome

Based on Claims from the Administrative Service Organization (ASO)*	
FY24	**Number Served**
DDBHH	2,615
FY23	**Number Served**
DDBHH	2,322

*** Please note providers have up to 12 months to submit a claim so this may not be reflective of all claims and utilization.**

MDH/BHA Mental Health Block Grant & State General Fund Service Outcome

Jurisdictional DDBHH/LD		
	Number Served	**Deaf Language Hrs. Facilitated**
FY24	207	590 hours
FY23	125	446 Hrs
FY22	131	12,370.75 Hrs
Deaf Addiction Services at Maryland (DASAM)		
	Number Served	**Deaf Language Hrs. Facilitated**
FY24	29	4,161 Hrs
FY23	38	394 Hrs
FY22	25	529

FY'23 Regional Stakeholder Meetings

1. In January and February 2023, regional stakeholder meetings were conducted:
    - To obtain feedback from Stakeholders and constituents on how BHA can improve access to the current service delivery system, enhance cultural and linguistic competency of providers
    - In the Central, Eastern Shore, Western, and Southern/Capital Regions
    - Attendees included representatives from BHA, the Local Behavioral Health Authorities (LBHAs), non-profit, public and private providers, constituents, consumer advocates, and family members
    - A total of **212** individuals attended

Identified Gaps in the Public Behavioral Health System (PBHS)	Culturally Responsive and Comprehensive System/Recommendations
Insufficient access to DDBHH/LD/LEP behavioral health providers, especially in rural communities	Establish DDBHH/LD interpreter training for hearing staff in the provision of American Sign Language and other Deaf language platforms that are utilized, and for staff who are Limited English Proficient (LEP)
DDBHH/LD graduates of Social Work (SW) programs experience barriers to obtaining licensure due to difficulty passing competency tests that presume native competency in, or full access to, English Lack of educational and/or training opportunities in deaf culture for community behavioral health, hospital social work, and front line staff	Increase workforce development to include more deaf and/or bi-lingual (most commonly used languages) SUD and mental health professionals, and training in deaf culture Ensure all staff working in a behavioral health facility, including front line staff, are regularly (annual/bi-annual, or other established cadence) are trained in deaf and hard of hearing culture and ASL
Inadequate knowledge of patient rights, advocacy, community resources, and relevant legislation	Partner with community organizations, such as the National Alliance on Mental Illness (NAMI) and the Mental Health of Maryland (MHAMD), and community faith-based and grass roots organizations to assist in identifying community resources, to ultimately create a comprehensive book of services readily available for dissemination to the community by the Local Authorities
No centralized team or organizational structure that specializes in Deaf culture	Establish a Center of Excellence (COE) that will foster best and evidence based practices to support new methodologies and service improvement in the PBHS

Current Best Practices in Maryland:

- **BHA** implemented, beginning in the FY'24-FY26 annual plans, DDBHH/LD specific questions for the Local Authorities to ensure inclusion of this population in the provision of services
- **Montgomery County:** Sends monthly questionnaires to their providers asking them to detail how they are serving the deaf population
- **Allegheny County:** Displays a poster in their front office that lists preferred communication (language) to include ASL
- **Frederick County:** Has an established partnership with the Deaf Community Center who collaborates with 30+ organizations including behavioral health services

Recommendations:

- Partner with local businesses that will pay for hearing aids or that MDH/BHA could get at cost to provide to consumers
- Ensure DDBHH/LD and LEP individuals, whenever possible, have the same interpreter throughout the entire duration of treatment for consistency and maintaining an established rapport of trust to support the recovery journey

Next Steps:

- Revise the Request for Funding Announcement (RFA) that is currently in place with the University of Maryland School of Medicine, Deaf Addiction Services at Maryland (DASAM) to open the solicitation to other Maryland vendors who may have the capacity to provide statewide DDBHH/LD and LEP services. The goal is to expand the reach of these services to support National benchmarks, and best and evidence-based practices.
- Continue to refine the BHA Condition of Award/Statement of Work (COA) to include key strategic performance measures to support quality improvement and outcomes in the provision of service delivery for DDBHH/LD and LEP.
- On-going programmatic and fiscal monitoring of BHA grant funded programs.
- Continue to meet quarterly with the local jurisdictions, to include subvendor input to help identify service gaps.