

**FOR IMMEDIATE RELEASE
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For more information, contact Kenneth Chackes: 314-369-3902 kchackes@cch-law.com
Robert Lehrer: 312-332-2121 rlehrer@rlehrerlaw.com
John J. Ammann 314-977-2796 ammannjj@slu.edu
Susan Eckles 314-785-1702 susan.eckles@mo-pa.org

**FEDERAL COURT APPROVES SETTLEMENT
IMPROVING MENTAL HEALTH SERVICES FOR
THE DEAF**

A federal judge in Missouri today gave final approval to a settlement in a class action lawsuit that promises to significantly improve the mental health services that the State of Missouri provides to deaf Missourians.

The 35-page settlement results from the lawsuit filed in April of 2010 by the Missouri Association of the Deaf and 13 named plaintiffs on behalf of more than 1,000 deaf Missourians in need of mental health services. About 20 percent of deaf persons needing such services are children. The defendant State agencies who agreed to the settlement are the Missouri Department of Mental Health (“DMH”) and the Missouri Department of Social Services (“DSS”). Plaintiffs in the lawsuit had alleged that DMH and DSS had violated the rights of the adults and the children in the plaintiff class under the Americans with Disabilities Act.

Federal Judge Matt J. Whitworth of the United States District Court for the Western District of Missouri gave his final approval to the settlement following a court hearing in Jefferson City, MO.

Ella Eakins, President of the Missouri Association of the Deaf applauded the settlement and Judge Whitworth’s approval of it. She said the “settlement addresses concerns from deaf Missourians dating back many years about inadequate mental health services for deaf persons in

crisis. We think that DMH and DSS did the right thing by agreeing to the settlement; and they should do the right thing now by faithfully abiding by its terms.”

The principal terms of the settlement agreement that Judge Whitworth approved include: greater availability of qualified American Sign Language interpreters; new Standards of Care for mental health treatment of the deaf; new specialized outpatient centers and new specialized inpatient units that will be staffed with clinicians and case managers who are fluent in sign language or have received special training in providing services to deaf persons; new training programs for professional staff at mental health facilities, continued maintenance of a 24-hour crisis hour hotline for the deaf, and the appointment of a full-time State Coordinator for Deaf Services or two Regional Coordinators.

Lawyers for the plaintiffs in the lawsuit included: Kenneth Chackes and Robert Lehrer, both of whom are in private practice; John Ammann, Director of the Saint Louis University Legal Clinic; and Susan Eckles, Managing Attorney of Missouri Protection and Advocacy Services.

The principal terms of the Agreement, in more detail, are as follows.

1. **Statewide Coordinator.** The DMH defendants will hire a full-time State Coordinator for Deaf Services (“Coordinator”) or two half time Regional Coordinators for Deaf Services (“Regional Coordinators”). A representative of the Missouri Association for the Deaf (which is one of the plaintiffs in the Lawsuit) would be an active member of the DMH Hiring Committee for the Coordinator or Regional Coordinators, and would participate in the review of applications, interviews, and hiring recommendation. The Coordinator or Regional Coordinators

will be responsible for coordinating the system of care for plaintiffs established and maintained under the Agreement, including the establishment of a system of care that is uniform throughout the state, insofar as such uniformity is practicable. Except as specifically provided in the Agreement, the Coordinator or Regional Coordinators will be required to be ASL fluent and have a graduate degree as a mental health clinician, and preference will be given to applicants with experience in the delivery of mental health services to deaf persons.

2 **Standards of Care.** DMH will publish and enforce “Clinical Standards of Care” for inpatient and outpatient mental health treatment of plaintiffs at or by all DMH facilities and administrative agents (as defined in §V below). The Standards of Care will provide that, except for communications with an ASL fluent clinician or ASL fluent case manager, qualified interpreters should be provided whenever a consumer of DMH services is receiving an initial assessment; an annual or other periodic reassessment; a treatment planning or discharge planning meeting; or a psychotherapy/psychoeducational session (individual or group) unless it is determined that the individual receiving the care does not use ASL to communicate. The Standards shall take into consideration that not all individuals use ASL to communicate and that it will be necessary to make reasonable good faith efforts to provide alternative communication methods for those individuals when receiving a category of mental health service. The Standards will be published as DMH Department Operating Regulations (DORs) and will be incorporated into DMH contracts with administrative agents.

3. **Community Services - Specialized Outpatient Centers.** DMH will establish one or two Specialized Outpatient Centers (in Kansas City, St. Louis, or both) for the provision of statewide mental health services to consumers who are deaf. The centers are to be staffed with ASL fluent clinicians, case managers, and case manager assistants who will provide psychotherapy, case management and community support services, either on site or by video telehealth to consumers at Administrative Agents statewide. If all such positions cannot be filled by staff who are ASL fluent, the non-fluent staff members will receive specialized training in mental health treatment for persons who are deaf. Through the Center(s), DMH will be able to serve everyone in the state either in person or by video hook-up. Consumers will have a choice of receiving outpatient services from the Administrative Agent for their area or at a Specialized Outpatient Center.

4. **Community Services--Deaf Services Inpatient Unit.** DMH also will establish one or more specialized Inpatient Deaf Services Units. DMH is planning to establish one inpatient unit at Truman Behavioral Health, in Kansas City. The unit will be staffed with clinicians, case managers, and case manager assistants who are ASL fluent. If all such positions cannot be filled by staff who are ASL fluent, the non-fluent staff members will receive specialized training in mental health treatment for persons who are deaf. The training is described below.

5. **Training for Professional Staff.** DMH will make training available to professional staff at the Specialized Outpatient Center(s) and the Inpatient Deaf Services Unit (clinicians, case managers and assistant case managers) in the following areas: Deaf Culture; ASL

(its features, its importance to and use within the deaf community); medical and psychosocial aspects of the deaf population; English fluency limitations in the deaf population, including speech reading and reading/writing limitations; fund of information limitations in the deaf population; how mental illness symptoms may differentially present in the deaf vs. hearing; how diagnosis, treatment effectiveness and treatment efficacy differ in regard to deaf vs. hearing individuals; effective working relationships between interpreters and clinicians.

6. **Sign Language Interpreters.** DMH will ensure the timely provision of qualified American Sign Language (ASL) sign language interpreters to plaintiffs in accordance with the Clinical Standards of Care. DMH will also make available to qualified interpreters a training program underwritten in part and covering the topic of interpreting in mental health settings. DMH will also make training available for interpreters covering the topic of interpreting in mental health settings. In choosing interpreters to work in mental health treatment with patients who are deaf or hard of hearing, DMH will prefer those who have completed the training over those who have not.

7. **Crisis Line.** DMH will ensure the continued maintenance of a 24 hour a day/seven day a week crisis line with an Access Crisis Intervention (“ACI”) with TTY capacity and access to voice interpretation for plaintiffs, if the existing crisis line (maintained by or through Leadership Education and Advocacy for the Deaf Institute) ceases to exist or reduces-its operation to less than 24 hours a day/seven days a week.

8. **Reporting.** DMH will periodically prepare for plaintiffs' counsel a series of reports setting forth specifically described statistical data and other information bearing on the extent of such compliance.