



The Minnesota Chemical Dependency Program For Deaf and Hard of Hearing Individuals

INTRODUCTION

The Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals opened its doors in 1989. This model substance abuse treatment program for Deaf and Hard of Hearing people offers a full range of treatment services as well as education, training, and referral. We would like to take this time to acquaint you with our program and offer you information on making a referral to our program.

During the past fifteen years, our staff has developed specialized approaches designed to meet the unique communication and cultural needs of Deaf and Hard of Hearing persons in chemical dependency treatment. These approaches include attention to assessment, primary treatment, family therapy, extended care programming and aftercare.

Among our program's accomplishments is the creation of two videotapes presented in American Sign Language: *Dreams of Denial* and *Clinical Approaches: An American Sign Language Interpretation of the Twelve Steps*; the publication of the accompanying manual, *Clinical Approaches: A Model for Treating Chemically Dependent Deaf and Hard of Hearing Individuals*, which captures the philosophy and approaches of the Program; the publication of the *Choices* curriculum and the *Staying Sober: Relapse Prevention Guide* workbook. Additionally, the program has offered hundreds of hours of outreach and training.

Included here is our Intake Worksheet for a potential new client, as well as a list of frequently asked questions, information necessary for referring a client covered by Medicaid, and other helpful information for our clients. We encourage you to contact our program if you have any questions or would like more information.

The Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals
(612) 273-4402 (voice, TTY, or video phone)
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REFERRING CLIENTS

The process of referring a potential client to our program should begin with a call (by telephone, TTY or video phone) to our office during regular business hours. The first step -- completing our Intake Worksheet -- will require collecting information about the client including: name, address, social security number, date of birth, employment/school information, drug use history, information on any medical or psychological issues, and funding information. Concerned family members, counselors or clients themselves are welcome to call. The average length of time between the initial intake call and time of admission is approximately one week, although that is not a guarantee as that time can vary depending on a number of factors.

The Intake Worksheet can be filled out by the potential client him/herself or a helper, and is usually best done with the assistance of our office staff. It is important to complete the form with detailed and accurate information so that we may best process the potential admission. A copy of both sides of the potential client's insurance, Medicare, or Medicaid cards MUST accompany the worksheet. The completed worksheet should then be sent to our office by mail or fax. Our program's Intake Coordinator will be happy to help you throughout this process. While the admission is being processed, case histories will be discussed to ensure the best placement for the individual. Before we are able to make a decision to accept the potential client, an interview will be conducted with the individual, usually by video phone or TTY, to make sure we are able to meet that person's needs and to rule out any possible barriers to treatment.

- Admission dates and times are determined by the program staff with consideration being given to the client's needs and the ability of the program to accommodate those needs. All admissions are planned and scheduled in advance, and admissions are done Monday through Thursday mornings. We are not equipped to accept walk-in admissions
- Some types of funding may require patients to make a down payment at the time of admission. For those clients paying for all or part of our service out-of-pocket, flexible payment plans and financial assistance plans are often available. We will make every effort possible to ensure that financial barriers do not prevent someone from receiving needed care.
- Transportation to and from our facility is the patient's responsibility. For those traveling from outside the Twin Cities, a round trip airplane or bus ticket is required for admission. Staff can provide estimates of a return date to the client. Changes to tickets are the patient's responsibility. Therefore it is very important not to book transportation until the potential patient has been notified he or she has officially been accepted into the program.
- Although the Program is anxious to work with family members and referral sources, after admission to our facility further contact is possible only when appropriate release of information forms are signed by the client.





Frequently asked questions

How is your program different from other treatment facilities that serve Deaf or hard of hearing clients?

The Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals is tailored to meet the special needs of deaf or hard of hearing people. All counseling, therapeutic groups, and one-on-one sessions are conducted in American Sign Language. Patients are in a setting with their peers sharing similar life experiences, language and, most importantly, culture. All clinical staff are fluent in American Sign Language and sensitive to Deaf culture. Some staff members are deaf or hard of hearing, with a portion of these also in recovery. Our program is located within the University of Minnesota Medical Center, Fairview, allowing for access to a wide array of medical services whenever needed. While our clients will occasionally attend sessions with hearing individuals (such as 12-step meetings) interpreters are provided in such instances; our clients are not main-streamed into therapy with hearing clients.

What treatment philosophy do you follow?

The Program is based on the Minnesota Model 12 Step philosophy and incorporates other models and approaches to meet the needs of the client. Interpreted or Silent AA and other Twelve Step meetings are attended. Generally clients complete Steps 1 through 5 while in treatment. While treatment programs traditionally focus on lengthy reading and writing assignments, our program instead uses unique approaches including the use of drawing, role-play and other strategies, which minimize barriers of language. Aftercare referrals are recommended which typically include the ongoing support of a sponsor and AA or other Twelve Step meetings.

Does the program incorporate modified materials into the treatment of the patients?

During the last fifteen years the Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals has produced various manuals, videotapes, work books and guides to be used by Deaf or hard of hearing people. The videotapes are signed, voiced and open captioned. Step work is often modified to meet the individual learning capacity of the client. All treatment assignments are specifically developed to meet the needs of our Deaf or hard of hearing clients.





What modes of communication are used with clients?

The majority of our clients use American Sign Language (ASL) as their preferred mode of communication. Assistive listening devices are also available for client use.

What is the average length of stay?

Most of our patients come to us for an average length of stay of 28 days in our intensive outpatient Lodging Plus Program. We also offer inpatient acute detoxification, outpatient counseling, and sobriety management counseling. In deciding what approach would be best, the client's individual needs and circumstances are considered.

Do you accept clients from outside of Minnesota?

Yes. Clients from 48 states and 5 provinces have been treated at our program. For states not previously served, staff members are able to assist in developing agreements to provide treatment services.

What funding sources do you accept?

As part of the Fairview healthcare system and the university of Minnesota Medical Center, we are able to accept many various funding sources. We can accept private insurance, consolidated funds, Medicare, OHIP, VR funds, self-pay, and Medicaid. Staff members are available to discuss funding concerns and to assist in identifying funding sources.

Is there any opportunity for family members to be involved with the treatment process?

We encourage any interested family member to be involved in our Family Week program. Clients and family members will attend lectures, therapy groups and counseling sessions during the week. Concerned persons have the opportunity to learn about addiction and ways to be supportive to recovering family members.

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About Medicaid Payment

The Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals is a specialized treatment program for people who are Deaf or hard of hearing and utilize American Sign Language. Our program is able to accept a variety of funding sources to pay for our program. Clients who have Medicaid or similar types of funding through their home state may need to seek preapproval for reimbursement to an out-of-state provider. States may have practices that only include payment within the state. However, Fairview is able to assist clients, families and referring persons in advocating for an exception to these procedures. In the past families and clients have advocated to Medicaid offices for payment to our program. Families have been successful in a number cases and clients have entered our treatment program from nearly every state in the nation. In some instances, a contract may already exist between our program and some Medicaid offices. Families and clients may contact our office to see if a contract is in place.

Listed below are some suggestions for you to use when advocating for Medicaid to pay for our treatment center.

- Contact your state's Medicaid office and determine the appropriate office or personnel to speak with regarding this matter. The local Deaf and Hard of Hearing services offices may also be a helpful resource when advocating for services.
- Determine Medicaid's willingness to pay for chemical dependency treatment within your state. In some instances Medicaid will not cover the cost of chemical dependency treatment.
- Determine the availability of treatment centers in your state that are accessible to Deaf and hard of hearing people. If no such program exists you may want to discuss with the Medicaid personnel the importance of an accessible treatment center and any ADA issues that may apply.
- Discuss with the personnel in the Medicaid office the expense of hiring interpreters for treatment. Generally interpreters can cost between \$20.00 to \$40.00 dollars an hour. It may actually be less expensive to refer a client out of state.
- You may want to notify Medicaid of any extenuating circumstances surrounding the client's case. For example, being court ordered to treatment, child protection issues, or referrals from a physician may influence the decision.
- Be persistent and record the name of those people with whom you speak in a particular office. This will greatly assist us when we are negotiating rates or obtaining a written letter of authorization.

If at anytime additional information is required from our program or a letter is needed detailing our treatment center we would be happy to offer this assistance. We are also available to negotiate rates and length of stay with the Medicaid offices. Please contact us if you have any questions.





The Minnesota Chemical Dependency Program For Deaf and Hard of Hearing Individuals

Typical Weekday Schedule

8:30	Daily reading and group discussion
9:30	Break
9:50	Group therapy
11:15	Lunch break
12:30	Educational group lecture
1:30	Group discussion of lecture
2:30	Break
2:50	Individual counseling
3:40	Break
4:00	Group therapy
5:00	Dinner break
6:00	Project, such as: Relapse prevention strategies, personal
	inventories, educational videos, etc.
7:00	Twelve Step meeting or educational group
9.15	Soher Fun

The above schedule is representative of most treatment days. On Saturdays, patients typically attend group workshops from 9am to 3pm on topics such as relationship building, anger management, and preventing relapse. Saturday evenings are typically recreation time. Sunday mornings include a continuation of workshop topics, spirituality discussions and optional time for worship. Clients usually attend five interpreted 12-step meetings each week. Consultants provide additional informational sessions on a rotating basis covering topics such as prevention of sexually transmitted infection, HIV/AIDS education and prevention, domestic violence awareness, and vocational rehabilitation. Spirituality groups and grief groups are ordinarily offered once each week. Week-long family inclusive therapy is provided, with participation by parents, spouses and other loved ones. Various recreational activities are interspersed in the schedule to help clients develop resources for recreation as sober individuals.

10:00 End of programming for the day