

Overview

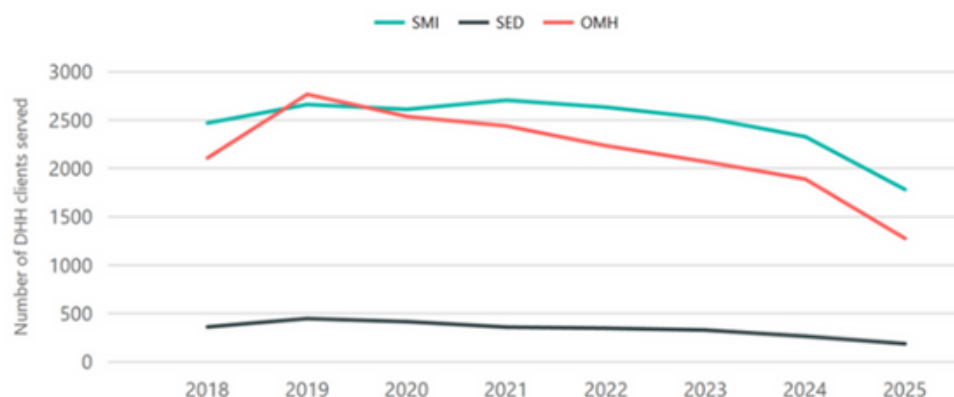
KRS 210.031 requires that a report be sent to the Commissioner of the Department for Behavioral Health, Developmental, & Intellectual Disabilities, the Secretary for the Cabinet for Health and Family Services, and the Interim Joint Committee on Health Services by July 1st of each odd-numbered year. This report meets that requirement by (a) **describing the accommodations** provided and services made accessible to deaf and hard-of-hearing persons (b) **reporting the numbers** of deaf or hard-of-hearing persons served (c) **identifying additional service needs** and (d) **identifying a plan** to address unmet needs.

Sections of the report follow the DBHDID focus areas of access, quality, and workforce. To center the experiences and expertise of the advisory committee members and partners, a [YouTube playlist](#) offers videos with **signed introductions to each section, reflections by members, and additional content**. All underlined words in this report go to live links with additional information. A QR code to the playlist is on page 7.

A GROWING POPULATION

Kentucky has more than 700,000 Deaf or Hard of Hearing residents - more than the population of Louisville! Based on national estimates, 175,000 to 210,000 of these individuals may experience behavioral health needs each year. Access to timely culturally and linguistically appropriate services and supports is not optional - it's essential. Every person deserves care that meets their communication needs and supports their mental health and well-being.

Number of Deaf or Hard of Hearing Individuals Served by Community Mental Health Centers 2018-2025



The numbers of individuals identified with hearing loss and serious mental illness (SMI), severe emotional disability (SED) or other mental health (OMH) diagnosis have decreased over the last five years. At the same time, rates of hearing loss and behavioral health needs are increasing in Kentucky. These data point to a lack of access driven by **gaps in identification of those with hearing loss and their communication access needs, difficulty consistently meeting those needs, and gaps in workforce capacity**.

During FY2023 and FY2024, Community Mental Health Centers (CMHCs) Engaged with:

- 4,778** People for mental health services
- 471** People for developmental and intellectual disability (DID) services
- 515** People for addiction services



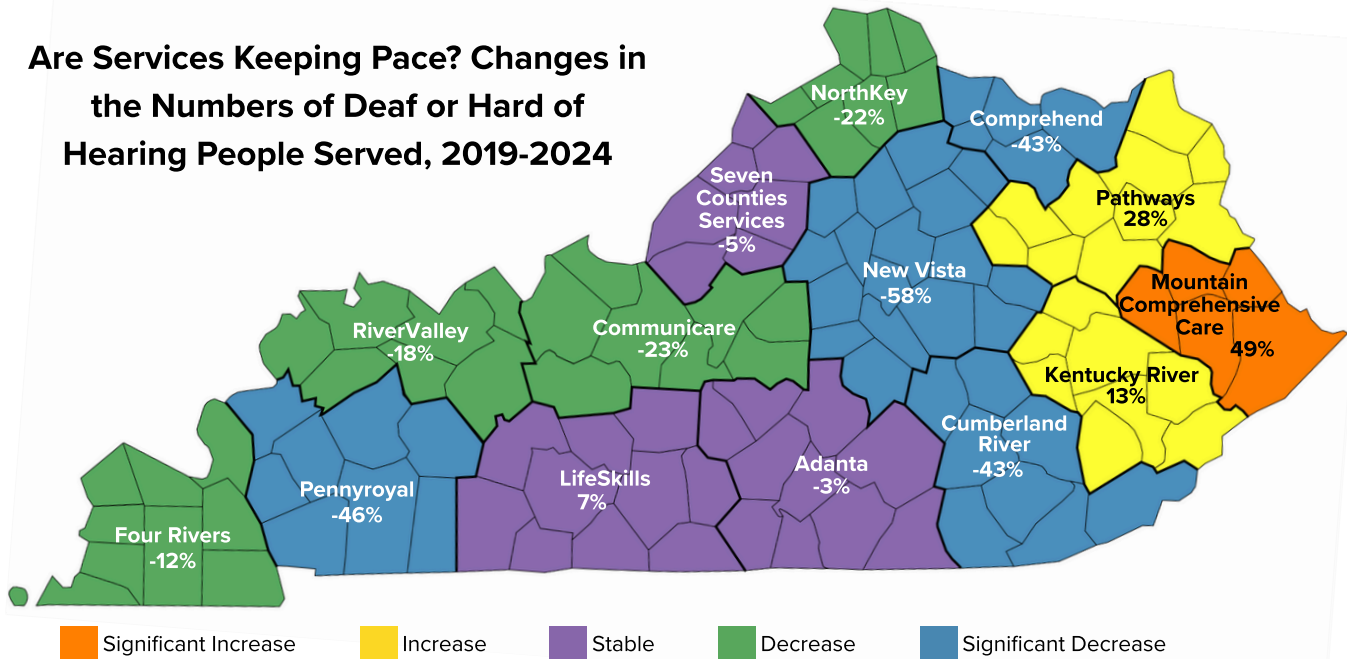
of those served were children



Overview



Are Services Keeping Pace? Changes in the Numbers of Deaf or Hard of Hearing People Served, 2019-2024



Behavioral health needs have risen for everyone since COVID, including those with hearing loss. Hearing loss rates in Kentucky have increased in the same time period. However, in eight of 14 regions, the number of individuals served has decreased in this time frame.



People who are Deaf, Hard of Hearing, DeafBlind, DeafDisabled, or who lost their hearing later in life often face major challenges getting services that match how they communicate and understand information. Because of this, they often experience worse health outcomes.



Of CMHC clients self-reporting hearing loss, **89%** identify as Hard of Hearing. They are more likely to need amplification, captioning, or environmental adaptations than interpreting in order to fully participate and benefit from services. Two CMHCs report providing these services.

Aligned Strategy

All behavioral health and related service providers need to make communication access a regular part of care so that no Kentuckian is left out!

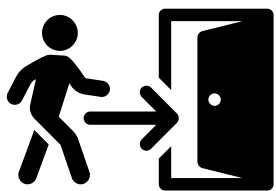
For the purposes of this report, the committee uses a variety of descriptors to expand readers' thinking about what **"Deaf and Hard of Hearing Services"** (DHHS) means. Individuals may prefer person-first or identity-first language. In very simplistic terms, **"Deaf"** refers to a person who uses sign language and identifies with the Deaf community. **"Hard of Hearing"** is often used for individuals who use residual hearing and listening and spoken language. A **"DeafBlind"** individual has combined hearing and vision loss. **"DeafDisabled"** individuals experience hearing loss and additional disabilities. Click [here](#) for more information.

Access

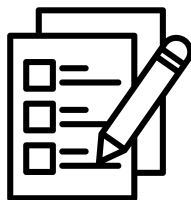
COMMUNICATION is a human right and the foundation for connection and recovery.

“People with hearing loss must have the **same opportunities** to take part in and fully benefit from services as everyone else, using whatever communication supports are necessary. This requires **cooperation, flexibility, commitment, and collaboration** between the provider and the patient. Mental health professionals who understand and meet individual communication needs are helping patients avoid serious consequences such as medication errors, misunderstood treatment options, missed appointments, misunderstood diagnoses, and higher health care costs. When patient communication needs are being actively addressed, even when it requires additional time or resources, **the potential for better outcomes increases** in every stage of their journey!” - Jeannie Taylor, Hearing Loss Association of America Representative.

Click [HERE](#) for a signed version featuring Anita Dowd, KY Commission on the Deaf and Hard of Hearing Representative.



Conducting intentional outreach and education decreases stigma and helps people find services.



Utilizing individualized Communication Access Plans helps fit the right accommodations to each person and situation.



Analyzing data about who gets services, where they live, and what access is provided helps the system run more effectively.

DBHDID promotes direct services in American Sign Language (ASL) for Deaf individuals.



2 full-time therapists,
1 full-time case manager serving
children and adults

2,273

Services provided this biennium
at Seven Counties and New Vista



Communication Access Plans
piloted or implemented
in 3 CMHCs

DBHDID staff offered
“Creating a Welcoming
Environment” trainings,
developed readiness checklists,
and used coaching to enhance
connections between providers
and individuals with hearing loss.

**DBHDID supports ASL
interpreting through funding
and training**

The number
of individuals served through
interpreters at CMHCs increased
16% due to cost sharing
between the service providers

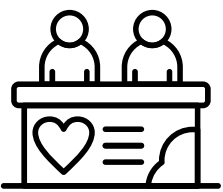


5,567

CMHC Services delivered in
partnership with ASL interpreters this
biennium

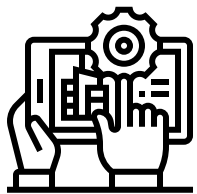
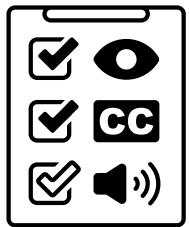


Access Gaps & Strategies



Intentional outreach at community events helps build visibility, trust, and awareness of DBHDID-funded services and projects. The department's **DeaFestival 2022** tent featured workshops on peer support, holistic healthcare, and overdose prevention. Each **KY Walk4Hearing** community awareness event offers opportunities to connect and share resources. The **Dinner Table Project** focuses attention on how improved family communication reduces mental health and addiction issues later in life.

Ensuring that behavioral healthcare information is available in multiple formats reduces barriers to getting help. Service providers like **Seven Counties Services**, **Turning Point**, and **New Vista**, created videos with American Sign Language and captioning to ensure that first searches for help were more accessible. DBHDID staff worked extensively on local, regional, and national collaborations to advocate for and promote the 988 Chat and Text options for crisis contacts. The **988 VideoPhone** option sets the standard for direct communication in American Sign Language by trained professionals.



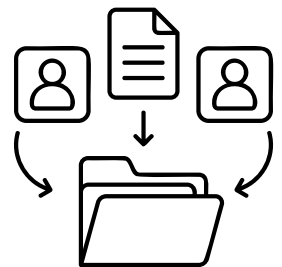
Close working relationships with **CMHC Point People** reveal challenges and opportunities in service delivery based on region. While various data sources offer conflicting information, collaborating with partners and people with hearing loss helps us find accurate information and analyze it to see what it means. Effective and efficient service delivery hinges on facing and addressing barriers.

Listening to Kentucky's rural residents helps everyone better understand their unmet needs, such as unidentified hearing loss and interpreter insecurity. Although hearing loss is more prevalent in rural areas due to jobs that expose individuals to dangerous noise levels, higher rates of chronic diseases, and other factors, partnering with programs like **KY HEARS** brings hearing healthcare to both clients and staff at CMHCs. Telehealth and video remote interpreting services address some gaps but do not match all individuals' preferences or needs. Ongoing collaborative problem-solving is needed to find solutions that work for all.



Engagement

**Localized information
and community trust is
needed
to strategically and
effectively address gaps
on individual and
systems levels.**



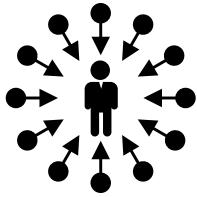
Plan to Address Unmet ACCESS Needs:

- **Conduct** at least two focus groups or outreach events in CMHC regions that are experiencing increasing numbers of people identified with hearing loss by the end of SFY27.
- **Create** two toolkits on communication access for DBHDID-contracted organizations by the end of SFY26.
- **Increase** use of communication access plans by DBHDID-funded providers by 25% by SFY29.
- **Identify** challenges in data collection and reporting on clients with hearing loss; document common barriers with proposed solutions to inform future data system improvements by September 2026.

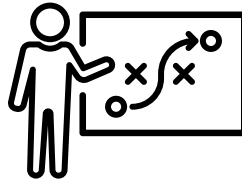
Quality

QUALITY services cannot be delivered unless they are person-centered.

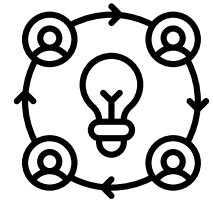
“For Deaf, Hard of Hearing, and DeafBlind Kentuckians, **quality care begins with communication**. As DHH members of this committee, we know that true quality means more than offering services—it means those services are culturally responsive, linguistically accessible, and shaped by our lived experiences. This section highlights progress and continued needs to ensure person-centered care for our community. Providing professionals with appropriate education, training supports, and tools to effectively communicate with patients has the potential to significantly **improve the quality of care** of individuals with hearing loss.” -Dr. Kristel Scoresby, Vice Chair
Click [HERE](#) for a signed version featuring Jennifer Brewer, Kentucky School for the Deaf Representative.



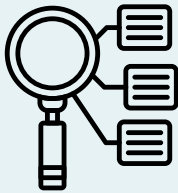
Centering individual, family, and community priorities for system design, delivery, and evaluation focuses providers on critical needs.



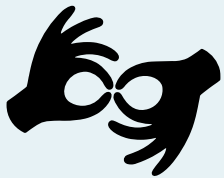
Tailoring pre-service learning and continuing education to address the complexities of serving the population improves capacity to competently provide services.



Fostering cross-system collaboration and ongoing learning results in shared problem-solving for continuous quality improvement.



DBHDID improved its ability to understand and address the needs of people with hearing loss who use **amplification and communication methods** other than American Sign Language interpreters.



Funded ASL Interpreters at
85+

DBHDID-sponsored meetings, trainings, site visits, and events each year normalizing **in-person and virtual** communication access.

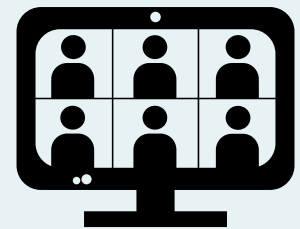
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**Trainings offered by
DBHDID Staff**

Topics included trauma-informed interpreting, dementia and hearing loss, family resilience, language deprivation, and addressing communication access in judicial settings.



Partnered with the University of Kentucky to analyze Kentucky Incentives for Prevention (KIP) survey data and develop research projects supporting evidence-based decisions and innovative training



DBHDID restructured training, coaching, and technical assistance offerings and increased online presence.

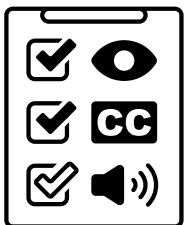
976+ views
on the [YouTube channel!](#)

Offerings include videos for the community and providers.

Demonstrated the benefits of professional captioning by funding **12+ DBHDID events** with CART (Communication Access Realtime Captioning) annually



Quality Gaps & Strategies



Quality services must start with effective communication on individual and systems levels. Aetna SKY's **LACES** (Language Access Communication Empowerment and Support) Value Added Benefit for children in out-of-home care provides communication assessments and coaching as well as Deaf or Hard of Hearing Guides by Your Side. **Community Impact Councils** initiated through Wellcare highlighted interpreter insecurity statewide.

There is a strong opportunity to build on existing service structures to better meet the often complex needs of individuals with hearing loss. Only **56%** of the Supports for Community Living or Michelle P waiver providers, serving over **1,700 individuals**, have organizational language access policies in place. Enhancing provider readiness through **strengthened contract and policy expectations**, **robust assessment and treatment planning**, and **strategic system development**, can help close those gaps. Specialized provider types and enhanced reimbursement rates would promote more effective communication, encourage broader provider engagement, and improve the overall quality of services for this population.



Co-designing supports that work can enhance service quality. **Creating space** for individuals to share what helps them communicate effectively leads to more responsive, person-centered care. Often customer satisfaction tools do not include questions about communication access. Most surveys and complaint processes remain inaccessible to ASL users. Strengthening feedback mechanisms will empower individuals, ensure individual experiences are considered, and drive meaningful improvements in service delivery.

Accountability

Providers and community members need to recognize and continually consider how hearing loss impacts service effectiveness and health outcomes.



Plan to Address Unmet QUALITY Needs:

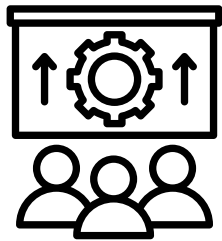
- **Develop** sample customer satisfaction surveys and complaint processes that are linguistically accessible for DBHDID-funded providers by the end of SFY27.
- **Revise** planning, reporting, and monitoring tools to collect information on auxiliary aids and services by the end of SFY27.
- **Partner** with at least two universities to offer internships, fellowships, and other training opportunities to increase the capacity of current and future providers to meet the complex needs of the population each SFY.
- **Engage** with two or more managed care organizations to explore, initiate, or sustain partnerships to address unmet integrated healthcare needs of members by the end of SFY28.

Workforce & Organizational Culture

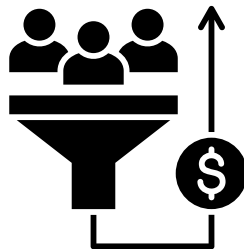
ORGANIZATIONAL CULTURES that prioritize access foster **WORKFORCE** readiness.

“Meeting the mental health needs of Deaf, Hard of Hearing, DeafBlind, and DeafDisabled Kentuckians requires a workforce that is both culturally and linguistically prepared. We need **more sign-fluent therapists, Deaf peer support specialists, interpreters trained in behavioral health, and providers** who understand the unique experiences of our communities. This section highlights the urgent need to grow and support a workforce equipped to deliver accessible, affirming care.” - Dr. Kristel Scoresby, Vice Chair

Click [HERE](#) for a signed version featuring Amanda Friend, Office for Vocational Rehabilitation Representative.



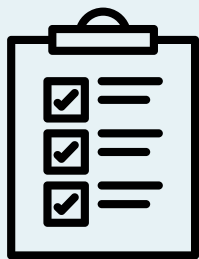
Embedding communication access requirements into budgets, positions, contracts, and monitoring elevates all organizations’ operational excellence.



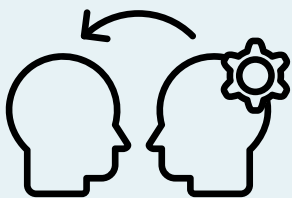
Investing in provider development and compensation creates livable wages and reduces turnover for a thriving and resilient workforce.



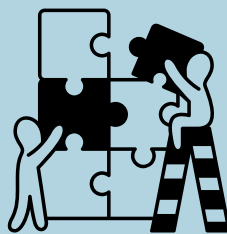
Building treatment, recovery, and support services with full communication access improves the system of care for all Kentuckians.



DBHDID normalizes shared responsibility for communication access at events and programs by creating new processes and coaching staff.



Funded one clinically focused practicum student at Seven Counties and mentored one public health intern at DBHDID. See a [recap](#) of one experience on the YouTube channel!



The DHHS Program is grateful for its many partners. Collaboration allows DBHDID to expand its reach and meet shared goals.



Scan above or click [here](#) to visit the DBHDID DHHS YouTube Channel including the Biennial Report Playlist.



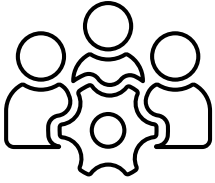
DBHDID promotes Certified Peer Support Specialists at [Bridgehaven Mental Health Services](#), [Recovery Cafe Lexington](#), and [Seven Counties Services](#)



Telehealth helps Deaf Mental Health specialists expand their reach increasing access to sign-fluent providers in rural areas.



Workforce & Organizational Culture Gaps & Strategies



With the **8th largest population** of individuals with hearing loss in the nation, Kentucky has a unique opportunity to lead in inclusive, accessible service delivery. Aetna SKY data show that at least **70 children** with permanent hearing loss are involved with the Department for Community Based Services each month. Department for Aging and Independent Living intake data show **714 older adults** reporting hearing loss. Both data sets are expected to be undercounts. By establishing a standardized approach to identifying and addressing hearing loss, organizations can improve engagement, strengthen outcomes, and ensure services are more responsive to the people they serve.

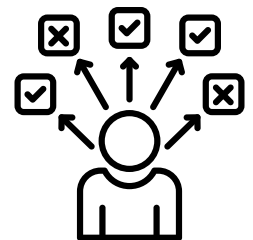
Professionals able to communicate in American Sign Language or trained to address the many nuances of serving the population need to be fairly compensated. Adopting enhanced rates for bilingual service providers and creating provider types that reflect the skills needed for comprehensive care can reduce turnover and enhance recruiting. Smaller agencies, rural providers, and those offering more long-term services may run a deficit for responsibly providing consistent, high-quality American Sign Language interpreters. For example, therapeutic rehabilitation services in Western Kentucky are reimbursed at **\$150/day** while interpreting costs are **\$635/day**. Narrowing gaps between the cost of providing services and reimbursement rates can reduce the burden on providers and ensure effective communication during vital services.



Creating warm, welcoming, and healing-centered treatment and recovery environments is both a need and an opportunity for growth. The hiring of a **Deaf Program Coordinator** at DBHDID and the training of **11 Deaf or Hard of Hearing Peer Support Specialists** have helped highlight daily communication barriers, the impact of past trauma, and the urgency of meaningful change. These efforts underscore the value of expanding the workforce with individuals who bring both lived experience and strong communication and clinical skills — a key step toward building trust and improving engagement in treatment and recovery.

CHOICE

**Deaf and Hard of Hearing
Kentuckians need
accessible services in the
right locations
with the right providers.**



Plan to Address Unmet **WORKFORCE** Needs:

- **Implement** a process for screening the behavioral healthcare workforce using the Sign Language Proficiency Interview (SLPI) by December 2026.
- **Develop** and propose an enhanced rate framework based on other states' models for use by the waiver redesign team by the end of SFY26.
- **Identify**, by the end of SFY27, three opportunities to address the gap between the cost of providing auxiliary aids and services and provider reimbursement rates.
- **Sustain** the existing Deaf and Hard of Hearing therapists, targeted case managers, and peer support specialists through SFY27 by prioritizing funding allocations.
- **Identify** additional funding sources to expand direct services in ASL in rural areas by SFY29.
- **Explore** at least three partnerships to address the needs of rural Kentuckians by the end of this biennium.