

Deaf Community Action Network
DeafCAN!

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DeafCAN! 2023 Suggested Prison Accommodations for Deaf, DeafBlind, DeafDisabled and Hard of Hearing (DDBDDHH) inmates but referred to here all as “D/HH” – revised 5-2024

Access planning	<i>If, upon intake, identified as D/HH, communication specialist (not simply an audiologist or speech therapist) should perform a communication assessment of ALL their communication skills</i> (hearing, speaking, signing, reading, writing...), to identify needed accommodations and <i>develop a communication plan</i> . Plans should be reviewed regularly (at least every two years), evaluated and adjusted as needed. In anticipation of typical accommodations, money must already be budgeted, contracts secured, & processes in place to expeditiously provide those accommodations.
Intake	Because other background information may not be available, the first question should always be “What is your preferred language or accommodation needs for this intake and/or all evaluations” and, until other contrary information is verified, that person’s preference should be honored. Hearing, vision, mental & physical health or disability questions should be on all such intakes to guide services going forward.
Hearing aids, cochlear implants, & assistive listening systems.	Entity will provide hearing aids recommended by audiologist and timely repairs/replacement of batteries and charging stations and the needed auxiliary aids for effective operation of CIs (cochlear implants) or other hearing devices. ENT doctors should evaluate each inmate upon entrance & their recommendations should be followed whenever possible, esp regarding CIs. As a disability and chronic condition, inmates should not be charged for any of these services. CART/captioning (described below), ALDs, Assistive Listening Systems, should be available for HH individuals to fully participate in programs & services as needed.
Telecommunication / Phones	<i>Amplified, captioned and video-phones, with comparable levels of privacy</i> , for calls need to be provided. <i>Because of obvious possible exploitation and abuse</i> , other inmates should <i>never</i> be able to walk by and see those being called (mothers, wives, daughters, sons.....) or retrieve numbers or other information that is often typed & displayed. Such specialty phones must be available during the same time periods as others, not locked away in offices, for example, not available during evenings or weekends. Entities must guarantee that the speeds needed for equivalent phone conversations happen without disruptions such as freezing, blurring, or disconnecting due to insufficient video or audio service.
Communication Alerts and Announcements	<i>Must have a safe and effective wa/sy to provide accessible notifications about count, fire, lock-down or emergencies, as well as meals, showers, yard time, doctor and counselor appts, visitors</i> and other info inmates need to know (and is communicated routinely to others). Electronic display boards, flashing or colored lights, vibrating watches.... all have important uses.
Sign Language Interpreters	Hearing and Deaf interpreters should be provided, <i>and budgeted for</i> , at least equivalent involvement <i>for both</i> required & optional programs used by other inmates: education, rehab, work, religion, health appts, meetings with DOC staff, hearings, other

	<p>inmates.... “Reasonable” level to <i>budget for is no less than 10-15 hrs per week, per person.</i> DDBDDHH inmates must be allowed to sign up for such activities at those rates per a monthly calendar and interpreters will be provided. The prison should consider hiring/partnering with qualified, ASL-fluent Deaf professionals for education, mental health and other programming that are now readily available remotely.</p> <p><i>Other inmates or staff should not be used to ‘interpret’, except for very casual conversation, according to the ADA & Section 504. VRI (Video Remote Interpreting) should be contracted/connected in multiple locations (program, medical, hearing area, restricted housing, main block housing...) for both 24/7 emergency needs, as well as general programming and services for times when ‘in person’ interpreters are not available.</i></p> <p>However, there are many situations in which VRI is ineffective and NOT a compliant substitute: highly sensitive topics, eye exams or vision impairment, fast paced interactions, or multiple speakers, some mental health situations, where internet connection is weak resulting in freezing or blurring from poor video or audio, when D/HH are ill or prone, certainly if the interpreter needs to know what is going on all around and not simply what they can see through their camera.</p>
Captioning	<p><i>Should be available on all TVs /monitors and an option for DHH people who don’t know sign language. This will similarly apply for ALL programs & services,</i> such as movies, lectures, in house TV or movie channels, classes, and all other programs offered to inmates or returning citizens.</p> <p>CART (Computer Assisted Real Time Captions) must be available, as with interpreters, via in-person & remotely.</p>
**Staff responsible	<p><i>Full time State-wide D/HH Coordinator,</i> who is knowledgeable about D/HH issues, general disability, and relevant federal and state laws, is to lead and oversee these efforts at both state & county levels. Liaison D/HH Coordinators must then also be named at each State institution designated as a D/HH center, & the State Dept of Parole/Probation (who will ensure compliance at all regional sites). Each County jurisdiction will also name its own D/HH Coordinator for both their jail and parole/ probation Depts & their health & human service departments. All will be trained by the State-Wide D/HH Coordinator and charged with complying with the subsequently adopted, enhanced policies and procedures.</p>
Staff training -	<p>All entities that house or serve with this population will require sensitivity and competency training, initial orientation and refresher trainings, for all staff. <i>Staff working more directly with this population (block staff with D/HH persons for ex) will receive additional training, including basic ASL skills,</i> how to use interpreters, and familiarity with specialized assistive technology. These trainings will be developed and overseen by the State-Wide D/HH Coordinator. Whenever possible, strong consideration should be given to hiring or contracting with individuals who already have knowledge and skills, such as ASL fluency or D/HH themselves, and who, therefore, might be able to provide the same services without the need for accommodations.</p>
Prison & housing choice -	<p>Though systems tend to cluster D/HH individuals to more efficiently provide sometimes costly accommodations, they should not be automatically placed together at either prisons or programs. They need to maintain their same right to choose their prison, housing, or program preference as others: proximity to family, resources, classification, etc.</p>
Restricted housing / Solitary	<p><i>The harmful and sometimes long-lasting effects of solitary confinement often affect D/HH faster and more deeply than hearing people.</i> It inflicts even greater isolation, confusion, and desperation which too often leads to permanent mental health damage, self-injury, or even suicide. As such, solitary should rarely be used <i>& only if 1) appropriate accommodations are used for interactions and 2) accessible check-ins more frequent by those with more than basic communication so they can REALLY listen to, understand, & communicate equally the DHH persons involved. If phone calls or visits are allowed, they must be allowed and accommodated for D/HH people as well.</i></p>

Off-site medical/other care, and all contractors	<i>Those contracting with the entity/provider must demonstrate the same level of understanding of and compliance with all disability laws and ensure access to all programs and services, & institute an oversight system to guarantee such access.</i> Institutions not located near city hubs with more in person resources are not excused. They must verify their policies on accessibility, dollars budgeted and contracts in place with those that can provide the required access remotely.
Probation and Parole	Equivalent access to ALL P/P programs & services must be ensured, including all residential or community programs, regular office & home/work check-ins, etc. Staff need to have the same awareness trainings so they are prepared from day one of receiving any D/HH consumers.
Policies Procedures	<i>All of the above needs to be set into policies & procedures.</i> Current PA DOC policies/procedures, for example, lump D/HH into the general disability category. <i>That mostly does not fit their needs &, instead, serves frequently to discriminate by not serving their needs.</i> Because Communication is at the root of nearly all services, and THE barriers preventing equivalent access for D/HH people, a specific and parallel set of P & P need to be developed specific to this population that prevents the delay and denial tactics that are often the norm, not just in the short term, but throughout the entire 'service period' D/HH people must endure.

Other issues:

Hand restraints – Detaining agency “will implement an operating procedure relating to the handcuffing of Deaf inmates that will, whenever possible, permit Deaf inmates to use their hands for effective communication.”

Monitoring & Compliance – As in VA and other states, PA should initially identify and provide a team of knowledgeable people from the D/HH communities (HLA, PSAD, DeafCAN!...) and “permit, on a semi-annual basis, for a period of at least seven years” for this team to “access each facility in which D/HH inmates/individuals are served or housed, to conduct a review to determine if personnel’s treatment of D/HH inmates” the intent and specifics within the above recommendations.