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Abstract

When alcohol and drug problems are identified within the mental health setting, the clinician may experience tremendous barriers referring for alcohol and/or drug intervention. In the San Francisco Bay Area (the Bay Area encompasses between 5 to 7 counties close to and including San Francisco), we have been addressing these barriers and advocating for effective alcohol and drug recovery services for the past two years. Breaking the barriers to alcohol and drug services for the deaf and hard-of-hearing involves changes within the "system." This paper describes how to be a catalyst for change using a "systems approach": the process for obtaining accessible services and providing training to local service agencies, and the process of advocacy at local, regional, and state levels.

Introduction

There has been a growing interest in the field of substance abuse among the deaf community and service providers working with the Deaf. In 1990, Gallaudet University hosted a National conference on Substance Abuse in the Deaf Community, and since then there has been a noticeable increase in sharing information and compiling lists of available resources in the country. The approaches to advocating for services vary from community to community. Some are decentralized; others focus on one aspect of the problem. The approach that will be described in this presentation is the systems approach.

The Systems Approach

The Systems Theory which is often used in the field of social work can be applied to working with individuals concerned with alcohol and drug abuse. In order to work with and have an impact on the system, it is important to gear energies toward understanding: how the system works, who are the key players, and how to introduce and make changes.

We need to look at the whole continuum of recovery services as we progress in our advocacy work. The systems approach provides a broad theoretical framework for organizing information and understanding interconnections and inter-relationships. If, for example, we place our energies into advocacy for residential services, and ignore the needs for after care or interpreted "12 step" meetings to help continue the recovery process after the person leaves the residential program, then the chances for relapse will be greater.

In order to provide adequate recovery services we need to look into the wide spectrum of services from prevention to intervention to treatment to after care/support services. Often we wonder what kinds of program delivery to advocate for: mainstreamed, accessible services, or deaf-run,

deaf-served. While there is no formal research on which services are more effective, we have been advocating for a "choice" in programs to include both mainstreamed accessible services and deaf - run, deaf-served services.

Systems Approach to Obtaining Services

Needs Assessment

Needs Assessment provides concrete numbers, and justification for asking for services, such as a demonstration of the lack of services. Most programs or funding foundations will not award grants unless there is documentation of the need for those services. Once we have this information documented, then we can be stronger advocates for services and start building partnerships and coalitions with other groups and organizations. From there, we can seek funds, and implement programs.

For example, a few years ago, during a local meeting of deaf service providers, we listed several gaps in the services provided in the Bay Area, and discussed the need to have more consistent information on alcohol and drug services available. We agreed to establish a subcommittee on Alcohol and Drugs as part of an existing coalition called the Deaf Services Network North (DSN) to address some of these concerns.

In another needs assessment, one of the researchers at UCCD conducted a study of children with deaf parents who have been referred to Child Protective Services. It was found that in 53% of the cases, deaf mothers had substance abuse problems, which included: 19% mixed substance abuse, 14% cocaine, 11% cocaine and alcohol, 9% alcohol alone. Forty-seven percent either had no reported or no history of abuse. These percentages also collaborate with the general Children Protective Services report for hearing parents (Charlson, 1991).

In 1988, the California Department of Alcohol and Drug Problems conducted a study on alcohol and drug services provided to disabled participants. Fifty percent of the alcohol and drug programs were unable to provide services to deaf and hearing-impaired persons. Only 7% had a line budget item for interpreters (Department of Alcohol and Drug Program, 1989).

These statistics have been instrumental in recognizing the needs for services and have provided a more substantial base for our advocacy work, grant proposals, and for articles describing the needs for accessible services.

Advocacy

There is strength in numbers. Efforts by individuals or single organizations are rarely effective in long-range planning. The most successful efforts have been those built on partnerships and coalitions among broad groups of individuals and organizations. The collective influence allows for greater participation in community, regional, state, and national activities and decisions. Roles for community coalitions include:

1. Establishing a committee that includes alcohol and drug service providers and deaf service providers. In our case, the Subcommittee on Alcohol and Drugs of the Deaf Services Network North served as that committee.

2. Participating in local master planning activities and insuring that accessibility for the deaf is included in the master plan.

3. Getting to know the agencies concerned with abuse by participating in alcohol/drug conferences, approaching county alcohol and drug programs with documented needs assessments, establishing liaisons with individual providers, and learning how the system works and how funds are allocated.

4. Participating in local and state task forces/advisory boards that focus on alcohol/drugs and on disabilities and discussing how to improve accessibility, increase sensitivity and awareness, and fund allocations.

5. Providing cross-training for groups and organizations for deaf services and for alcohol/drug service providers. We have been instrumental in getting in-service training for experienced counselors of the deaf in alcohol and drug information and counseling techniques. We have also trained alcohol and drug service providers in how to best serve the addict who is deaf.

6. Assisting each other by allocating money and mini-grants. For example, one of the alcohol and drug service provider programs was able to include in their grant proposal a budget portion for interpreters to be provided at their facility.

7. Holding community forums to discuss alcohol/drug problems.

8. Supporting existing programs and encouraging interpreted programs. In our area, for example, there is an annual "Living Sober" conference which has increased its interpreted sessions from one evening to full conference. Also, we have a "Friday Night Live" high school program in one of our counties which has agreed to outreach to deaf teens and have interpreted sessions.

9. Modeling healthy and proactive behaviors.

Funding

This is probably one of the biggest stumbling blocks for advocates. One of the significant tasks of advocacy work should include liaisons with key individuals in the field of alcohol and drug services who know about state and county funds and procedures, and who may be willing to provide technical assistance with grant writing or joint projects.

It seems that working with umbrella organizations might be one effective means to obtain program support and funds. In California, we have two alcohol and drug services agencies which are of, by and for the Deaf. Both of these are under the auspices of an umbrella organization which was already well known and established. In the Bay Area, we are using smaller umbrella organizations as a means of achieving interpreted meetings. For example, one such organization has been able to obtain special interpreting funds under a larger grant and now offers interpreting services as part of the contractual rent agreement for various meetings. Twelve Step meetings and other support groups paying rent get the services of an interpreter if one is needed.

Training

In order to work with the referring party (often a deaf service agency or legal agency) and the referred party (alcohol or drug providers) it is necessary to provide inservice training. For alcohol and drug service providers, we provide inservice training about deafness and deaf culture. For deaf service providers, we do training about alcohol and drug use recognition and intervention.

Some training we have provided include: a) A cooperative grant/agreement with one county to provide presentations on deafness, deaf culture, how to use an interpreter, follow-up, on-site consultation and telephone consultations; b) trainings for county sheriff departments, city police and probation departments; and c) trainings to "Driving Under the Influence" delivery service meetings.

The alcohol and drug providers are not the only groups who need training and introduction. We have provided training in alcohol and drug assessment to mental health workers familiar with deaf persons, in legal and social services systems, to make them more consistent in their referrals to alcohol and drug programs and rehabilitation counselors.

Evaluation Services

It is very important to evaluate and re-evaluate what has been done. Often we get some pieces into place without realizing that we have avoided or ignored major issues which need to be addressed. For example, we provided inservice training in two alcohol and drug provider agencies which had deaf clients, and suddenly there were no more interpreting funds available. After deliberation, we discovered that we had not adequately coordinated with the funding agency to determine how and when interpreting funds would be available and what limitations there were on the use of them. We now can go back and revise contracts and manuals so that the "do's" and "dont's" are more clearly stated. We are either able to make a greater impact or do a second needs assessment in this particular area. It is only by continuing to evaluate the effectiveness and the changing needs of our clients that we can assume that deaf people in need of alcohol and drug services will be adequately served.

Summary

In order to develop programs for deaf and hard of hearing persons with substance abuse problems a systems approach can be helpful to insure that quality services are maintained on a regular basis. The approach consists of five primary components: a needs assessment, systematic advocacy, adequate funding, training of service delivery personnel and evaluation of the program. Each of these components must be given full attention. Too often programs are developed piecemeal, with little thought about how these components each contribute to the success of the program. The authors encourage program administrators to take a systematic look at their programs using these components as guidelines.

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