

PROPOSED PRESENTER: MELISSA WATSON

Advancing Equity in Telehealth through Person-Centered Care

Deaf Mental Health Perspectives

Discussion Draft for Presenter Review

Voices, Values, Visibility: Advancing Disability Equity Together · Virtual Conference · October 23, 2026

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Emergence of Telehealth in Mental Health

There were very few telehealth services for the Deaf/HoH population when it came to mental health counseling. Those who had Medicaid or Medicare insurance could not benefit from this service.

The pandemic prompted a shift from in-person to telehealth to ensure continuation of services.

Adaptation to Telehealth

Video platforms were already utilized by the Deaf community such as FaceTime, Facebook Messenger video chat, Videophones & other video platforms.

Shifting to telehealth was relatively easy for this population. Many adjusted to the zoom platform.

Benefits of Telehealth

1. It saved a lot of time (transportation, leaving or arriving to work late/early)
2. Cancelled appointments decreased
3. More choices for therapists especially those who can communicate in ASL.

Challenges of Telehealth

1. Lack of available signing therapists due to high caseload and availability
2. DeafBlind population- some require in-person
3. Insurance panels are closed/few in-network options

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Equitable Telehealth Requires Clinical and System Access

An accessible video appointment alone does not create equitable care. Equity requires the right professionals, the right systems, and access throughout the full continuum.

Accessible Clinical Practice

Communication, pacing, and interventions adapted to each person's language and needs.

Qualified Professionals

Deaf and ASL-fluent clinicians, qualified interpreters, and culturally responsive providers.

Sustainable Payer and Regulatory Systems

Licensing, insurance, and telehealth policy that support rather than obstruct access.

Access Throughout the Continuum

Outpatient, crisis, inpatient, residential, and community services that are all accessible.

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Clientele seen in Telehealth

Clinicians who treat Deaf and Hard of Hearing (HoH) tend to see wide range of deaf clienteles because of the limited availability of signing therapists.

Children

Wide range of linguistic skills.

For some, extra support from their support person is needed to stay focused

Challenging due to the need for more activity-based sessions

Adolescents

Tend to be more tech-savvy and quick to adapt to zoom

Some can engage in talk therapy while some benefit from activity-based sessions

Some struggle with EHR platforms

Adults

Wide range spectrum: Adults with normal intelligence to those with intellectual disabilities

Most are open to zoom but few prefer Videophone.

Most have adapted to EHR platforms

Elderly

Same type of spectrum but their needs tend to center around their aging.

Limited experience or knowledge with platforms such as FaceTime, Zoom. More accustomed to VP

May struggle with EHR platforms

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Cases Commonly Seen Through Telehealth

Clinicians who treat this population tend to work with a wide array of diagnoses. This is a low incidence population and clinicians will come across individuals with variety of diagnoses.

Trauma/PTSD

Commonly seen
Address past traumatic
experiences and PTSD
Symptoms

Mood Disorders

Support for various mood
disorders and emotional
health.

Anxiety

Support for various
anxiety disorders

Substance Use

Specialized Counseling
for Substance use &
Addiction

Family Conflict

Provide family therapy
or individual therapy to
work through their
family conflict

Thought Disorder

Provide support for
individuals with
psychosis

Identity & Language

Deaf identity
development & language
deprivation support

Social Isolation

Connecting individuals to
care to reduce social
isolation

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Diversity Within Deaf Communities

Deaf, DeafBlind, and Hard of Hearing people are not a single group. Effective telehealth begins with understanding each person's language, background, and circumstances.

Languages and Communication Needs

Communication style and needs vary amongst the community. The clinicians should match the needs of the person served: ASL, signed English, oral communication, adapted ASL (Deaf individuals from other countries), and tactile methods.

Ages and Developmental Needs

Children, adolescents, adults, and older adults each require different approaches to pacing, materials, and clinical framing.

Additional Disabilities and Clinical Needs

Co-occurring conditions, trauma histories, and complex presentations require individualized clinical planning.

Technology and Family Support

Access to devices, broadband, and family support can be lacking which can impact the individual's ability to engage in telehealth.

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Language Deprivation and Telehealth

Language deprivation results from inadequate early access to an accessible language, not from deafness itself. It can affect language fluency, access to health information, communication, and participation in treatment.

Limited Early Language Access

Some Deaf people grew up without consistent access to a fully accessible language at home or in school.

Visual and Concrete Communication

Telehealth sessions may need to rely more heavily on visual materials, concrete examples, and slower pacing.

Differences in Fluency and Health Literacy

Language fluency and familiarity with health concepts vary widely and affect how clinical information is understood.

Treatment Adapted to Each Person

Clinicians must assess and respond to each person's language experience rather than applying a single approach.

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Cultural Competency: What does this mean?

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Nuances/Deaf Ping

Mannerisms, tendencies, the way we say things or do things.

Values

ASL, socialization, inclusion, access, confidentiality (2 degrees of separation).

Experiences

Exclusion, Audism, language deprivation, lack of fund of knowledge, lack of accommodations or access

Treatment Provision

More than not, often times the therapists may need to function as a “Case Manager/Teacher” during sessions. This means we link them to different resources, explain benefits, how things work, explain concepts until the person understands, etc.

The duration of therapy the Deaf/HoH, DeafBlind individual receives may last longer than their hearing counterparts.

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Adapting Telehealth Activities for Children

Telehealth with Deaf children requires creativity and intentional planning. Activities, pacing, and materials must fit each child's development, attention, language, and technology environment.



Developmentally Appropriate Visual Activities

Games, drawing tools, props, and shared-screen activities can adapt or supplement activities commonly used in person.



Flexible Pacing and Attention Supports

Clinicians adjust the session in real time based on the child's energy, focus, and communication.



Shorter Activities and Movement Breaks

Sessions are structured in brief segments with planned transitions to support attention and engagement. Two 30 Minute sessions per week or alternate doing therapeutic activity and engaging in turn taking skills building activity. Some may need support of another adult to remain focused in session.



Adaptations for Language and Technology Access

Materials and methods are matched to the child's language fluency and the family's technology setup. This can be challenging.

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Team Meetings Support Consistent Care

Coordinated communication among providers, families, and schools prevents fragmented treatment and supports continuity across settings.

Shared Treatment Goals

All members of the care team understand and work toward the same clinical priorities.

Clear Roles and Responsibilities

Each provider knows what they are responsible for and who to contact when questions arise.

Coordination with Families, Schools, and Providers

Regular communication across systems reduces gaps and avoids conflicting approaches.

Regular Review of What Is and Is Not Working

Teams revisit the plan and adjust based on the person's progress and changing needs.

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The Workforce Pipeline Is a System Barrier

The shortage of Deaf and ASL-fluent therapists is not only a numbers problem. It reflects barriers throughout the entire professional pipeline — from training to licensure.

Few Licensed Deaf and ASL-Fluent Therapists

Geographic concentration and small numbers limit access for most Deaf clients seeking culturally responsive care.

Few Qualified Clinical Supervisors

Deaf and ASL-fluent clinical supervisors can be difficult to find, limiting training opportunities for developing clinicians.

Limited Guidance for Licensing Examinations

Accessible examination preparation, mentorship, and peer-support resources may be limited.

Limited Support for Licensing Board Requirements

Understanding and meeting state board requirements can be especially difficult without mentorship or professional networks.

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Every State Has Different Requirements

Responsible multistate telehealth practice requires ongoing research and verification. Requirements vary by state and may change — providers cannot safely rely on memory alone.

Professional Licensing Rules Differ

Each state sets its own licensing requirements, renewal timelines, and telehealth-specific regulations.

Supervision Requirements Differ

Hours, supervisor qualifications, and documentation standards vary across jurisdictions.

Medicaid Enrollment Requirements Differ

Enrollment processes, credentialing timelines, and covered services are not consistent across states.

Requirements Must Be Confirmed Regularly

Rules change; providers must verify current requirements rather than assume prior knowledge is still accurate.

Note: The client's physical location at the time of each session may determine which state's license and telehealth rules apply.

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Insurance Participation Requires More Than Credentialing

Being credentialed with an insurer does not guarantee that a client's services will be covered. Contract terms, authorization requirements, and billing rules require careful and ongoing attention.

Contract Terms Require Careful Review

Network agreements vary in covered services, reimbursement rates, and telehealth-specific provisions — including physical-office and in-person requirements.

Network Participation Does Not Guarantee Coverage

Closed networks, nonparticipating-provider exceptions, and plan-level exclusions can limit access even for credentialed providers.

Authorization Requirements May Differ by Client

Prior authorization rules, session limits, and documentation requirements vary by payer and by individual plan.

Billing and Documentation Rules Vary by Payer

Reimbursement rates, billing codes, and documentation standards differ across insurers and require regular monitoring for updates.

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Administrative Infrastructure Supports Clinical Access

Accessible clinical care depends on skilled administrative and billing support. Without adequate administrative support, access may be delayed, interrupted, or lost within complex payer systems.

Track Licensing, Enrollment, and Credentialing

Active licenses, payer enrollments, and credentialing status must be monitored and renewed across every jurisdiction.

Maintain Communication with Payer Representatives

Ongoing contact with insurance representatives helps resolve coverage questions and avoid billing errors.

Prepare Client-Specific Authorization Requests

Each client's insurance plan may require individualized documentation and prior authorization before services begin.

Coordinate Clinical, Billing, and Administrative Work

Effective telehealth practice requires that clinical and administrative teams work together, not in parallel.

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Telehealth Is Only One Part of the Continuum

Responsible care requires accessibility throughout the entire continuum — not only in outpatient telehealth.

Outpatient Telehealth Can Expand Access

- Connects clients to Deaf and ASL-fluent clinicians across distances
- Supports continuity when local providers are unavailable
- Reduces travel barriers for clients in rural and underserved areas

Accessibility Is Required at Every Level

- Crisis response and inpatient psychiatric care
- Residential and intensive outpatient programs
- Substance-use treatment and case management
- Peer support and community-based services

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Community Connections Sustain Person-Centered Care

Connecting virtual care with local resources and community relationships is an important part of responsible, person-centered care.

Build Relationships Before a Crisis

Knowing local providers, community organizations, and peer networks before they are urgently needed makes referrals warmer and faster.

Maintain Communication Across Service Systems

Consistent contact between virtual and local providers reduces gaps and supports continuity.

Connect Virtual Care with Local Resources

Telehealth works best when it is part of a broader network of accessible, community-based support.

Center the Person's Language, Goals, and Community

Person-centered care aligns services with the person's language, priorities, preferences, and community context.