

Note- This is a dated report (2004). Therefore, terms, references and technology are dated. It is intended only as an example of how one state approached reporting of their program assessment and related recommendations.

**VR Program for Serving Individuals who are
Deaf, Hard of Hearing, & Late-Deafened**

**Phase One – Assessment & Recommendations
Where Are We?**

Introduction & Definition of Terms- *pages --*
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(With administrative reaction & direction for
Phase Two - Strategic Plan development.)

The following report is intended to reflect the current status of the VR program and services for eligible individuals who are Deaf, hard of hearing, and late-deafened, and to make recommendations that will culminate in a Strategic Plan with short and long range goals leading to a state of the art program that includes services appropriate to the three subpopulations of hearing impairment that the Agency is charged to serve.

For reader reference, the following terms and acronyms, used throughout the document, are defined:

Hearing Impaired (HI)-This term refers to all people with hearing loss. It is inclusive of people who are Deaf, late-deafened, and hard of hearing with no regard to severity of loss, age of onset, communication methods, use of technology, or sociocultural factors. Hearing impairment is a generic term.

Culturally Deaf/deaf- The term “deaf” (lower case “d”) means any person with hearing loss so severe that communication and learning is primarily by visual methods. The capital “D” Deaf indicates a cultural identification with members of the Deaf community and the use of American Sign Language as the primary communication method.

Hard of Hearing (HH) - are people who:

- Have some degree of hearing loss ranging from mild to profound as defined by audiological measurement; and
- Can benefit to some extent from the use of hearing aids or other assistive listening devices; and

- Depend primarily upon spoken or written English in communicating with others (do not rely on any form of sign language as their primary means of communication); and
- Function in the hearing world with regard to family, friends, work, and leisure activities (do not have significant association with the Deaf community); and
- May or may not have taken steps to deal with their hearing loss, i.e. audiological assessment, use of hearing aids or other technology.

Late-Deafened (LD) - are people who-

- Have a severe to profound hearing loss as defined by audiological measurement, which occurred after the development of speech and language; and
- Can benefit from the use of visual display technology, but usually benefit very little from hearing aids or other listening technology; and
- Depend upon visual representations of English in communicating with others (May include finger spelling, some system of manually coded English, speech reading, cued speech, or written communication), but may have developed some proficiency in American Sign Language as a second language; and
- Function in the hearing world with regard to family, friends, work, and leisure activities (do not have significant association with the Deaf community); and
- Have usually taken steps to investigate the etiology and/or prognosis of their hearing loss.

State Coordinator of Services for the Deaf & Hard of Hearing (SCD/HH) -

Nationally accepted term for person in the Vocational Rehabilitation role of coordinating statewide programs and services for their hearing impaired staff and consumers.

Rehabilitation Counselor for the Deaf & Hard of Hearing (RCD/HH) - Nationally accepted term for specialized Vocational Rehabilitation counselors skilled in serving consumers who are Deaf and hard of hearing.

Deaf Language Specialist (DLS) - State Department of Personal term for an American Sign Language variant to positions- i.e. Rehabilitation Counselor, DLS; PPDS, DLS, etc. In VR, not all counselors designated as RCD/HH have that DOP designation. Therefore these persons will be referred to as RCD/HH.

American Sign Language (ASL) - Sign language system used by most persons who are culturally Deaf and for whom sign language is their first language. This is a language (not a manually coded form of English) that has a separate grammar and syntax, making English mastery a learning of a second language.

Assistive Listening Device (ALD) - Technology used in conjunction with hearing aids or as a stand-alone device. Some common ALDs are FM systems, infra-red systems, hard-wired devices, etc. etc.

Computer Assisted Real Time (CART) - Spoken word transcribed word-for-word onto a screen. Court reporter-type software and keyboard is used. Court reporter level skills are needed.

C-Print - Condensed transcription of the spoken word. Laptop with special software is used by a skilled typist who is trained in the software use and abbreviations.

Telecommunications Device (TTY) - Device used with the telephone wherein individuals type back and forth to each other over the telephone line.

VR PROGRAM FOR SERVING INDIVIDUALS WHO ARE DEAF, HARD OF HEARING, & LATE DEAFENED

WHERE ARE WE?

Where Are We Statistically?

State's General Hearing Impaired Population

Of the state's population of 8,052,000, an estimated 720,000 have some degree of hearing loss- or about 9% of the population. An estimated 2% of these persons are culturally Deaf. Fifty-four percent are male and forty-six percent female. Approximately half are white, 22% African American, 20% Hispanic, and 8% other ethnicities. Age breakdowns are as follows: 3 to 17= 3.7%; 18 to 34= 10.5%; 45 to 54= 12%; 55 to 64= 15.3%; 65 and over= 41.7%. Removing the 3- 17 and 65+ categories leaves roughly one-half falling within the working age group.

National 26-Closure Trends

RSA-IM 00-21 (March 21, 2000) expressed concern that numbers of rehabs of persons with hearing loss was declining nationally. There was a reported decline from 9% of total rehabs in 1990, to 7.7% in 1998. In 1998, VR rehabbed 10.9%- or 3.2% higher than the national average. Since then, these have remained relatively constant. Slight differences from year to year probably reflect vacancies in caseloads resultant of staff turnover.

VR 5-Year 26 Closure Comparisons

	Deaf	Hard of Hearing	Total Hearing Impaired	All Others
1998	4.33%	6.58%	10.9%	89.03%
1999	4.71%	7.07%	11.8%	88.22%
2000	3.98%	6.67%	10.7%	89.33%
2001	4.27%	6.40%	10.7%	89.33%
2002	3.75%	7.21%	11.0%	89.05%

WHO ARE WE CURRENTLY SERVING?

FY2002 Demographics of 26-Closures: Deaf & Hard of Hearing

Because of coding changes and difficulty in conversion, multi-year comparisons other than the above, will not be reported here. FY2002 26-closures will be the base for the following demographics.

Numbers of 26 Closures

Deaf= 142 (33.7% of all hearing impaired)

Hard of Hearing= 273 (64.8% of all hearing impaired)

Client Characteristics

Sex

Male- 47.7%

Female- 52.3%

GED- 54.6%

High School- 8.1%

AA Degree- 9.3%

Bachelors- 8.8%

MA Degree- 2.1%

This is relatively consistent with the general hearing impaired population.

Age at Eligibility

Under 21- 07.8%

21- 29- 17.6%

30- 39- 19.5%

40- 49- 24.5%

50- 64% 22.8%

over 65- 07.8%

Referral Source

Secondary Sch- 5.7%

Postsecondary Sch- 1.2%

Doctor/Hospital- 11.9%

Welfare- 0.2%

CRPs- 2.4%

Social Security- 0.2%

One-Stop- 3.8%

Self- 39.9%

Other- 34.7%

These numbers reflect greater impact on working age persons, which is positive and to be expected.

Ethnicity

White- 72.4%

African American- 13.3%

Hispanic- 10.7%

Asian- 0.5%

American Indian- 0.7%

Pacific- 2.4%

Work Status at Closure

Wage Competitive- 93.3%

Self Employed- 1.0%

BEP- 0.2%

Homemaker- 0.7%

Supported Employ- 4.8%

These numbers indicate that persons who are other than white are underserved.

Client Earnings at Closure

None- 0.7%

\$1- 99 2.6%

\$100- 199- 12.8%

\$200- 299- 18.3%

\$300- 399- 16.4%

\$400- 499- 17.8%

\$500- 999- 26.6%

\$1000 & up- 4.8%

The following demographics do not have general population comparisons, but are of interest in gaining an idea of who is being served.

Years of Education

1- 8- 4.0%

9- 11- 11.6%

Special Ed

Certificate- 1.4%

HS Dropout/

Public Assistance at Closure

None- 78.6%

SSI- 7.4%

SSDI- 5.0%

TANF- 0.2%

Veteran Disability- 0.2%

General Assistance- 0.5%

Other- 8.1%

Average Cost Per Case

	# of Rehabs	Average Cost Per Case
Deaf	142	\$6,008
Hard of Hearing	273	\$3,101
All other disabilities	3374	\$3,915

Number of Hearing Aids Purchased in FY2002

Office Name	# Monaural	# Binaural
	3	8
	5	24
	7	19
	5	10
	3	7
	9	11
	2	10
	9	27
	5	6
	12	26
	13	29
	18	52
	2	21
	2	6
	0	9
	7	14
	4	12
	2	4
State	108	295

Current Open Cases by Primary and Secondary Disability (July 11, 2003)

Primary Disability		
	Deaf	Hard of Hearing
RCD/HH	572	519
General Counselor	63	88
Secondary Disability		
	Deaf	Hard of Hearing
RCD/HH	9	49
General Counselor	12	46

A higher percentage of persons who are culturally Deaf than those who are hard of hearing were rehabbed (33.7% vs. 64.8%) than in the general population ratio, indicating that persons who are hard of hearing are probably underserved. There are multiple reasons why this occurs. Some include:

- VR's program initially focused on serving persons who are culturally Deaf and hired counselors with ASL communication skills. (Few persons who are hard of hearing understand sign language.)
- Culturally Deaf persons are proud to be Deaf, whereas those who are hard of hearing tend to find their hearing loss a disability and often do not self-identify.
- The majority of hard of hearing persons try to hide or mask their hearing loss, and are afraid to let their employer know or request accommodations.
- The majority of persons who are hard of hearing do not know there is technology or services that could benefit them.
- Counselors are generally not aware of the services, technology, coping skills, and counseling/support needed by persons who are hard of hearing.

CASELOAD SIZE AND COMPOSITION

Each VR field office has designated a counselor to serve Deaf & hard of hearing clients. These counselors will be referred to throughout this report as RCD/HH (Rehabilitation Counselor for the Deaf & Hard of Hearing"- which is the term used in the rehabilitation community nationally. Sign language fluency, knowledge of deafness and other hearing loss categories also varies widely. In most offices, other counselors also serve clients who are hard of hearing for a variety of reasons: Spanish speaking; communication difficulty with Deaf RCD/HH; belief that only a hearing aid is needed; etc.

In 1994, a run of "current open cases" showed 146 clients who are hard of hearing being served by general caseload counselors- as opposed to 92 in a June 2003 run. Numbers of generalist counselors serving these clients decreased from 62 in 1994, to 41 in June 2003. Although this is a small percentage of total hard of hearing clients served, it will still be a consideration in targeting counselors who need training to upgrade services to this population. It will also be a consideration in making assignments when numbers of hard of hearing and late-deafened referrals increase- as they surely will if it becomes known that VR provides services beyond hearing aids.

The following chart reflects RCD/HH caseload distribution by "Deaf", "hard of hearing", and "other ". It also shows the number of cases being served by generalist counselors, by office.

Open Cases- Status 10 through 24- 6/19/03

Office Name	<u>Deaf</u> Served By RCD/HH	<u>Deaf</u> Served By General Counselors	<u># of</u> General Counselors Serving Deaf	<u>Hard of</u> <u>Hearing</u> Served By RCD/HH	<u>HH</u> Served By General Counselors	<u># of</u> General Counselors Serving HH	<u>Other</u> <u>Disabled</u> Served by RCD/HH
	2	15	(1)	0	13	(3)	37
	7	16	(4)	6	13	(5)	20
	51	0	(0)	73	2	(2)	27
	46	3	(3)	68	5	(3)	88
	29	2	(2)	6	2	(2)	38
	1	2	(2)	9	12	(4)	172
	77	4	(13)	22	3	(1)	44
	39	0	(0)	13	4	(2)	25
	34	0	(0)	79	2	(1)	30
	51	1	(1)	35	0	(0)	63
	62	2	(2)	20	8	(4)	13
	56	3	(2)	16	4	(2)	36
	2	0	(0)	4	2	(2)	111
	17	7	(4)	3	5	(3)	10
	35/8	2	(2)	121/2	1	(1)	14/73
	40	2	(2)	25	2	(2)	17
	22	2	(2)	11	10	(3)	66
	0	0	(0)	0	4	(1)	86
Totals	579	61	39	513	92	41	

RCH/HHs tend to prefer cases of only clients with hearing loss (where there are sufficient numbers of referrals to constitute a full caseload), while supervisors feel strongly that inclusion of other disabilities broadens the counselor perspective and also is needed to gain skills necessary for promotional opportunities.

STAFF INPUT TO “WHERE ARE WE”

During June and July 2003, broad input was gathered from staff:

- RCD/HHs- one-half day session with all designated statewide.
 * Note- the following RCD/HH feedback was in response to the question- “VR just won a national award for excellence in serving consumers who are Deaf and hard of hearing. What did we do to deserve this award?” The suggestions, therefore, although felt needed were not necessarily things they realistically know can happen.

- Supervisor Peer Group meeting attendance- This was a more formalized approach- A summary of the RCD/HH meeting feedback was presented, for their reaction and additional insights.
* Note- Supervisors who were not present at this meeting were not surveyed.
- Manager and Program Staff- written survey- Since there was no immediate mechanism for dialogue with these groups, a survey was distributed at the July 10 Managers/PPDS meeting.
- CRPs Serving Deaf, Hard of Hearing & Late Deafened- Half-day meetings were held individually with these program coordinators to gain insight from the perspective of these major service providers to VR clients with hearing loss.
- Hard of Hearing and Late Deafened Consumers- Informal input from members of state Self-Help for Hard of Hearing People (SHHH) and the Association of Late Deafened Adults (ALDA) is included.
* Note- These are not official views stated by the organizations, rather informal conversations with some of their members with whom I happen to interact on a regular basis.

The following is a summary of issues and recommendations- specific to the VR program for Deaf, hard of hearing and late deafened- made by the foregoing groups:

STAFFING

RCD/HH input

- Provide salary differential if counselor is second language certified.
- Set standards for RCD/HHs to ensure highly skilled staff.
- Designate a special counselor to educate the public, employers, and general caseload counselors about issues faced by persons who are Deaf, hard of hearing and late deafened.
- Hire agency job developers.
- Take general cases out of Deaf/HH caseloads. Assign these cases only to staff qualified to serve persons who are Deaf/hard of hearing because of time-consuming communication access and special client needs.
- Employ more competent secretaries.

Supervisor input

- Continue specialty caseloads for serving Deaf and hard of hearing in every office.
- Include general disability cases in RCD/HH caseloads to give counselor a broader perspective and to better prepare them for promotional opportunities.

Manager input

- Institute a roving “Junior” RCD/HH in each area with an area caseload to be made available when a vacancy occurs. (Might be less than counselor level- but requiring sign ability).

Hard of Hearing/ Late Deafened Consumer Input

- Re SCD/HH replacement- Concern that this will be a culturally Deaf person who will not understand their needs. The last SCD/HH was viewed by this population as “unfortunately not understanding the needs of non-signing people very well and thus not advocating for the services they need. Services for people who are hard of hearing and late deafened are not likely to become more effective if someone with a limited understanding of these needs is put into this position.”
- Concern about training existing RCD/HHs to work with consumers who are hard of hearing and late deafened because their focus and knowledge base is geared to the culturally Deaf, and because several are themselves Deaf. Example quote- “In addition to possible communication difficulties with non-signing people, their perspective on hearing loss is different.”

OFFICE ACCESSIBILITY

RCD/HH input

- Have equipment available in all field offices for clients to see and become familiar and comfortable with. (Also to accommodate counselors who have a hearing loss who could benefit during working hours from this equipment.)

Manager input

- Pre hire communication skill assessment is no longer being done by DOP. Local offices need direction on how this should be done.

Hard of Hearing/ Late Deafened Consumer Input

- VR offices need to provide Assistive listening device, C-Print/ Computerized Captioning access for non-signing clients who have a significant hearing loss. Counselors need to be trained in how to use or access these.

POLICY AND PRACTICE

RCD/HH input

- Audiological evaluation and hearing aid fees need revision. (Not updated since the 1980s).
- Economic needs test needs review and possible revision. (Some felt the family income level needs to be increased; some felt hearing aids need to be exempt or partially exempt.)
- Clarify policy on remedial education- what we pay for and how long.
- VR provision of remedial and basic skills training for clients who are functioning substantially below their level of potential.

Supervisor Input

- Audiological and hearing aid policy and fee schedule need to be updated.
- One person wanted a computerized list of wholesale hearing aid prices. Others disagreed because these constantly change and are easy to get from the vendors.
- Clarify policy on Gallaudet remediation courses- how do they determine what courses are needed, how many are needed, and what happens if the student doesn't make significant progress.
- Clarify our policy re NTID and Gallaudet- Will we pay to take a course again if failed?

- What is our policy on using out of state alcohol and substance abuse program for Deaf clients?

Manager input

- Audiologists/hearing aid dispensers are unhappy with fees- please re-evaluate.

SERVICE PROVISION ISSUES

RCD/HHs input

- Involve consumers who are hard of hearing and late deafened with Self-Help for Hard of Hearing People (SHHH), and the Association for Late-Deafened Adults (ALDA) respectively- both of whom have active State chapters.
- Find a way for SSI/SSDI recipients to keep medical coverage for life if earning \$50,000 or less.
- Find a way for communication access to be ensured in the workplace, schools, and doctor's offices.
- Recruit more skilled audiologists (apparently many will not work for our current fees)
- Develop remedial education classes in every county.
- Develop vocationally related remedial education classes for Deaf adults.
- Make sign language classes available for anyone who wants to learn.
- Improve Supported Employment services. (Waiting lists, do not have coaches in all areas, some not fully skilled, problems in job development, want reporting monthly rather than just when requesting new vouchers,)
- Job Coaches (transitional and supported employment) are needed statewide to provide more options and choice and competition- possibly with interpreters if not available otherwise.
- Communication access should be readily available at all Universities and colleges.
- Develop VR agreements with major employers to hire clients- similar to affirmative action.
- Develop more facilities with staff skilled in ASL.
- Develop specialized Independent living service providers to serve persons with hearing loss in every county.
- Start transition planning earlier and be sure that all exit transition plans include all services the student will need to be successful in further education/training/job.
- Develop vocational assessment and job centers with placement services for Deaf and hard of hearing in every county.
- Have someone other than the counselor coordinate interpreters for lengthy training (too time consuming).
- Provide free transportation for clients to do job search and interviews.
- Develop psychologists trained to work with individuals who are Deaf and hard of hearing statewide.
- Provide information to RCD/HHs on higher ed programs out of state that specialize in students who are hearing impaired.
- Identify mental health providers statewide.

- Identify state training and university programs that have support services for Deaf and hard of hearing.
- School for the Deaf - need for better transition coordination- including RCD/HH on- campus meetings.
- NTID- clarify who pays for summer programs (junior and senior year of high school).
- One-Stop Collaboration
 - Educate on need for hiring their own interpreters. RCD/HHs are communicators- not certified interpreters.
 - Need for staff interpreters in every county One-Stop to serve One-Stops, ES, and SSA.
 - Orientation to deafness/hard of hearing/late-deafness should be provided to all staff who may come into contact with this population.... Including receptionists.
 - Provide a statewide grant to create accessibility for users of One-Stop services (One person referenced a project in Arizona and New Mexico for this purpose.).

Supervisor Input

- Develop a working agreement with ____ that better fits with VR procedures (Services are not called what we call them; their charges exceed our caps; what is included in their vocational evaluation and their skills training?)
- Improve supported employment availability and services for clients who are Deaf and hard of hearing. (Concern with Lexington staff turnover, staff expertise, and reporting. Do they break out numbers of transition job coaching vs. long-term?)
- Consider having VR staff job coaches on an area basis.
- Develop list of resources for alcohol and substance abuse programs accessible to individuals who are Deaf and hard of hearing.

Manager input

- Supported employment for Deaf/hard of hearing- need to increase service capacity of current vendors or add new vendors.
- ____ Program needs closer monitoring- (Newly established monthly reporting should help.)
- One office, co-located with a One-Stop, (____) finds that clients with hearing loss are not adequately served by UI or ES- Usually refer back to VR or ask RCD/HH to interview).

Facilities staff input (for Hudson, Bergen, Passaic, Morris, Sussex, and Warren counties)

- No CRP (except Goodwill) has staff qualified in ASL.
- No CMHCs have ASL qualified staff.
- SE staff not always certified.

Hard of Hearing/ Late Deafened Consumer Input

- Lip reading classes are almost non-existent in state
- Coping with hearing loss groups need to be implemented.
- Mentoring services need to be developed and provided.

TRAINING ISSUES AND NEEDS

RCD/HH input

- Provide training to better serve clients who are hard of hearing and late deafened.
- Cochlear implant training.
- Training to upgrade ASL skills.
- Training Spanish speaking counselors in serving Deaf and hard of hearing.
- Facilitate ongoing support and networking of the RCD/HHs.
- Quarterly RCD/HH meetings.
- 2 or 3 day training for new RCD/HHs and ongoing training for their skill/knowledge upgrade.
- Mentoring program for new RCD/HHs.
- Speakers from out of state programs used by RCD/HHs (Gallaudet; NTID; Hiram G. Andrews; SWCI; Northern Illinois; Southwest Center).
- Training in new technology (hands-on).
- Training re hearing aids- especially digital.
- Training in audiological testing procedure and, how to read results, and how hearing aid recommendations are determined.
- Information on substance abuse/alcohol programs.
- Training on remediation and when to provide it.
- Train general counselors in serving deaf and hard of hearing and when to refer to or get support from RCD/HH.
- Working with One-Stops in serving consumers with hearing loss.
- Office for Deaf and Hard of Hearing services available to VR clients.
- Mental health service providers, and how to work with clients with mental health issues.

Manager input

- Cochlear implants
- Placement
- Case and caseload management
- For new RCD/HHs
- Regular RCD/HH meetings, networking, and updates

Hard of Hearing/ Late Deafened Consumer Input

- Counselors need to be trained to communicate with non-signing clients, learn what their unique service needs are, and become aware of services and technology appropriate to individual needs.

COMMUNICATION ACCESS AND TECHNOLOGY USE/PROVISION

RCD/HHs completed a written survey. A summary follows:

In office technology-

- All field offices have operable TTYs except two- ____ is not operable, and ____ does not have one.

- Two offices reported that they have operable FM systems (Morristown and Jersey City).

Technology counselors use to communicate with clients-

- Email is the most commonly used (15 RCD/HHs), followed closely by TTY (13). Other technology used includes: Relay and Voice Carry Over (6); Assistive Listening Devices (3); Instant Messaging (2); and Fax (1). Video Relay Service (VRS) is new in state and has been used by only 2 RCD/HHs.
- Eleven offices report no available vendor to conduct technology assessments/work site evaluations for persons with hearing loss- (Atlantic City, Bridgeton, Burlington, New Brunswick, Jersey City)
- About half of the RCD/HHs refer clients to technology loan programs which include: _____
- About two-thirds of the RCD/HHs report that they routinely explore assistive listening technology that might enhance hearing aid use.
- About two-thirds routinely purchase “T” coils with hearing aids.
- Only three have purchased Computer Assisted Real Time Captioning (CART) or C-Print for clients. These have been in conjunction with training/college.
- All but two report purchasing interpreter services. Job interviews are the most frequently reported setting. Other less frequently used settings include: vocational training; OJT, college, doctor visit, intakes, counseling sessions, job coaching, job orientation and training.
- More than half report serving clients who have, or are considering, cochlear implants. Services provided to these clients have included: counseling, college tuition, vocational training, assistive listening equipment, job development and placement.

RECOMMENDATIONS

The following recommendations are based on input received – as summarized in the previous section- and from personal experience with Vocational Rehabilitation Deaf/Hard of Hearing Programs and consumer groups nationally. All input was considered, but not all was included in the recommendations for a variety of reasons. These are for administrative review, discussion, modification, and prioritization. A strategic plan will be developed based on administrative direction relative to these recommendations. The strategic plan will become the basis for follow-up activities in reshaping the VR Program for Consumers who are Deaf, hard of hearing and late deafened.

*(** Recommendations were reviewed with Director and Assistant Directors. Their feedback is included in parentheses and italicized after each recommendation. Recommendations will be accordingly prioritized and detailed short and long range strategic plans developed for each recommendation. Finalized Strategic Plan is targeted for completion by October 31, 2003.)*

STAFFING

- Develop standards and job description for the SCD/HH position that requires knowledge of consumers who are hard of hearing and late deafened, in addition to existing standards for knowledge of culturally Deaf. *Proceed*)
- Continue to have a counselor designated to serve Deaf and hard of hearing consumers in every field office. (Rehabilitation Counselor for the Deaf & Hard of Hearing or RCD/HH) *Agree*)
- Groom “back up” RCD/HHs- (existing counselor in each office, or by area). *(Proceed in conjunction with area chiefs- office or area designation dependent on office size.)*
- Pilot “communication specialists” in larger offices who would be trained to provide quality services to consumers who are hard of hearing and late deafened. *(Will be considered- Develop detailed proposal.)*
- Pilot area Job Developers/Job Coaches (for hearing impaired only OR for all disabilities). *(Put on hold pending further information about One-Stop ability to do this.)*
- Pilot Independent Living Counselor specialist for the Deaf/HH/ currently visit, and coordinate with area Benefits Counselor(s) and CILs. *(Proceed- Develop plan in conjunction with Janice & Brian.)*
- Designate a secretary in each field office to receive on-line C-Print training and software. *(Pilot in offices that have counselors who are hearing impaired.)*

Caseloads

- *Size-* Size of caseloads vary. Screen to determine whether large caseloads need adjustment or are a result of deadwood. *(Al will assign field staff to do this.)*
- *Composition-*
In smaller offices, the RCD/HH should get all Deaf, hard of hearing, late deafened referrals, with general cases rounding out their caseload.
In larger offices, the RCD/HH should get all signing Deaf. They should get hard of hearing cases to the extent that a minimum of ten general disability cases could be assigned to develop broader counselor expertise. One generalist counselor should be designated to handle the overload of hard of hearing and late deafened cases in order to keep numbers of counselors to be trained in these hearing disability groups to a minimum. *(Agree)*
- *Production-* Same minimum as generalist counselors. (With the understanding that Deaf/hard of hearing/late-deafened cases DO require more time because of difficult and time consuming communication techniques needed, and because the counselors have to get involved in independent living issues that CILs do not have the expertise to deal with.)
(Agree)

POLICY AND FEES

- In conjunction with representation from the NJ Speech & Hearing Association. *(Proceed- This is a priority.)*

- Revise audiological evaluation form and fees to coincide with current assessment practices.
- Revise hearing aid evaluation forms to coincide with current fitting procedures.
- Review and revise if indicated the hearing aid pricing and dispensing fees.
- Determine if replacement hearing aids can be purchased under Post-Employment Services.
- Determine if re-employment services - under 18-months - should be done under Post-Employment Services. *(The answer is yes - beyond 18-months if nothing has changed but losing the job.)*
- Review VR policy on SCPI. Revise if necessary. Restate to field- especially guidelines for when counselor must have an interpreter for counseling sessions. Include procedures to be used for pre-hiring communication skill assessment in VR policy. *(Proceed- This is not in place anymore and is a priority)*
- Ensure SCPI trained and certified evaluators are available for VR or DOP pre hiring screening. *(Proceed)*
- Review Economic Needs test and if change is not indicated, explain why to RCD/HHs. *(Done subsequent to recommendations being written.)*
- Clarify policy on remediation- how to assess whether to provide- how long- expected progress for continuation. *(Proceed in conjunction with Transition Unit- Develop general policy with Deaf/HH/LD specific procedures included.)*
- Clarify use of out of state training, education, and substance abuse programs. *(Proceed)*
- Update Cooperative Agreements with _____
- Institute regular targeted case reviews- the first to focus on services currently being provided to clients who are hard of hearing and late deafened. *(Proceed)*

ACCESSIBILITY

- Ensure all staff who need telephone amplifiers, alerting, and assistive devices have them in place and operable- also access to interview rooms that are free from background noise, well lit, glare free, and with moveable furniture. *(Proceed- include recommendations for One-Stops)*
- Ensure that operable and appropriately answered TTYs are in all offices. *(Proceed)*
- Explore alternative communication technology: Ultratec Captel Relay; Video Relay Service (VRS); Web Cam (PC) or I-Sight (Mac). *(Proceed)*
- Assess need for better system of securing and scheduling interpreters, CART, and C-Print for short and long-term assignments. *(Proceed- Include proposal for VR/One-Stop staff Interpreters as one option.)*
- Investigate Video Remote Interpreting (VRI) quality, cost, and availability. *(Proceed)*
- Provide technology kits to all RCD/HHs for use with clients for education and trial, and for use by the Deaf or hard of hearing counselor for training and in-office meetings. *(Proceed)*
- Train one secretary in each office in C-Print. This secretary would provide note taking for a hearing impaired VR staff person and for clients who need such

technology to communicate with the counselor (especially late deafened).
(*Proceed*)

SERVICES

(That are fully accessible to Deaf/hard of hearing/late deafened)

- Work with transition unit to foster earlier IEP/IPE planning that includes the RCD/HH. (*Proceed- Work with ____*)
- Work with facilities unit to explore statewide options for development of accessible supported employment, job coaching, mental health, vocational assessment, and independent living services. (*Proceed*)
- Work with School for the Deaf to develop system to transition their graduates back to their home county. (*Proceed - Begin 2-years prior to graduation.*)
- Develop technology/work site assessment statewide. (*Proceed- Add vendors to Rehab Engineer list- Work with program coordinator*)
- Identify technology loan programs in State and attempt to coordinate service provision into a statewide network. (*Proceed- Coordinate with Project Access*)
- Identify/develop psychologists who can conduct psychological evaluations and provide therapy. (*Proceed*)
- Develop “Coping with Hearing Loss” groups statewide for clients who are hard of hearing and for those who are late deafened. (*Proceed- Pilot*)
- Research options for mentoring persons who are hard of hearing and for those who are late deafened. (*Proceed- Pilot with existing projects if possible*)
- Improve One-Stop access and coordination with RCD/HH. (*Proceed - Include development of training package; and recommendations for Interpreters, CART, C-Print, and ALDs.*)
- Ensure Literacy Labs meet accessibility needs of persons who are Deaf, hard of hearing, and late-deafened. (*Janice priority*)
- Consider assigning a secretary in each office to coordinate long term interpreter services. (*Proceed*)

TRAINING/QUARTERLY MEETINGS

Quarterly Meetings (*Proceed- This is a priority*)

Participants would include RCD/HHs and other designated counselors serving hearing impaired. Interested supervisors, managers, chiefs, and administrative staff would be invited to attend if interested. Other partners under contract to VR for services to hearing impaired clients would also be invited. Initial training topics would include:

- Cochlear implants.
- Presenters from Gallaudet/NTID/Hiram G. Andrews.
- Audiological evaluation/hearing aids
- Hands-on technology demonstration by technology company reps,
- Dialogues with community college programs/ mental health providers/substance abuse programs (including medication implications)
- Video Relay Service and Video Remote Interpreting
- Dialogues with consumers from SHHH, ALDA, & State Association for the Deaf

- Difficult case staffings

Regional Meetings *(Agree- as needed)*

Where issues/services are common to an area (or North/South), regional meetings will be held.

National Training Conference- At Gallaudet- May 25- 27, 2004. *(Agree- If other funding is not available, write CS-94 request for in-service training money use)*

- Ask RCEP to sponsor or co-sponsor a number of RCD/HHs to attend. (SCD/HH will receive partial sponsorship from the RSA grant that funds this conference.)
- Distribute Call for Papers to potential State presenters.

Targeted Training

Other training should be offered dependent on need to know:

- ASL upgrade training for counselors falling below the required SCPI level.
- New RCD/HH training (consider using 2-week out of state programs that have stipends available- Oregon; Tennessee; Northern Illinois; San Diego PET-D)

(Gather information re above- cost/out of state programs would be dependent on cost and DOL approvals)

- New RCD/HH mentoring *(Proceed)*
- Receptionist orientation to deafness/hard of hearing/late deafened (perhaps for One-Stop Greeter also) *(Proceed)*
- Spanish counselor orientation to deafness/HH/LD *(Proceed)*
- Multi-session in-depth training on serving hard of hearing and late deafened and cochlear implanted *(Proceed)*

RCD/HH HANDBOOK *(Proceed)*

A RCD/HH handbook should be developed, and put on line for ease of update, to include as much information as possible specific to needs of counselors who work with clients who are Deaf, hard of hearing, and late deafened. Handbook information would be made available electronically and would include:

- Listing of specialized VR staff & contact information
- VR Policy & procedures
- Communication policy and practice
- Fees
- 911 Codes & explanation
- Websites
- State Service Resources- including One-Stop services available to this population
- Out of state programs & resources & guidelines for their use.
- Consumer group information
- Other to be identified as strategic plan plays out