

# **VR4 Hearing Loss**

## Everything You Want to Hear

Boone S., Trychin S., Battat B., Conway P., Tomlinson P., Hamlin L., Berry K., Smith-Olinde L. (2012).

VR4HearingLoss: Everything you want to hear. [Website] Grant H133G090170 Funded by National Institute for Disability and Rehabilitation Research (NIDRR) & University of AR for Medical Sciences (UAMS). Retrieved from [www.VR4HearingLoss.net](http://www.VR4HearingLoss.net).

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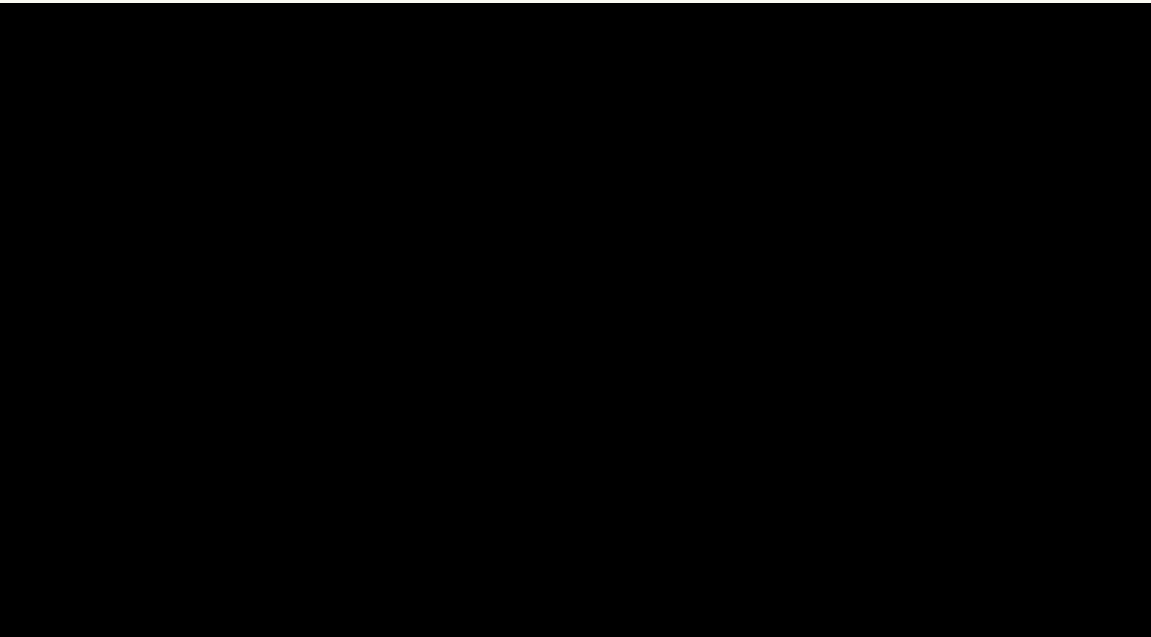
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# Getting Started



Welcome to VR4HearingLoss! This website was developed to provide a training resource for vocational rehabilitation professionals who wish to better serve consumers with hearing loss. Explore this module to learn how to use this website effectively and how to make service to persons with hearing loss a priority in your state’s VR program.

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# 1 – Consumer Profile: Jennifer’s Story



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## **Script for Opening VR4HearingLoss video: Jennifer Byrd's Story**

### **Scene 1: Jay Clark Intro**

One of the largest groups of people with disabilities is those who have some degree of hearing loss. Hearing loss affects as many as 1 in 5 Americans. While hearing loss often affects the elderly, many people begin to experience significant hearing loss during their prime working years. In fact, by age 50, more than 15% of people have a degree of hearing loss that impacts their work and life quality.

As the country continues to age we will see larger numbers of people seeking services from Vocational Rehabilitation. Well-trained VR counselors can provide the broad range of needed services to this growing population.

Often times, a person with hearing loss will delay seeking help. There are many reasons for this delay such as denial about the way hearing loss really impacts their life, or they are concerned about the cost of hearing aids, or maybe they just don't know that help is available to them. Beginning the process to address a hearing loss with vocational rehabilitation is a big step for consumers.

This is the story of Jennifer, who realized that her hearing loss affected her work as a speech teacher. She came to vocational rehabilitation and the services she received gave her the tools to continue a productive, meaningful work life. Jennifer is a good example of the kind of consumer who may seek services from VR for hearing loss-related concerns. Let's hear Jennifer tell her story:

### **Scene 2: Jennifer clips edited into a cohesive story:**

Pre-Interview Sub: 01, 02, 09, 11, 05, 07, 08, 15, 13, 14:

Pre-Interview sub 01: :15

"They really recommended that I get a hearing aid. Well at the time we weren't making a lot of money and we just couldn't afford it. So we kind of put that on the back shelf and thought, someday I need to get a hearing aid, but we can't afford it right now."

Pre-Interview sub 02: :07

“Probably 5 or 6 years where I’ve known I’ve needed to do something, I just haven’t been able to go all the way through with it yet.”

Pre-Interview sub 09: :25

“I think my family notices my hearing loss a lot more than I do. My mom and my husband really encouraged me to keep pursuing it. From my perspective in a lot of ways I thought, well I’ve adapted to it pretty well this far, I don’t know that there is a reason to keep pursuing it, but my husband and my mom have really encouraged me to do it, to follow through with it....”

Pre-Interview sub 11: :15

“... so hopefully that will help with all of my communication with both my family and my students. And some things that have slipped that I haven’t really realized have slipped will hopefully be corrected when I correct my hearing.”

Pre-Interview sub 05: :14

“In my current position now teaching speech, it’s a little bit more of an issue because I have to pretty clearly understand all of my students words. However, it can be a pro or con teaching speech, and I tell my students...”

Pre-Interview sub 07: :26

“One thing is I hope that it will help me understand both my students and my children a little more clearly. Probably with my students and my children the weakest issue that I have is hearing them when they are behind me, and if I can’t see them, and I’ve gotten kind of pretty good at reading lips, so if I can’t see what they are saying sometimes I have trouble understanding what they are saying. I just think it would help me catch...”

Pre-Interview sub 08: :10

“It doesn’t affect me as much if I can see them. If I can’t see...yeah I depend on a whole lot on being able to see somebody’s lips. And most people...”

Pre-Interview sub 15: :40

"It's not often a problem in my classroom, but an example of something that I have a problem with in my classroom if my students are working on a project where they're talking quietly to each other... if they are making any noise at all and an announcement comes over the loudspeaker where I have to hear what the person is saying, I absolutely can't hear it if my students are talking. Right...right, and I have to really concentrate on what's being said over the loudspeaker anyway, my students get kind of frustrated with me that I have to say be completely quiet so that I can concentrate over the loudspeaker. And sometimes I'll even have to ask them, what did she say, and they'll tell me."

Pre-Interview sub 13: :15

"I think you asked me on the form if I've noticed that my hearing has gotten worse, I really haven't except when I talk on the phone, and when I talk on the phone I notice I can't hear nearly as many things over the phone now as I could 5 or 6 years ago. So..."

Pre-Interview sub 14: :12

"Loud places are really difficult for me to differentiate between people's noises and the other noises that I hear, and try to filter out what I'm hearing so that I can focus on what people are saying."

### **Scene 3: Jay Clark Voiceover VR Session Footage**

After many years of hearing loss, Jennifer learned about the VR agency in her state. She met with a VR counselor who was trained as a communications specialist to work with late deafened and hard of hearing adults. The communications specialist gathers information from other professionals, from the consumer, from the employer, family and friends and is able to put it all together with the consumer to determine communication and other service needs.

Show edited section of the following:

- Jennifer and Grover meeting
- Jennifer and Grover doing interview
- Grover taking notes
- Jennifer responding
- End of session

The VR counselor specifically considered Jennifer's needs for accommodation at work. It was very likely that Jennifer could effectively maintain her current job, and have greater job satisfaction, once her hearing loss was properly treated, managed and accommodated.

#### **Scene 4: Jay Clark Voiceover Audiology Session Footage**

The VR counselor referred Jennifer to an audiologist to assess her type of hearing loss.

The visit to an audiologist offers a comprehensive hearing evaluation, and a demonstration of the wide selection of products available to assist persons who have trouble hearing. If needed, the audiologist can provide a fitting for assistive listening devices, and counseling about how to improve communication.

Show edited footage of Jennifer and Laura  
Audiology testing (various shots)  
Lab demonstration of phones, etc.  
Hearing aid fitting

While the audiologist was learning a lot about Jennifer's hearing, Jennifer was learning a lot about herself and how her hearing impacts her work and life.

Post-Interview sub 01: :19

"I don't know that number one I realized how much I was compensating for things. Particularly understanding clarity of words, I think I... even as I was talking even in the initial interview I realized how much I actually read lips and how much I rely on face to face conversations. "

Post interview sub 02: :11

"The results of the test kind of confirmed all of my experiences were, I don't know, an issue related to my hearing loss"

For Jennifer's type of hearing loss, effectively using hearing aids is a necessary part of managing her communication. There are many different hearing aid styles and functions. A proper fitting and guidance for adjusting to the daily use of hearing aids are important tools in improving a person's hearing.

Show edited footage of Jennifer and Laura  
Post-interview on couch (with sound showing Jennifer's  
results of the various tests)  
Hearing aid fitting

Show edited footage of Jennifer and Laura  
Viewing phones, FM Loops, visual alarms, etc.

Learning about the wide range of technology available also met a particular need of Jennifer's and her students. One product improved her job performance and satisfaction-- the compact FM transmitter and microphone unit, commonly referred to as a "Loop."

Show still image of a sample FM Loop device

The Loop device provides enhanced sound and clarity within the classroom. Jennifer can focus on the single sounds she wants to hear, such as a student giving a speech, by selecting the focused hearing option. For other classroom activity, such as small-group discussions, she can choose the setting that increase the sound from the entire space.

Post-interview Sub: 04 :27

"A microphone for my students in my speech class, my students can speak into a microphone that I can pick up over a hearing aid that will really help make sure I don't miss anything in my students' speeches, and make sure that I'm doing my job correctly when I evaluate their speeches. So that was a big relief, that was something I didn't even know was available that could be really helpful for my job, my particular job."

### **Scene Five: Jay Clark on Camera recapping the journey**

Jennifer's story of hearing loss covers many years, but she has reached a turning point. Seeking vocational rehabilitation services helped Jennifer manage her hearing loss and improve her communication at work and at home. With a comprehensive VR plan in place, she has is optimistic about how these services and tools will improve her quality of life.

Post-interview Sub: 03 :38

"... kind of connected the dots for me and made me understand why my hearing works the way it does, and that there are some options for fixing that. I don't really... I don't think I realized how

much energy I was expending trying to understand what people were saying and that that may not be completely necessary for me to expend that much energy all the time. So, being able to rely on some technology to help me understand what people are saying in conversations and in work-related experiences can probably help me focus my energy a little better on other parts of my job and other parts of my life.”

#### **Scene Six: Some sort of Jay Clark on camera “bridge...”**

Addressing one’s hearing loss can be emotional and sometimes challenging. Jennifer encountered some obstacles along the way. One obstacle to avoid is for the consumer to have difficulty making the initial appointment to see a VR counselor. As you have seen, often this decision is years-in –the-making. The clients are often very motivated at the point that they reach out to VR.

Clips from May 15<sup>th</sup> to be used here

The VR counselor can play a key role in helping to make good use of the insurance benefits available to some consumers. For those who don’t have private insurance, there are other processes that VR counselors can help the consumer navigate. The important part is to help the consumer stay motivated... to find the solutions that work.

In Jennifer’s case, there were some key solutions that helped her achieve a successful outcome. After a few months of adjusting to the use of hearing aids, the FM Loop, and other communication strategies and tools, Jennifer noticed a lot of changes.

Clips from May 15<sup>th</sup> to be used here

#### **Scene Seven: Jay Clark on Camera giving a closing session**

A VR professional is sometimes at the crossroads between a consumer with hearing loss and a successful vocational outcome. Although consumers seen by VR vary greatly in their individual needs, this website is designed to help provide VR professionals with in-depth training to work with the growing population of working adults who have hearing loss. This foundational tool will help VR professionals provide targeted services to consumers with hearing loss by helping them find work and life accommodations that meet their unique needs. *VR4HearingLoss*, is a free, web-based tool available to help you in your work of helping others.

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## 2 – Key Terms

The following **Key Terms** are used throughout **VR4HearingLoss.net** :

- 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.
- Hearing Loss (HL)** – This term is frequently used in this training resource. Within the context of this training, the term refers to persons who are hard of hearing or late deafened.
- 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.

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## 3 – Frequently Asked Questions (FAQ)

### Will counselors receive CRC credit during field testing?

During the testing phase (December 2012 through February 2013), counselors can apply to the CCRC for retroactive credit after they complete the training. CRC credit will be sought after all revisions have been made, so it is likely that it will be June 2013 before credit is offered on a pre-approved basis.

### Has the material been screen reader tested?

VR4HearingLoss is programmed using “valid mark-up” and has been tested with a screen reader emulator. Commonly used screen readers should be compatible.

### Will counselors be allowed to return to training material as they are completing the assessment to find answers?

Yes.

### Will there be a complete PDF file if counselors want to print the website information?

Yes, we hope so. This would be one of the last items completed because we’d have to choose a “snapshot” point to capture the information in a PDF file; we’d want that to be as close to the end of the development and funding cycle as possible. If possible, we will do a couple of versions of this; one earlier (Jan 2013) and one later (September 2013).

### Will counselors be able to print a CRC completion certificate directly from the website?

Once the resource receives pre-approval from CRC, we will confirm completion with some sort of form or certificate. It will have to be printed along with the 5 individual assessments that say a learner has “completed” the module with an assessed score of 80% or higher. For retroactive CRC hours, each of the 5 individual assessment completion notifications should accompany your application to the CRCC.

### If there are updates, such as new videos or other materials, added after the website is launched will previous website users be notified?

The VR4HearingLoss developers will send a periodic update to users who have given feedback via the Tell Us What You Think Link. At the grant cycle’s conclusion (September 2013), we will send a formal website launch announcement that will serve as a reminder to view the final product.

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## 4 – For VR Professionals

### Introduction to VR4HearingLoss.net for the Vocational Rehabilitation Professional

People who are hard of hearing or late deafened are a large, underserved population in the United States who could benefit from VR services. Their service needs are broad and most often go beyond the provision of hearing aids. **VR4HearingLoss.net** will help orient VR professionals to the range of needs and possible services for persons who are hard of hearing or late deafened. These services lead to enhanced workplace success and improved quality of life for consumers.

As a Vocational Rehabilitation Professional, you have many choices about how to gain and maintain your expertise. With the goal of streamlining your efforts for professional development, the VR4HearingLoss.net training resource is aligned closely with requirements of the Commission on Rehabilitation Counselor Certification®. Pre-approval for 4-5 hours of CRCC credit is being sought, but as of July 2012, the pre-approval process is still underway.

If you wish to complete the VR4HearingLoss.net training, it is recommended that you discuss this resource with your manager/supervisor. Their support is essential to helping you successfully complete and implement this training resource into your professional practice. The Objectives below highlight key learning outcomes from the training. For each learning module, an online assessment is offered. Learners must score 80% to receive notification that they have successfully completed each learning module. The modules are called Who, What, How & Where. Each module reflects one hour of content for potential CRCC credit.

There is also a set of training material designed specifically for state coordinators and other administrators. This section is called **For State Coordinators and Administrators** under the **Getting Started** tab and is also directly linked at the top right corner of the VR4HearingLoss.net homepage.

The **Contributors** to VR4HearingLoss.net have decades of experience in facilitating and providing high quality services to adults with hearing loss. We hope you find this training resource to be helpful in your work of serving this population. As you use this resource, please take a moment to **Tell Us What You Think**.

### Learning Objectives for VR4HearingLoss.net

#### Module 1 Objectives: WHO are our clients with hearing loss?

- Counselors will be able to list 10 problems each for people who have hearing loss and for their communication partners.
- Counselors will be able to list 5 causes of communication breakdowns for each of the following: Speakers,

Environment, and Listener.

Counselors will be able to briefly discuss the hearing aid, lip reading, and sign language is for everyone myths/misconceptions.

Counselors will be able to briefly discuss the origins and effects of [social pain](#).

Counselors will be able to list six each guidelines for [effective communication](#) for speakers and for listeners.

**Module 2 Objectives:** WHAT are the physical characteristics of hearing loss and what are ways of diagnosing and managing the condition?

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Trace the path of sound through the outer, middle and inner ears.

Name the segments of the hearing evaluation.

Describe at least four features of personal hearing instruments.

Describe at least four situations in which assistive technologies would be useful.

**Module 3 Objectives:** HOW can vocational rehabilitation professionals appropriately prepare to serve consumers with hearing loss?

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Increase knowledge and understanding about the impact of hearing loss among the wide range of individuals who are hard of hearing and late deafened and examine how this affects vocational rehabilitation service delivery to these consumers.

Identify and address the unique communication functioning of individual consumers who are hard of hearing or late deafened to establish an effective counseling relationship.

Increase skills in functional assessment, eligibility determination, order of selection priority category, and employment planning with consumers who are hard of hearing or late deafened.

Improve counseling and guidance skills with consumers who are hard of hearing or late deafened to address issues regarding the hearing loss and its' impact on employment.

Increase awareness of employment problems to provide job accommodations or other solutions for consumers who are hard of hearing or late deafened, especially those who experience progressive hearing loss.

**Module 4 Objectives:** WHERE can people with hearing loss find current information, long-term support and tools for self-advocacy?

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Gain a basic understanding of Federal laws that provide people hearing loss equal opportunity and accommodations for the workplace, places of public accommodations, state and local governments, when traveling, and when accessing telecommunications.

Learn about consumer protection in the states.

Understand how consumers filing complaints can help enforce disability laws.

Find out about the resources and organizations available to help advocate for greater access for people with hearing loss.

[Printable Introduction and Objectives for VR4HearingLoss](#)

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# Using VR4HearingLoss

## Why should I explore VR4HearingLoss?

VR4HearingLoss is designed to offer user-friendly, free, easily-accessible training for the VR professional who wants to learn more about serving the growing consumer population with hearing loss. Throughout the website, you have opportunities to learn more about persons with hearing loss and techniques for providing better, more successful vocational rehabilitation services to them.

At every step, this resource was developed with you, the VR professional, in mind. The expert contributors (make a live link to the Contributors page) have decades of experience in serving, leading, and advocating for persons with hearing loss within the vocational rehabilitation setting. This website captures their expertise and offers it to you in a convenient learning platform. Funding for the development of this resource was provided by the National Institute on Disability and Rehabilitation Research (NIDRR) and the University of Arkansas for Medical Sciences (UAMS). If you have questions about the development or use of the website, please [contact us](#). After you have used the website for your professional training needs, please take a moment to [tell us what you think](#).

## How do I use the website most productively?

The website contains four content modules – each of which offers information essential to your training. The content is designed to be reviewed in the order it is presented (Who, What, How & Where). At the end of each content module, there is an assessment for you to measure and document your learning. The content can be studied in a few lengthy sessions over a short period of time, or many sessions over a long period of time. It is up to you! Although the content is meant to be learned in order, as a resource, the website is helpful for browsing particular topics of interest and easily returning to areas about which you want more in-depth study. A web-based learning environment combines the content of a book and the dynamic nature of a website such as linking in other web-based resources, the ability to view and hear video, and the convenience of having a full training resource available in your office, at home or on the go.

- If you successfully complete the VR4HearingLoss training resource, you will complete the following actions:
- VR Professionals – print the resource [Objectives](#) to use as a conversation starter with your supervisor/administrator. Gain their support for this training!
  - State Coordinators and Administrators – use this website to support individual VR professionals in their training and to develop a comprehensive service plan for meeting the needs of late deafened and hard of hearing consumers. See the [State Coordinators and Administrators section](#) for more information.
  - Complete each module – Who, What, How & Where.
  - Practice what you are learning with the consumers you are serving.
  - Complete the assessment at the end of each module; print the completion pages for your records (don't forget the Getting Started assessment).

Complete the resource evaluation form at [Tell Us What You Think](#).

[Contact Us](#) if you have questions.

If desired, complete the requirements for CRCC credit. For more information, see [Receiving Credit for VR4HearingLoss](#).

[Printable Introduction and Objectives for VR4HearingLoss](#)

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# Receiving Credit for VR4HearingLoss

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## 5 – For State Coordinators & Administrators

In this section developed for state coordinators and administrators of VR programs for consumers who are hard of hearing and late deafened, the content defines and describes program assessment and related strategic planning necessary to support vocational rehab services for persons who are hard of hearing and late-deafened. At the end of section, state coordinators and administrators will be able to:

1. Demonstrate the need for state VR agencies to develop specialized staff and services to meet the unique needs of consumers who are hard of hearing and late deafened.
2. Increase knowledge, understanding and implications of key issues that impact service delivery to individuals who are hard of hearing and late deafened.
3. Examine policy and practice compliance with the Rehabilitation Act Amendments of 1988 as they relate to consumers who are hard of hearing and late deafened.
4. Assess current agency impact on the rehabilitation and employment needs of consumers who are hard of hearing and late deafened.
5. Develop a strategic plan that is action and outcome oriented, and based on program assessment findings.
6. Identify and use resource materials to assist with assessment and strategic planning.

[Printable Introduction and Objectives for VR4HearingLoss](#)

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# History of Vocational Rehabilitation Services

The field of deafness rehabilitation has experienced significant progress in recent years. However, little attention, beyond the provision of hearing aids, has been given to the large majority of persons who are classified as hard of hearing and late deafened. Since the mid-1970s, vocational rehabilitation (VR) program development and staff training have focused on accessing culturally deaf and signing persons to its service delivery system. Little attention has been given to service interventions that are needed for non–signing persons who are hard of hearing or late deafened in order for them to persevere through the stresses of hearing loss and the accompanying adjustment process, which must take place to enter or remain in the productive workforce. Often hearing aids are provided while more complex and debilitating problems go undiagnosed and untreated.

There is a growing national awareness that the needs of persons who are hard of hearing and late deafened are very different from the needs of persons who are deaf. The problems are often invisible or seem minor. However, research indicates that many people who are hard of hearing or late deafened are adversely affected by their hearing loss to the point of not being able to function at work, home or in the community. The devastating and debilitating effects of hearing loss are reported be to be one of the leading reasons people in the workforce retire early.

The needs of persons who are hard of hearing and late deafened are often not adequately met by VR agencies. This is largely due to a general lack of both counselor and consumer awareness of the problems unique to these populations, and the menu of communication enhancement practices and services that might be utilized to modify their training and work environments. Although hearing loss is an old problem, knowledge of the significant associated stresses, communication and technology needs for persons who are hard of hearing and late deafened are just starting to be recognized.

In 1991, training modules: *Rehabilitation of Individuals who are Hard of Hearing and Late Deafened, and Assessing Service Delivery To Individuals Who Are Hard of Hearing and Late Deafened: A Guide For Agency Administrators*, were developed by the University of Arkansas Region VI Rehabilitation Continuing Education Program, and regional train-the-trainer sessions conducted in their use. As a result of that training, a few states applied the recommended assessment model to their programs. They used the assessment results to develop a state specific strategic plan for provision of specialized VR services for this population. They identified and trained counselors in the communication, psychosocial and technology issues and solutions unique to people who are hard of hearing and late deafened. They had very positive, significant and exciting outcomes and were able to document the need for specialized VR programs and counselors for consumers who are hard of hearing and late deafened. Their programs resulted in better employment outcomes for greater numbers of eligible consumers who are hard of hearing and late deafened.

For example, the Kentucky Office of Vocational Rehabilitation completed an assessment of their services for persons with hearing loss using the instrument presented in the 1991 training package described above. The data collected from the assessment identified some problems in service delivery to consumers who are hard of hearing and late deafened. Often the consumer’s preferred mode of communication was not documented, and the functional limitations of the hearing loss or employment impediments were not correctly determined. Another identified area of concern was that hearing aids were often the only technology purchased for these consumers without exploration of additional hearing assistive technology that could have been beneficial to

them on the job. After designated staff was provided with specialized training and agency support, services to this population improved significantly. Over the following eight-year period, the percent of consumers who are hard of hearing and late deafened receiving VR services rose from 6 percent to 16 percent of the total population served. There was an almost 300 percent total increase in successful employment outcomes or almost three times as many individuals who are hard of hearing who went to work or maintained their employment. However, the most important measure of success of the completed assessment and strategic plan to improve services is continued consumer satisfaction. To date, Kentucky VR continues to maintain, monitor and improve these services based on the success of this initiative.

In 1992, the Nineteenth Institute on Rehabilitation Issues (IRI), *Serving the Underserved- Principles, Practices, and Techniques* focused on consumers who are hard of hearing as an underserved disability group and made recommendations for enhanced services to these consumers to the Rehabilitation Services Administration (RSA), state agency administrators, state coordinators of services to the deaf (SCDs), long-term training programs, and regional rehabilitation continuing education programs (RCEPs).

One recommendation was that the 1991 University of Arkansas Region VI RCEP training package be updated, expanded and replicated for periodic in-service training and for use in long-term training programs.

In 2000, a Rehabilitation Services Administration Information Memorandum (RSA-IM-0021) further reinforced recommendations from the 19th IRI. It stated, “The document identified the fact that VR counselors are frequently inexperienced and not aware of multiple services that are often needed by individuals who are hard of hearing. The IRI outlined comprehensive information on various services that can be provided to individuals who are hard of hearing to aid those responsible for the provision of VR and related services to this segment of the hearing impaired population.”

In the September/October 2003 issue of *Hearing Loss*, Hearing Loss Association of America’s magazine, Terry D. Portis stated, “According to our members across the country, yes, there is a problem. We are not satisfied with people simply adding ‘and hard of hearing’ to their names or mission statements and then not providing services and supports for people who are hard of hearing. To be very blunt, this is a misrepresentation and disingenuous. There are reports of agencies and organizations that have no history, no training, no expertise and no focus in services and supports for people who are hard of hearing, yet claim to be serving them.”

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In 2008, the fifth edition of the *Model State Plan for Vocational Rehabilitation Services to Persons who are Deaf, Deaf Blind, Hard of Hearing, and Late Deafened (The MSP)*, for the first time, placed an equal emphasis on staffing and provision of services to consumers who are hard of hearing and late deafened.

In the 20 years since the original hard of hearing/ late deafened training package was implemented, the Rehabilitation Act has been reauthorized with new mandates that need to be recognized. Technology and communication options have made dramatic progress. Recognizing the need for a training materials update, the U.S. Department of Education awarded a training project to the Department of Educational Development at the [University of Arkansas for Medical Sciences](#) to develop and make available an up-to-date resource for VR professionals who seek more training to improve their service to adults who are hard of hearing and late deafened.

### Overall Module Training Objectives

1. To demonstrate the need for state VR agencies to develop specialized staff and services to meet the unique needs of consumers who are hard of hearing and late deafened.
2. To increase knowledge, understanding and implications of key issues that impact service delivery to

individuals who are hard of hearing and late deafened.

3. To examine policy and practice compliance with the Rehabilitation Act Amendments of 1998 as it relates to consumers who are hard of hearing and late deafened.
4. To provide a tool that can be used to assess current agency impact on the rehabilitation and employment needs of consumers who are hard of hearing and late deafened
5. To provide a model for program strategic plan development that is action and outcome oriented, and based on program assessment findings.
6. To provide resource materials to assist with assessment and strategic planning.

### **Intended Use**

The purpose of this module is to assist state VR agencies to comply with the mandates and intent of the Rehabilitation Act as related to consumers who are hard of hearing and late deafened. It provides guidelines for assessing an agency's current level of services for individuals who are hard of hearing and late deafened and targets staffing, personnel development, accessibility, policy and service delivery practices to consider in developing a strategic plan for vocational rehabilitation services for these consumers.

Challenges are addressed that face VR agencies and programs in their efforts to increase and expand services to these underserved populations in areas of identification and outreach, eligibility, order of selection for services, consumer empowerment and participation, policy, case practices, and staff knowledge and skills.

Suggestions and options are presented for organizational structure, staffing, policy, service strategies and strategic planning for improved services and outcomes for consumers who are hard of hearing and late deafened.

In summary, the purpose of this manual is to help answer the following questions concerning VR service delivery to persons who are hard of hearing and late deafened:

Where are we?

Where should we be?

How do we get there?

What resources and technical assistance will we need?

### **The Top 10 Reasons to Assess the VR Program and Services**

10. To recognize that consumers who are hard of hearing and late deafened are underserved populations – both in numbers served and in scope of VR services provided.
9. To address unmet service needs advocated by the Hearing Loss Association of America and other consumer sources of input.
8. To provide the same quality of services to consumers who are hard of hearing and late deafened as are provided to other disability groups- to level the playing field- as advocated by the *Model State Plan for Vocational Rehabilitation Services to Persons who are Deaf, Deaf-Blind, Hard of Hearing, or Late Deafened*.
7. To assist with job advancement and retention, avoid underemployment and avoid early retirement of persons who are hard of hearing and late deafened.
6. To recognize that technology can enhance hearing aids to maximize communication.
5. To comply with the Rehabilitation Act mandate that services must be provided by qualified staff and vendors, and in the consumer's preferred mode of communication.
4. To ensure that staff and offices are fully accessible to these populations.
3. To provide consumers with knowledge of, and informed choice of, the full range of employment related

services they might need to maximize their employment.

2. To train existing counselors to understand the employment needs and service options for consumers who are hard of hearing and late deafened.

And the number one reason is:

1. To assist consumers who are hard of hearing and late deafened to obtain, regain or retain employment consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice, resulting in optimal employment outcomes and consumer satisfaction.

### **Are Persons who are Hard of Hearing and Late Deafened Underserved by VR?**

The Rehabilitation Act Amendments of 1998 require VR agencies to conduct a comprehensive statewide needs assessment (CSNA) every three years, describing the VR needs of individuals residing in the state. One of the mandated areas to assess is the VR needs of individuals with disabilities who are unserved or underserved by the VR program. *The VR Needs Assessment Guide*, InfoUse, Berkley, CA, 2009, defines “unserved” as persons who could be eligible for VR services but who are not receiving services, and “underserved” (should be blue) as persons who are not receiving equal or full benefits of VR.

Consumers who are hard of hearing and late deafened are not generally thought of as “unserved” or underserved populations because VR data indicates that a large number of persons in these disability groups *are* being served. However, when compared to the general population statistics, it appears that many potentially eligible persons who are hard of hearing and late deafened are not being served. When considering “equal or full benefits,” VR data shows an overwhelming number of eligible consumers who are hard of hearing who are receiving single service hearing aids without consideration to other services of which they are probably in need, and thus would be considered to be underserved. States should therefore make an effort to specifically consider individuals who are hard of hearing and individuals who are late deafened in their triennial comprehensive statewide needs assessment.

### **Related Mandate:**

**Section 101(a)(15)(A)**- mandates that each state vocational rehabilitation agency, every three years, conduct a comprehensive, statewide needs assessment describing the rehabilitation needs of individuals with disabilities residing within the state. The vocational rehabilitation service needs of individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program is one of the priority areas that is mandated to be addressed.

**\* “Related Mandates” cited throughout this document refer to the Rehabilitation Act Amendments of 1998.**

The 19th Institute of Rehabilitation Issues, *Serving the Underserved- Principles, Practices, and Techniques* developed a model that could be applied to any underserved group of individuals with disabilities. The model was then applied to persons who are hard of hearing and persons with epilepsy as examples of underserved populations.

[See the full text of the 19th IRI](#)

Included in the model were the following indicators for identification of “underserved” populations, which apply to many persons who are hard of hearing and late deafened:

- Accommodation/ technology needs
- Personal misconceptions about the disability
- Denial of the condition
- Lack of awareness of prevalence/ incidence of the condition
- Lack of awareness about vocational rehabilitation services

- Confusion with similar disabilities
- Secondary health problems
- Difficulty in establishing functional limitations
- Lack of research on “best practices”
- Lack of sensitivity
- Need for personal empowerment
- Lack of training
- Increased psychopathology compounded by stigma
- Barriers to employment

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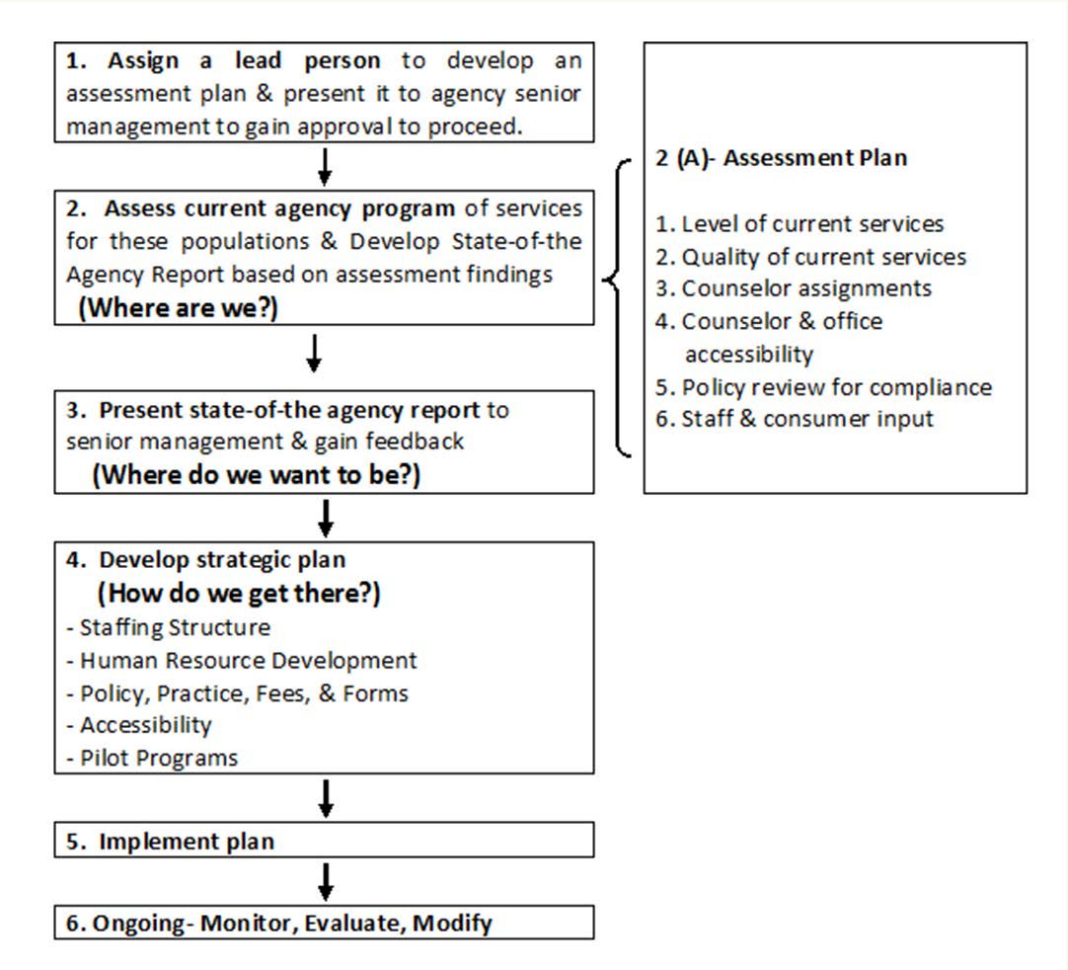
# Model for VR Program Assessment, Report and Strategic Plan

It is necessary to assess your current level of service delivery to consumers who are hard of hearing and late deafened to be able to develop a strategic or action plan for provision of quality services to existing, unidentified, and emerging consumers who are hard of hearing and late deafened. In order to determine how to structure or restructure program, you must know where the VR program for consumers who are hard of hearing and late deafened is currently, where the gaps are, and what outcomes it wants to target. Based on assessment information, short and long-range priorities and goals can be set, rather than stopgap measures to put out fires.

This section presents a model that VR agencies might use to assess the quantitative and qualitative impact of their current program on the needs of consumers who are hard of hearing and late deafened. The following model can be used as a tool to conduct an assessment, develop recommendations, and develop a strategic or action plan based on assessment findings. The model is designed to answer:

- Where are we?
- Where do we want to be?
- How do we get there?

## The Model



**The Model Components**

- 1. Assign a lead person to develop an assessment plan and present it to agency senior management to gain approval to proceed.
- 2. Assess current agency program of services for these populations. (Where are we?)
- 3. Present state-of-the agency report to senior management and gain feedback. (Where do we want to be?)
- 4. Develop strategic plan (How do we get there?)
- 5. Implement plan
- 6. Ongoing – Monitor, Evaluate and Modify

At first it may look difficult to carry out such an involved assessment and follow-up plan. Be assured this has not been the experience of state coordinators who have already followed the process. In fact, they have found that it is not only a user-friendly process, but as a side benefit, provided them insight into planning, program evaluation, and the ability to monitor and keep their thumb on the pulse of their program.

**Implementing the Model**

**1. Assign Lead Person and Gain Agency Commitment and Approval**

The State Coordinator for the Deaf, Hard of Hearing, and Late deafened (SCD/HH/LD) is the logical person to lead, and keep on track, the assessment and strategic plan development. If the state does not have a SCD/HH/LD on staff, another administrative office staff person should be assigned.

To be successful, program assessment and strategic plan development must be an administrative priority. Results of the assessment must be fully understood by senior management and recommendations for program

enhancement discussed, modified, and approved by them prior to strategic plan development. All levels of management must commit to the finalized strategic plan, outcome goals, implementation steps, persons responsible, and anticipated time frames. They must communicate their desire for full cooperation in the assessment and associated strategic plan implementation to all levels of staff statewide.

**2. Assess Current Agency Program: Where are we?**

- a. Level of current services
- b. Quality of current services
- c. Counselor assignments
- d. Counselor and office accessibility
- e. Policy review for compliance
- f. Staff and consumer input

Details of how the above outline can be implemented is found in the next section “[Detailed Implementation of Vocational Rehabilitation Program Assessment and Report.](#)”

The State-of-the Agency Report should analyze assessment data, reports, survey and interview responses, policy and practices issues, etc. Collate the information into charts and other summaries to highlight trends and describe current program strengths and needs for serving consumers who are hard of hearing and late deafened. Finalize the report with recommendations for program enhancement.

**Model Assessment Report and Recommendations**

- Introduction
- Definitions of hard of hearing and late deafened.
- Estimated state population (hard of hearing, late deafened) compared to numbers served by agency.
- Numbers of hard of hearing and late deafened currently served vs. total consumers served (all disabilities).
- Consumer characteristics (age, education, ethnicity).
- Number with secondary disabilities.
- Number of successful closures vs. total (all disabilities) closed.
- Average cost per case vs. total (all disabilities) served.
- Number of hearing aids purchased. Were they single-service cases?
- National 26 closure trends vs. state closures.
- Caseload distribution of hard of hearing and late deafened consumers by office.
- Communication access and technology use/need/ provision.
- Staff input addressing:
  - Staffing
  - Caseloads
  - Policy and fees
  - Accessibility
  - Services
  - Training/ meetings
- Quality of current services (per case reviews, staff and consumer input).
- Staff qualifications and accessibility (those serving consumers who are hard of hearing and late deafened).
- Vendor qualifications and accessibility.

Policy and practices compliance with the law.

Order of Selection standards, priorities and impact on target population.

**Recommendations based on assessment findings** (including, but not limited to):

Staffing

Caseloads

Policies

Fees

Accessibility

Specialized service needs

Training/ meeting needs

[See an example of an assessment report with recommendations.](#)

**3. Present State of the Agency Report and Recommendations to Senior Management and Gain Feedback: Where do we want to be?**

Submit the completed state-of-the-agency report and recommendations to senior management prior to meeting with them. This will give them time to review and formulate questions and opinions prior to meeting with you. Prepare carefully for the meeting. Do your homework. Have preliminary data and focus questions prepared. Be prepared to present potential solutions to problems or to further justify recommendations.

Discuss the assessment findings and recommendations and gain management feedback and direction for future program and staffing structure. This feedback will be the basis for the strategic plan. Be certain they agree to and are committed to activities and staffing that will be included in the strategic plan. At a minimum, the following areas should be discussed and related follow-up actions agreed to:

Staff assignments to serve consumers who are hard of hearing and late deafened

Identified accessibility needs

Needed policy, practices and forms revisions

Short and long range training plans

Take careful meeting notes and verify their accuracy with meeting participants.

**4. Develop a Strategic Plan: How do we get there?**

Develop a strategic plan that includes short and long-range goals, activities, action steps and timelines needed to achieve agreed upon staff and program modifications. Goals should be written with anticipated measurable outcomes and person(s) responsible for goal completion.

The finalized strategic plan must have the understanding, approval and commitment from the top of the agency — through all levels of staff — to the counselor. If only counselors are oriented, uninformed supervisors with different interpretations and opinions could undermine the new paradigm.

**Model Strategic Plan**

**Staffing structure (or restructure)**

Role of State Coordinator for the Hard of Hearing and Late Deafened (SCD/HH/LD) or other administrative staff person assigned to the initiative.

Counselor assignments statewide to appropriately accommodate consumers who are hard of hearing and late deafened.

Consideration of staff C-Print clericals

Other

**Human Resource Development**

Annual training plan by job title: SCD/HH/LD, RCD/HH/LD/, general counselors, bilingual counselors, clericals, receptionists, supervisors, CAP staff, and vendors.

In-service training

Out-service training

Meetings and conferences

**Policy, practices, fees, forms**

As appropriate, needed changes in:

CART fees, procedures and referral agencies

C-Print fees, procedures and referral agencies

Audiological and hearing aid evaluation procedures, fees and forms.

Cochlear implant policy

Technology provider policy

Cooperative agreement updates (Higher Ed, Deaf/Hard of Hearing Office, etc.)

Other

**Accessibility**

Individual needs of staff who are hearing impaired

Need for large area assistive listening systems

Communication accessibility of interview/counseling rooms

Available technology demonstration and loan programs

Alternative communication technology (Captel, etc.)

Visual safety technology

**Programs to be piloted**

Activities to be developed in conjunction with other VR units and partners (transition, work-site assessment, community rehabilitation programs, marketing materials, One-Stops, CILs, etc.)

**See an example of a strategic plan using [this model](#).**

**Dissemination**

After Strategic Plan approval by administration, it is ready for presentation to the field.

**5. Implement Plan**

The person appointed as strategic plan implementation lead, must be totally immersed in the rationale and details of the strategic plan and committed to achievement of the desired outcomes. He or she must have an extensive background in VR of consumers who are hard of hearing and late-deafened, and be committed to provision of quality services for each. He or she must report to a person with sufficient authority to ensure that strategic plan goals and activities are not undermined.

The strategic plan, when finalized and approved for implementation, must be clearly communicated to all levels of staff. Everyone, regardless of perceived level of involvement, must understand what the desired outcome(s) are, the rationale, and the individual staff and field office expectations.

A strategic plan must be a living document:

Evaluate regularly

Revise as needed

Document progress, problems, and next steps

6. Ongoing Monitoring and Evaluation

It is important that the strategic or action plan be monitored regularly to ensure that it is on track. If not on track, the reason for delay must be identified and adjustments made. Persons critical to moving the plan ahead may need mentoring or encouragement. Circumstances may not permit progress as originally planned, or a planned activity might need modification to achieve the desired outcome. Regular progress reports (verbal and written) up and down the line are critical to keep the initiative at the forefront and on track.

Develop a format for a monthly data report to track which counselors are receiving the referrals of hard of hearing and late deafened consumers, what services are being provided, successful closures, and potential models and promising practices. Provide regular staff meetings or other conferencing to share best practices and identify training needs. Make training available through in-service sessions and through established training programs such as the modules presented in this training package and other resources listed under [Resources](#).

Planning is an ongoing process



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# Detailed Implementation of VR Program Assessment and Report

## 1. Level of Current Services

During the assessment, the vocational rehabilitation agency must ask a couple of questions: Are we reaching the hard of hearing and late deafened population of need, or the persons who have a significant impediment to employment? If yes, are we addressing their multiple employment needs beyond hearing aids? Are we providing the full range of services needed to modify these problems and enable employment success?

In order to answer these questions, it will be necessary to retrieve, review and analyze existing data regarding consumers who are hard of hearing or late deafened. Like Alice in Wonderland, the agency cannot plan where to go if it does not know where it is.

### Assessment

Analyze population estimates and RSA-911 data. Each is addressed in the following section:

### Population Estimates

Studies indicate a steady increase in the incidence of persons with hearing loss nationally. Current estimates range from 34 to 36 million persons reporting some level of hearing loss.

The National Institute on Deafness and Communication Disorders (NIDCD) in June 2010 reported the following “Quick Statistics”:

- Approximately 17 percent (36 million) of American adults report some degree of hearing loss.
- The NIDCD estimates that approximately 15 percent (26 million) of Americans between the ages of 20 and 69 have high frequency hearing loss due to exposure to loud sounds or noise at work or in leisure activities.
- Only 1 out of 5 people who could benefit from a hearing aid actually wears one. In the United States, roughly 41,500 adults and 25,500 children have received cochlear implants.
- Approximately 4,000 new cases of sudden deafness occur each year in the United States. Hearing loss affects only one ear in 9 out of 10 people who experience sudden deafness. Only 10 to 15 percent of patients with sudden deafness know what caused their loss.

The Marke Trak national study, conducted and published by the Better Hearing Institute (BHI), provides powerful information for states to use when considering if persons with hearing loss are an underserved population. It includes estimates, by state, of persons with hearing loss by percent of the total hearing loss population; size of hearing loss population; estimated size of state population; and percentage of hearing loss incidence.

### National RSA–911 Data

To determine if a state is consistent with other state VR agencies, look at RSA-911 national successful employment outcomes, cost of services, etc. The following table, from The Model State Plan, provides data

successful outcomes from 1960 – 2008.

Historical Comparison of Successful Rehabilitation Employment Outcomes for Individuals Who Are Deaf and Hard of Hearing with Successful Rehabilitation Employment Outcomes for All Individuals

Year	Total Cases	Successful Outcomes for All Individuals	Successful Outcomes Deaf & HoH Outcomes / % of All	Successful Deaf Outcomes / % of All D & HoH	Successful HoH Outcomes / % of All D & HoH
2010	.	171964	22243 (12.9%)	5184 (23.3%)	17059 (76.7%)
2009	.	180572	24758 (13.7%)	5662 (22.9%)	19096 (77.1%)
2008	.	205023	28410 (13.9%)	6581 (23.2%)*	21829 (76.8%)
2007	.	205447	25404 (12.4%)	6479 (25.5%)*	18925 (74.5%)
2006	.	205791	24088 (11.7%)	6667 (27.7%)*	17421 (72.3%)
2005	.	206695	22371 (10.8%)	6480 (29.0%)*	15891 (71.0%)
2004	.	213431	21678 (10.2%)	6554 (30.2%)*	15124 (69.8%)
2003	.	217557	21241 (9.8%)	6508 (30.6%)*	14733 (69.4%)
2002	.	221031	20682 (9.4%)*	6791 (32.8%)*	13891 (67.2%)
2001	.	233684	22751 (9.7%)*	7936 (34.9%)*	14815 (65.1%)
2000	.	236218	19394 (8.2%)*	7409 (38.2%)*	11985 (61.8%)
1999	.	231697	18295 (7.9%)*	7157 (39.1%)*	11138 (60.9%)
1998	.	222275	16887 (7.6%)	6750 (40.0%)	10137 (60.0%)
1997	.	211576	15243 (7.2%)	6134 (40.2%)	9109 (59.8%)
1996	.	213780	15718 (7.4%)	6238 (39.7%)	9480 (60.3%)
1995	.	209600	15187 (7.2%)	5990 (39.4%)	9197 (60.6%)
1994	.	202824	16029 (7.9%)	6022 (37.6%)	10007 (62.4%)
1993	.	193918	15901 (8.2%)	5830 (36.7%)	10071 (63.3%)
1992	.	191821	16094 (8.4%)	5881 (36.5%)	10213 (63.5%)
1991	.	202831	16832 (8.3%)	5958 (35.4%)	10874 (64.6%)
1990	.	214874	19335 (9.0%)	6820 (35.3%)	12515 (64.7%)
1989	.	220408	20184 (9.2%)	7075 (35.1%)	13109 (64.9%)
1988	.	218241	19693 (9.0%)	7130 (36.2%)	12563 (63.8%)
1987	.	219616	—	—	—
1986	.	223354	18568 (8.3%)	7021 (37.8%)	11547 (62.2%)
1985	.	227652	—	—	—
1984	.	225772	16626 (7.4%)	6296 (37.9%)	10330 (62.1%)
1983	.	216231	15585 (7.2%)	6127 (39.3%)	9458 (60.7%)
1982	.	226924	15519 (6.8%)	6423 (41.4%)	9096 (58.6%)

1981	.	255881	17298 (6.8%)	7212 (41.7%)	10086 (58.3%)
1980	.	277136	18679 (6.7%)	7630 (40.8%)	11049 (59.2%)
1979	.	288325	17540 (6.1%)	7308 (41.7%)	10232 (58.3%)
1978	.	294396	16859 (5.7%)	6877 (40.8%)	9982 (59.2%)
1977	.	291202	16223 (5.6%)	6135 (37.8%)	10088 (62.2%)
1976	.	303328	16015 (5.3%)	5936 (37.1%)	10079 (62.9%)
1975	.	324039	15887 (4.9%)	6066 (38.2%)	9821 (61.8%)
1974	.	361138	16675 (4.6%)	6689 (40.1%)	9986 (59.9%)
1973	.	360726	16869 (4.7%)	6728 (39.9%)	10141 (60.1%)
1972	.	326138	16429 (5.0%)	6412 (39.0%)	10017 (61.0%)
1971	.	291272	13735 (4.7%)	5566 (40.5%)	8169 (59.5%)
1970	.	266975	14334 (5.4%)	5915 (41.3%)	8419 (58.7%)
1969	.	241390	12769 (5.3%)	5598 (43.8%)	7171 (56.2%)
1968	.	207918	12269 (6.9%)	5523 (45.0%)	6746 (55.0%)
1967	.	173594	10363 (6.0%)	4923 (47.5%)	5440 (52.5%)
1966	.	154279	9015 (5.8%)	2731 (30.3%)	6284 (69.7%)
1965	.	134859	8130 (6.0%)	2560 (31.5%)	5570 (68.5%)
1964	.	119708	7376 (6.2%)	2243 (30.4%)	5133 (69.6%)
1963	.	110136	6767 (6.1%)	2077 (30.7%)	4690 (69.3%)
1962	.	102377	6328 (6.2%)	1866 (29.5%)	4462 (70.5%)
1961	.	92501	5438 (5.9%)	1595 (29.3%)	3843 (70.7%)
1960	.	88275	5410 (6.1%)	1617 (29.9%)	3793 (70.1%)

State RSA–911 Data

To identify trends, strengths and weaknesses in a particular state agency’s program and services for hard of hearing and late deafened consumers, look at the state agency’s data. For the purposes of this assessment, when collecting RSA-911 data, use RSA codes in these groupings:

- Hard of Hearing= 05, 06, & 07
- Late Deafened & Oral Deaf= 04

RSA Codes

In 2003, the RSA coding for disability or impairment type shifted focus to the “functional” aspects of hearing loss, primarily related to the person’s functional communication and its impact at work. The current coding includes:

- 03 Deafness, Primary Communication Visual
- 04 Deafness, Primary Communication Auditory
- 05 Hearing Loss, Primary Communication Visual

- 06 Hearing Loss, Primary Communication Auditory
- 07 Other Hearing Impairments (Tinnitus, Meniere's Disease, Hyperacusis, etc.)
- 08 Deaf-Blind
- 09 Communicative Impairments (expressive/receptive)

For a snapshot of the program and services being provided to consumers who are hard of hearing and late deafened, look at the state's RSA-911 data from the most recently completed fiscal year. Collect and analyze the state data to determine the hard of hearing and late deafened consumer profile and trends in services. Look at the following:

- Number of cases served statewide (percentage of all cases)
- Consumer demographics (age, education, ethnicity, secondary disability)
- Number competitively employed at application (percentage of all cases)
- Percent competitively employed at closure (percentage of all cases)
- Percent provided physical restoration services (percentage of all cases)
- Percent provided training services (percentage of all cases)
- Average cost per case (percentage of all cases)
- Number of months between acceptance and closure (percentage of all cases)
- Compare state outcomes with RSA national data on previous chart

If in an order of selection for services (OSS) compare numbers served pre and post OSS imposition (two years may be necessary to see the full impact).

Once assessment data has been compiled, it will need to be analyzed to see trends and to determine what it means. Usually assessment data raises more questions than it answers. These questions become the "red flags" the agency needs to further explore. For example, were there physical restoration cases with a total case cost that roughly equals the cost of hearing aids? If the answer is yes, the agency may need to conduct a targeted case review to determine how many, if any, were single service hearing aid cases, and in need of other unidentified services.

**2. Quality of Current Services and Practices**

In order to determine if consumers who are hard of hearing and late deafened are receiving the full range of services needed to reach their employment goal, the following assessments should be conducted. All are addressed in the following section.

- a. Individual case analysis
- b. Counselor assignments
- c. Counselor accessibility
- d. Office accessibility
- e. Policy compliance

**a. Individual Case Analysis (targeted case reviews)**

To answer many questions that will be raised in the analysis of the agency's assessment data, a case review should be conducted that looks at "red flag" issues.

The agency should do a random sample of its field offices with both general and deaf specialist counselors' caseloads represented (and identified as such) in the sample. Questions to ask might include:

- Did the counselor identify the full range of functional impediments to employment needed to document

severity of disability?

How well was the consumer's receptive communication skill assessed and accommodated?

How well was the consumer's ability to benefit from the use of hearing assistive technology assessed and addressed?

How well was the consumer's ability to cope with stresses related to the hearing loss assessed and dealt with?

How well was the consumer's total employment setting and associated needs assessed and addressed?

What services were provided? (codes 16 and 18 in the RSA 911 data do not identify the specific service provided)

Are the IPE services and employment goal consistent with the outcome achieved?

See a [sample case review form](#)

In one state VR agency where such a review was conducted by the quality assurance unit and the State Coordinator for Hard of Hearing and Late Deafened (SC/HH/LD), it was found that:

Neither generalist counselors nor specialist counselors for the deaf were aware of the full range of communication and service needs of this population.

The majority of cases randomly sampled involved persons who were hard of hearing, over 45 years of age and employed at referral.

Case file information did not address consumer communication needs.

In most of the cases, the consumer came to VR requesting assistance in getting a hearing aid, and this, therefore, became the focus of the case. Potential problems and needs beyond a hearing aid were not explored.

Secondary disabilities were generally perceived as not contributing to the employment problem, and not further explored.

Few post-IPE contacts were made.

As a result of the case review, the agency assigned specific counselors to serve consumers who are hard of hearing and provided in-depth training to them on how to appropriately serve this disability group.

## **b. Counselor Assignments**

This portion of the assessment answers the question- Are consumers who are hard of hearing and late deafened being served by counselors who understand their communication and psychosocial needs?

Who serves consumers who are hard of hearing and late deafened in the agency? In most state VR agencies, rehabilitation counselors for the deaf (RCDs) serve signing deaf consumers, while both RCDs and general counselors serve non-signing consumers who have a hearing loss. In most states, both are equally in need of information and training to understand that the employment needs of these consumers may be multiple and severe. The counselor must be able to recognize those needs in consumers who, for the most part, cannot (or will not) pinpoint the problem(s) themselves, and are not aware of available services that could greatly assist them.

Many states have specialized counselors serving hard of hearing and late deafened consumers. They are commonly called "Rehabilitation Counselor for the Hard of Hearing and Late Deafened (RC/HH/LD)." or in some states, "Communication Specialists."

## **Assessment**

Using the data system, determine which counselors are currently serving consumers who are hard of hearing and late deafened.

From RSA-911 data, determine:

How many cases coded in each category (late deafened and hard of hearing) have been served, by office, in the past year?

How many cases, by office, in each category were served by deaf specialist counselors (RCDs)?

How many cases, by office, were served by general caseload counselors?

How many cases, by office, were served by communication specialist/ RC/HH/LD counselors?

This information can be used to drive strategic plan recommendations for assignment of counselors to whom hard of hearing and late deafened referrals will be made. It will also drive training plan recommendations, which are more time and cost-effective if provided to targeted counselors, as opposed to a shotgun approach to training all counselors.

### **c. Counselor Accessibility**

To be effective in working with consumers who are hard of hearing or late deafened, it is essential for counselors to have specialized knowledge concerning:

- Use of the full range of communication techniques
- Recognizing the consumer who does not reveal his/her hearing loss
- Identifying needs specific to consumers who are hard of hearing and late deafened
- Basic audiology, aural rehabilitation, cochlear implants
- Function and use of assistive technology and amplification options
- Function and use of visual display technology
- Work site assessment and modification strategies
- Counseling and other psychosocial and environmental interventions
- Accessing resources (agency, vendor and consumer support organizations)

It is essential that a counselor for a consumer who is hard of hearing or late deafened have the knowledge and ability to draw information from a consumer who may not be able to pinpoint his or her own communication problems and solutions. Do not assume that a counselor is an expert in the above knowledge and skills simply because he or she is deaf or hard of hearing.

It is important that the counselor have clear speech and pronunciation so that the best use of a consumer's residual hearing and lip reading ability can be made. Counselors who have speech articulation problems — some deaf, cerebral palsied, multiple sclerosis, stroke, foreign accents, etc. — or distorted facial and/or lip movements will not be readily understood by the consumer who is hard of hearing or late deafened. Word processing, writing and typing skills are sometimes helpful in difficult communication situations.

Finally, it is essential that all staff – from the receptionist to the office manager – who come into contact with consumers who are hard of hearing and late deafened be sensitized to effective oral and written communication behaviors.

For recommended knowledge, skills and abilities for counselors for hard of hearing and late deafened, see *Model State Plan for Vocational Rehabilitation Services to Persons who are Deaf, Deaf-Blind, Hard of Hearing, and Late-Deafened*, pages 43-45.

### **d. Office Accessibility**

In addition to assessing counselor accessibility, it is necessary to determine accessibility of offices in which these consumers will be served and to target and authorize purchase of assistive technology to ensure appropriate office accommodations.

Are telephones equipped with amplifiers and/or Captel?

Are there visual warning devices?

Are there interview/counseling rooms free from background noise and other distractions? Are they well lit?

Is the furniture moveable in order to facilitate the best communication environment, i.e., free from glare, direct line of vision to the speaker, etc.?

Are there assistive listening devices for use between individuals and for use in group meetings or training situations?

Are there provisions for writing or typing when the consumer cannot understand speech?

These accommodations are both reasonable and necessary for both the staff and consumers, who are hard of hearing and late deafened. Staff and office accommodation needs can be established through a survey or through interviews with field office staff.

**e. Policy Compliance**

It is important to conduct a policy review to ensure that policy is consistent with the intent of the Rehabilitation Act as applied to consumers who are hard of hearing and late deafened.

Policy issues to consider, relating to serving consumers who are hard of hearing and late deafened, are addressed in this section. Each issue addressed is followed by the associated citation(s) from the Rehabilitation Act Amendments of 1998. Policy overall must facilitate, not impede, consumers being active participants in their own rehabilitation program development, based upon informed choice about the selection of services that they receive, assisted by qualified VR counselors. This basic premise must be kept in mind when reviewing all policy and related practices. Carefully go through policy and practices manual(s) and make recommendations for modification/ addition if indicated.

**This section is arranged in the following order:**

Personnel Development, Standards and Training- The VR counselor as a “Communications Specialist”

The VR Process

Referral: Identifying the consumer who is hard of hearing or late deafened

Assessment

Eligibility

Order of selection

Comprehensive assessment

The Individualized plan for employment (IPE)

Scope of services

Closure

Post–employment services

Other policy issues

State Rehabilitation Council

**Personnel Development, Standards and Training**

It is mandated that minimum communication standards be set for counselors to ensure that they will be able to communicate in their consumer’s preferred mode of communication. With consumers who are hard of hearing and late deafened, this usually means a mode other than American Sign Language. Training will assist counselors who serve consumers who are hard of hearing and late deafened to use a combination of practices, physical settings, assistive listening devices and other technology for assisting consumers to (perhaps for the first time) use their best communication assets, and adapt their environment to the best communication advantage. Learning to communicate with an individual who is hard of hearing or late deafened is in many ways more challenging than using American Sign Language with a consumer who is deaf.

Because of the communication complexities, agencies might want to look at their existing staffing structure to determine if consumers who are hard of hearing and late deafened might be better served if specific counselors are designated and trained to serve them.

**Related Mandate:**

**Section 101(a)(7)(C)** requires the state plan to contain provisions relating to the establishment and maintenance of minimum standards to ensure the availability of personnel, to the maximum extent feasible, trained to communicate in the native language or preferred mode of communication of an applicant or eligible individual.

The Rehabilitation Act requires state plans to include a description, a procedure and activities they will undertake to ensure that all of their personnel are appropriately and adequately trained and prepared.

When counselors work with individuals who are hard of hearing or late deafened, they face unique challenges in building relationships. Communication factors are also crucial in developing relationships with other professionals involved with the case. Often misunderstanding and misconceptions about consumers who are hard of hearing and late deafened need to be overcome. A counselor's partnership with an individual who is hard of hearing or late deafened is a role that requires specific knowledge, skills and ability. As in working with any underserved population this role may at times feel a bit like playing "The Lone Ranger."

Training is therefore generally needed to sensitize counselors, supervisors and service providers assigned to work with individuals who are hard of hearing and late deafened to the needs of these target populations and to increase their knowledge of the service options available. Ongoing continuing education is also needed to upgrade knowledge and skills and to keep abreast of constantly changing technology.

**Related Mandates:**

**Section 101(a)(7)(A)(v)** requires the state plan to include a description of the procedures and activities that will be undertaken to ensure that all personnel they employ are appropriately and adequately trained and prepared including a system for continuing education of rehabilitation professionals and paraprofessionals, particularly in respect to rehabilitation technology.

**Section 103(a)(1)** requires that needed assessments for determining eligibility and vocational rehabilitation needs be conducted by qualified personnel, including, if appropriate, an assessment by personnel skilled in rehabilitation technology.

Consumer Assistance Project (CAP) staff should be included in staff development and training relative to individuals who are hard of hearing and late deafened so that they will better understand appeals lodged by consumers with these disabilities and more effectively provide information to them concerning vocational rehabilitation services and the Americans with Disabilities Act.

**Related Mandate:**

**Section 112(a)** requires the consumer assistance program to provide information on the available services and benefits under the Rehabilitation Act and Title I of the Americans with Disabilities Act of 1990 to individuals with disabilities in the State, especially in regard to individuals with disabilities who have traditionally been unserved or underserved by vocational rehabilitation programs.

**The Vocational Rehabilitation Process**

Creative outreach is needed to identify persons who are hard of hearing and late deafened who do not self-identify and who have not been traditionally recognized and served by VR.

**Related Mandate:**

**101(a)(15)(D)(ii)** requires the state plan to contain a description of the strategies they will use to address the needs identified in the statewide needs assessment, including ... outreach procedures to identify and serve individuals with disabilities who are individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program.

VR agencies should promote outreach to students with hearing loss in secondary school programs, those being served under an IEP or 504 plan, as well as those without any special identification in the education system. Many states have designated transition counselors who are the point of contact with the schools. These transition counselors must be trained to recognize the hard of hearing students who have not self-identified and have not been identified by the school, and therefore are falling through the cracks. The transition counselor should transfer hard of hearing and late deafened referrals to communication specialists or RCHHs if such a position exists. If they retain these students in their caseload, they should be trained in related communication and other issues needed to appropriately serve these students.

#### **Related Mandates:**

**Section 101 (a)(11)(D)** requires the state plan to contain procedures for coordination between the VR agency and education officials designed to facilitate the transition of students with disabilities to the receipt of vocational rehabilitation.

**Section 7(37)** - The term “transition” means a coordinated set of activities for a student, designed within an outcome oriented process, that promotes movement from school to post school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated activities shall be based upon the individual student’s preferences and interests.

If a consumer does not meet eligibility criteria or priority category under an order of selection, they must be provided information about, and referral to, other state or federal programs for needed employment assistance.

**Section 101(a)(20)(A)(B)** requires the state plan to include an assurance that they will implement an information and referral system adequate to ensure that individuals with disabilities will be provided accurate vocational information and guidance, using appropriate modes of communication, to assist individuals in preparing for, securing, retaining, or regaining employment, and will be appropriately referred to Federal and State programs.. including other components of the statewide workforce investment system.

#### **Assessment**

After application, the counselor interviews the consumer and collects information to determine if eligibility is met and to begin identification of employment and related service and counseling needs. Because of the mandate to make eligibility decisions quickly, and to the extent possible on existing information, it is essential that a counselor of a consumer who is hard of hearing or late deafened know specifically what information to gather to determine the severity of the employment impediment and substantiality of services needed. Many problems of consumers who are hard of hearing and late deafened are not visible or reported by consumers or associated professionals. It is therefore extremely important that the counselor know what to look for and what questions to ask to gain the needed objective, e.g., medical, psychological, other formal assessment, and subjective, e.g., consumer/family reported or counselor observed, data.

Often, professionals authorized to conduct assessments do not have a complete understanding of the impact a hearing loss can have. When arranging an evaluation or assessment, it is therefore extremely important that the counselor include, in the referral information, the individual consumer’s communication mode and needs, along with communication issues that the counselor would like to have addressed in the report. How well a counselor asks questions of an evaluator, and how well the response comes back in functional terms, will significantly influence whether or not consumers who are hard of hearing or late deafened receive the full scope of services of which they are in need to gain or maintain employment.

Effective two–way communication in the evaluation/assessment setting is critical to the reliability of information in the resulting reports to the counselor. If technology is required to achieve the best communication environment, it should be provided in the assessment situation.

Audiograms available at the time of referral may be appropriate for the purpose of establishing the presence of a disability. However, new audiological information is often needed after eligibility has been determined and VR services are being planned to ensure that up-to-date recommendations for hearing aids and other related

technology are obtained.

## Related Mandates

**Section 7(2)(A)** defines “assessment for determining eligibility and vocational rehabilitation needs” to mean, as appropriate in each case — a review of existing data to determine whether an individual is eligible for services, to assign priority for an order of selection, and to the extent necessary, the provision of appropriate assessment activities to obtain necessary additional data to make such determination and assignment.

**Section 102(a)(4)** mandates, that, to the maximum extent appropriate, for purposes of determining the eligibility of an individual for vocational rehabilitation services and developing the individualized plan for employment for the individual, the counselor must use information that is existing and current (as of the date of the determination of eligibility or of the development of the individualized plan for employment), including information available from other programs and providers, particularly information used by education officials and the Social Security Administration, information provided by the individual and the family of the individual, and information obtained under the assessment for determining eligibility and rehabilitation needs.

**Section 101(a)(15)(D)(i)** requires the state plan to contain a description of the methods to be used to expand and improve services to individuals with disabilities, including how a broad range of assistive technology services and assistive technology devices will be provided to individuals at each stage of the rehabilitation process.

## Eligibility

Eligibility (see definition in following related mandate) determination must be made as soon as possible, but within 60 days unless there are circumstances beyond the control of VR and the consumer agrees to an extension.

The most important and unique function of the VR counselor is analyzing all of the diagnostic and case finding information, analyzing it as a whole, and determining what specific disability related problems are interfering with the consumer’s ability to get or to keep a job. VR services can be provided for only those disability related problems that specifically impact the consumer’s employment or ability to gain employment. The VR counselor for consumers who are hard of hearing and late deafened therefore must clearly understand the unique psychosocial, communication and technology needs of this population in order to make informed eligibility decisions.

Many consumers who are hard of hearing or late deafened are employed at the time of application, but at risk of losing employment due to hearing loss related stresses and needs. Some may be in a “crisis” situation on their job and in need of immediate intervention. In these situations, the counselor may expedite the application process. Other consumers might be underemployed or unable to gain a promotion for which they are qualified and capable, if provided with counseling, coping strategies, technology, and the like. Others may be “older” workers, even part-time, with aging-related hearing loss, who want or need to work to supplement their income. VR counselors must not wrongly assume that since consumers are working, they are not eligible for VR services,

## Related Mandate

### **Section 102(a)(1)- Criterion for Eligibility**

An individual is eligible if the individual is:

1. An individual with a disability. This is defined as a person with a physical or mental impairment which constitutes or results in a substantial impediment to employment, and who can benefit in terms of an employment outcome from VR services.
2. Requires VR services to prepare for, secure, retain, or regain employment.

**Section 102(a)(6)(A)** mandates that eligibility for vocational rehabilitation services be determined within a

reasonable period of time, not to exceed 60 days, unless there are exceptional and unforeseen circumstances, beyond the control of VR, and the individual agrees to a specific extension of time.

**The Order of Selection for VR Services**

If a VR agency cannot serve all eligible consumers, they must by law enter into an order of selection for services, under which consumers who are determined to be the most severely disabled must be served before other eligible consumers. Priority categories differ among states, but are usually based on extent of functional limitations. It is therefore extremely important to understand that the functional impediments to employment of an individual who is hard of hearing or late deafened can be multiple, severe, vocationally debilitating, and may have no correlation to the level of their decibel loss.

As an increasing number of agencies enter into an order of selection for services, concern is being expressed about where consumers who are hard of hearing and late deafened fall on the order of selection priority list.

Degree or severity of hearing loss on communication is only one functional factor to be considered when determining the impact of a hearing loss on employment. There are many consumers who qualify as an “individual with a significant disability” if all of their problems and needs for services are recognized by their VR counselor. Many would meet the definition if their **functional limitations** in areas of communication, self-direction, interpersonal skills, work tolerance, work skills, self-care and mobility are recognized. Multiple VR services over an extended period of time are often required to benefit an individual who is hard of hearing or late deafened in terms of an employment outcome.

It is, therefore, critical that the counselor of a consumer who is hard of hearing or late deafened be able to recognize the variety of substantial functional impediments that impact the individual consumer’s employment, plus the multiple services that should be provided to remediate these limitations. Truly eligible persons who are hard of hearing and late deafened who should meet the definition of “individual with the most significant disability” will otherwise be denied service under an Order of Selection or, under normal circumstances may receive services that are less than adequate in meeting their needs.

[Link to Counselor Module functional limitation chart.](#) – Add link

**Related Mandates:**

**Section 101(a)(5)(A)** In the event that vocational rehabilitation services cannot be provided to all eligible individuals with disabilities in the State who apply for the services, the state plan shall- show the order to be followed in selecting eligible individuals to be provided vocational rehabilitation services; provide the justification for the order of selection; include an assurance that, in accordance with criteria established by the State for the order of selection, individuals with the most significant disabilities will be selected first for the provision of vocational rehabilitation services; and provide that eligible individuals, who do not meet the order of selection criteria, shall have access to services provided through the information and referral system.

**Section 7(21)** The term “individual with a significant disability” means an individual with a disability (i) who has a severe physical or mental impairment which seriously limits one or more functional capacities, such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills, in terms of an employment outcome; (ii) whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and(iii) who has one or more physical or mental disabilities resulting from or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.

**Comprehensive Assessment**

Once eligibility has been established, additional information and data must often be obtained to pinpoint the full range and options of services needed to overcome employment impediments. It is incumbent upon the counselor at this point in the rehabilitation process to explain to the consumer the full range of service needs and options available to modify or remediate his/her impediments to employment and maximize **employment**

**opportunities.** The consumer then can make informed choices in concert with the counselor on what goals, services, service providers and employment outcomes should be included in the IPE.

Evaluations that might be considered in a comprehensive assessment include:

Communication assessment to identify the consumer's communication and alerting challenges that need to be addressed and resolved in employment, social and interpersonal situations.

General medical examination to rule out secondary disability(s).

Otologic examination to rule out ear pathology.

Comprehensive audiologic evaluation to evaluate etiology, degree of loss, and functional limitation caused by the loss, and to recommend hearing aids.

Rehabilitation technology assessment, conducted in conjunction with the comprehensive audiological assessment, includes a hands-on trial of all types of assistive and alerting technology with recommended technology solutions.

Ophthalmologic or optometric examination to rule out retinitis pigmentosa and to ensure best visual access to communication.

Psychological or mental health assessment to differentiate between hearing-related stress and mental illness.

Job site assessment to ensure the best communication environment.

Other specialty examinations as indicated.

#### **Related Mandates:**

**Section 7(2)(B)** - To the extent additional data is necessary (beyond a review of existing data) to make a determination of the employment outcomes, and the objectives, nature, and scope of vocational rehabilitation services to be included in the individualized plan for employment of an eligible individual, a comprehensive assessment to determine the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, including the need for supported employment, of the eligible individual which comprehensive assessment:

Is limited to information that is necessary to identify the rehabilitation needs of the individual and to develop the individualized plan for employment of the eligible individual;

Uses, as a primary source of such information, to the maximum extent possible and appropriate and in accordance with confidentiality requirements- existing information obtained for the purposes of determining the eligibility of the individual and assigning priority for an order for selection, and such information as can be provided by the individual and where appropriate, by the family of the individual.;

May include, to the degree needed to make such determination, an assessment of the personality, interest, interpersonal skills, intelligence and related functional capacities, educational achievements, work experience, vocational aptitudes, personal and social adjustments, and employment opportunities of the individual, and the medical, psychiatric, psychological, and other pertinent vocational, educational, cultural, social, recreational, and environmental factors, that affect the employment and rehabilitation needs of the individual; and

May include, to the degree needed, an appraisal of the patterns of work behavior of the individual and services needed for the individual to acquire occupational skills, and to develop work attitudes, work habits, work tolerance, and social and behavior patterns necessary for successful job performance, including the utilization of work, in real job situations to assess and develop the capacities of the individual to perform adequately in a work environment.

**Section 7(2)(C)** includes referral, for the provision of rehabilitation technology services to the individual, to assess and develop the capacities of the individual to perform in a work environment.

#### **The Individualized Plan for Employment (IPE)**

After a comprehensive diagnostic study and analysis and identification of problems that are interfering with

employment, the counselor and the consumer together determine an employment goal and services needed to enable the consumer to gain or maintain an employment goal consistent with his or her strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. This forms the basis for the IPE or written plan of service.

The IPE planning session must be conducted in the consumer's preferred mode of communication in order that he or she can fully participate in the planning, fully understand options for employment and related services and vendors, and be able to make informed choices about each. Unless the consumer is mentally incompetent – which is seldom the case with consumers who are hard of hearing and late deafened – this planning should take place directly with the consumer, not with a parent, family member or advocate. The counselor must make available whatever communication enhancement techniques and devices, e.g., speech reading techniques, oral interpreters, correct lighting, lack of background noise and other distractions, assistive listening devices, computer assisted techniques, etc., that the consumer can successfully use to be an active participant in his or her own planning.

#### **Related Mandates:**

**Section 100(a)(C)** requires that applicants be active and full partners in the vocational rehabilitation process, making meaningful and informed choices during assessments for determining eligibility and vocational rehabilitation needs, and in the selection of employment outcomes, services needed to achieve the outcomes, entities providing such services, and the methods used to secure such services

**Section 102(a)(B)(2)(B)** requires that the IPE be developed and implemented in a manner that affords eligible individuals the opportunity to exercise informed choice in selecting an employment outcome, the specific vocational rehabilitation services to be provided under the plan, the entity that will provide the vocational rehabilitation services, and the methods used to procure the services.

**Section 102(b)(3)(A)** requires that each IPE contain a description of the specific employment outcome that is chosen by the eligible individual consistent with his/her unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

The IPE must, if appropriate, include a statement of the specific rehabilitation technology services to be provided to assist in the implementation of the consumer's IPE. The counselor therefore must know how to identify technology options and where to get them, to be able to provide the consumer with sufficient information and options on which to make an informed choice.

#### **Related Mandates:**

**Section 102 (b)(3)(B)(i)** requires that each IPE include a description of the specific vocational rehabilitation services that are needed to achieve the employment outcome, including, as appropriate, the provision of assistive technology devices and assistive technology services.

Providing a written copy of the IPE to be read and signed by the consumer is not enough. Discussion and feedback on each point in the IPE should occur to double check consumer understanding and intentions for follow through.

#### **Related Mandate**

**Section 102(b)(2)(C)** requires an individualized plan for employment to be agreed to, and signed by the individual or, as appropriate, the individual's representative.

Impact on the current job or on the consumer's ability to get a job must be analyzed functionally and must be clearly understood by the consumer. The consumer must understand his or her specific employment related problems and understand why specific service options are being considered, and what the expected impact on employment (or employability) will be.

#### **Scope of Services**

In addition to VR services traditionally considered, many consumers who are hard of hearing and late deafened need a variety of non-traditional services in order to gain or maintain employment. Some of these services might include:

Assertiveness training and confidence building.

Regular guidance and counseling sessions with the VR counselor.

Therapy from a specialized counselor or therapist to deal with denial, depression, anxiety and anger often experienced by rapidly declining or sudden hearing loss.

Coping skills and support groups, such as The Hearing Loss Association of America (HLAA) and The Association for Late Deafened Adults, to learn to cope with problems and stresses encountered on the job, and to find ways to deal with them successfully.

Aural rehabilitation including a wide range of services such as use and care of hearing aids, speech reading, communication skills, etc.

Hearing assistive technology (rehabilitation technology) including the wide variety of assistive listening and alerting devices working in conjunction with or independent of a hearing aid.

Finding local resources qualified to work with consumers who are hard of hearing and late deafened is not an easy task in most states. The VR counselor and the State Coordinator of Services for Deaf and Hard of Hearing (SCD/HH) will need to devote time to identifying existing resources, and to develop and educate a cadre of professionals to fill the service gaps.

**Related Mandates:**

**Section 103(a)** describes vocational rehabilitation services in an individualized plan for employment as those services necessary to assist an individual with a disability in preparing for, securing, retaining, or regaining an employment outcome that is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual.

**Section 103(a)(14)** includes rehabilitation technology, including telecommunications, sensory, and other technologic aids and devices as potential services.

Services for the benefit of groups of individuals should be considered in the areas of use of telecommunications systems, captioning of films and videos, and technical assistance to businesses.

**Section 103(b)** - Vocational rehabilitation services, when provided for the benefit of groups of individuals with disabilities, may include (among others): the use of telecommunications systems (including telephone, television, satellite, radio, and other similar systems) that have the potential for substantially improving service delivery methods of activities and developing appropriate programming to meet the particular needs of individuals with disabilities; captioned television, films, or video cassettes for individuals who are deaf or hard of hearing; and other special services that provide information through tactile, vibratory, auditory, and visual media. Technical assistance and support services may be provided to businesses that are not subject to title I of the Americans with Disabilities Act of 1990 and that are seeking to employ individuals with disabilities.

**Closure**

Significant counselor-consumer contact is recommended after suitable job placement has been made to be certain that the consumer who is hard of hearing or late deafened has made a satisfactory vocational adjustment. Since it is not usually inability to perform work tasks that interferes with continued and successful employment of these consumers, counselors must be certain to attend to the following:

Is employment suited to the consumer's educational and aptitudinal abilities?

Is the employer aware of the consumer's hearing loss? Accepting of it?

Is the workplace environment arranged to best facilitate communication?

Are assistive listening devices available and does everyone know how to use them?

- Are the consumer’s supervisor and co-workers comfortable and successful in communicating with the consumer?
- Are procedures in place to provide assistive listening devices or other appropriate accommodations for staff meetings and training?
- Do the consumer and the employer understand post-employment services that may be available, and that VR is available to assist even though the case is closed?

**Post-Employment Services**

At the time of IPE development, and at the time of 26 closure, the counselor must consider the need for and record plans for the provision of post-employment services, if any. These are services that are projected to be necessary after 26 closure for the consumer to maintain employment or regain other suitable employment. Since eligibility does not have to be reestablished in order to provide post-employment services, the counselor thus has the ability to act quickly in a job-threatening situation.

Some post-employment services to be considered for consumers who are hard of hearing or late deafened are:

- Consultation or technical assistance to a work site supervisor.
- Work site assessment and recommendations for modification if the work site changes.
- Replacement hearing aid. The consumer should be counseled prior to case closure of his or her expected role in contribution or full payment dependent upon situation and salary.
- Troubleshooting in conflict situations.

**Related Mandate:**

**Section 102(b)(3)(G)** requires each IPE to contain, as determined to be necessary, a statement of projected need for post-employment services.

**Other Policy Issues**

**Audiology- Hearing Aids- Cochlear Implant- CART- C-Print- Cooperative Agreements**

Because of constantly changing medical and technology advancements, periodic ongoing review of policy and fees in these areas should be conducted.

**State Rehabilitation Council**

Each state VR agency is required to have a State Rehabilitation Council (SRC) to provide advice to the agency regarding agency performance. The council is responsible to conduct a periodic consumer satisfaction survey, and partners with the agency in conducting a statewide consumer needs assessment every three years. The law mandates that a majority of council members be persons with disabilities, one of whom is mandated to be a person with a sensory disability. Members are appointed by the governor. It is important to advocate for the appointment of a person with a hearing loss to the council, ideally a current or former consumer, so that the issues of persons with hearing loss can be brought to the attention of the council as policies, practices, and surveys/studies are conducted.

**Related Mandates:**

**Section 105(a)(1)** mandates that in order to be eligible to receive financial assistance, a state must establish a state rehabilitation council (in accordance with the mandates of Section 105).

**Section 105(b)(A)(vii)(I)** lists one of the mandated membership areas as “individuals with physical, cognitive, sensory, and mental disabilities.”

**Staff and Consumer Input**

**Staff Interviews**

Obtain rehabilitation counselor for the deaf (RCD), general counselor, first-line supervisor, field office manager, and administrator input to gain their perceptions of what is working and what needs work. Focus groups, by job title, are suggested to include the following areas of discussion: staffing; office accessibility; policy, practice and fees; service provision issues; and staff training needs.

**Consumer Input**

Consider holding consumer focus groups. Conduct separate groups for hard of hearing and late deafened because of differing needed communication accommodations and differing issues.

Input from consumer organizations is also helpful to gain their knowledge of and perceptions of available VR services. Most states have chapters of Hearing Loss Association of America (HLAA). Many states have chapters of the Association of Late Deafened Adults (ALDA). Many states have an office or commission for “the Deaf and Hard of Hearing.”

Getting Started

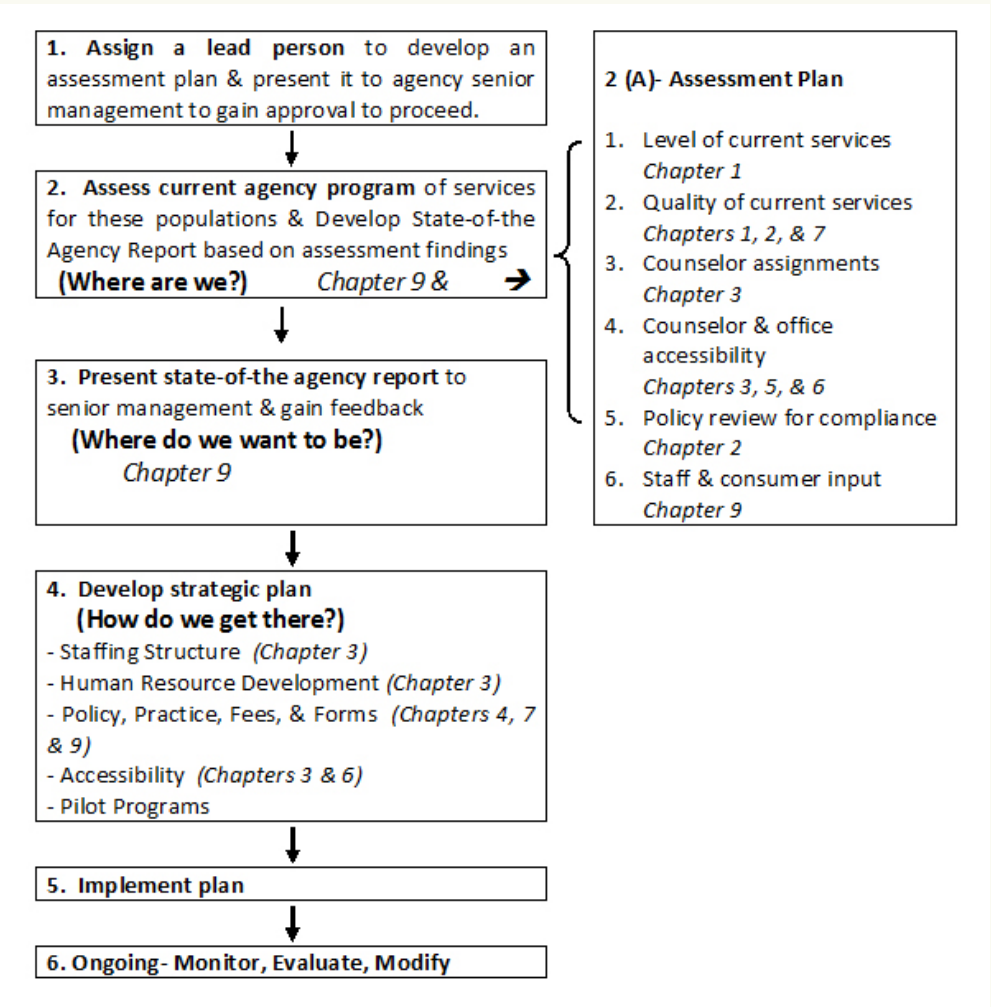
- History of Vocational Rehabilitation Services
- Model for VR Program Assessment, Report and Strategic Plan
- Detailed Implementation of VR Program Assessment and Report
- Conclusion and Model State Plan References

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Conclusion and Model State Plan References

The charge for the future is to find creative ways to turn challenges into opportunities for continued quality and growth of VR program availability and excellence for consumers who are hard of hearing and late deafened.

In addition to the resources in this module, the MSP can be accessed for supplemental information that will be helpful in assessment and strategic planning. The Model chart is therefore presented again below, along with links to the MSP in appropriate stages of the assessment and strategic plan development.



See additional targeted resources in the *Model State Plan for Vocational Rehabilitation Services to Persons who are Deaf, Deaf Blind, Hard of Hearing, and Late Deafened MSP*

\* MSP Chapter Titles Referenced

Chapter 1- Population

- Chapter 2- VR Process
- Chapter 3- Personnel Standards
- Chapter 4- Transition Services
- Chapter 5- Communication Access
- Chapter 6- Technology & Accommodations
- Chapter 7- Partnerships
- Chapter 8- IL Skills
- Chapter 9- Future Directions



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What...

How...

Where...

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Receiving Credit for VR4HearingLoss

5 – For State Coordinators & Administrators

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# 6 – Contact Us

Please email your questions, comments, concerns, or thoughts related to VR4HearingLoss.net to [VR4HearingLoss@uams.edu](mailto:VR4HearingLoss@uams.edu)

We look forward to hearing from you!

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7 – Tell Us What You Think

Please take a few moments to evaluate VR4HearingLoss.net as a professional development tool.

How did you hear about VR4HearingLoss.net?

- Web link in a promotional email
- State VR Conference
- National VR Conference
- Colleague
- Supervisor

Did your supervisor provide support (release time, encouragement, and/or approval) for your participation in the VR4HearingLoss.net training?

- Yes
- No
- Unsure

How satisfied are you with the VR4HearingLoss.net training content?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

In your VR service, how useful is the training content provided through VR4HearingLoss.net?

- Very Useful
- Useful
- Neutral
- Not Very Useful
- Useless

After completing VR4HearingLoss.net, my interest in serving consumers who are hard of hearing and/or late deafened is:

- Much Greater Than Before
- Greater Than Before
- About the Same
- Less Than Before

Much Less Than Before

**How important to you is continuing education credit (CRC) for completing VR4HearingLoss.net?**

Very Important

Important

Neutral

Unimportant

Very Unimportant

**How important to you is having professional development training material available in a web-based format?**

Very Important

Important

Neutral

Unimportant

Very Unimportant

**In your opinion, are there adequate training resources available to VR professionals who wish to serve the hard of hearing or late deafened population?**

Yes

No

Unsure

**Overall, how satisfied are you with VR4HearingLoss.net?**

Very Satisfied

Satisfied

Neutral

Dissatisfied

Very Dissatisfied

If you would prefer to send us an email with comments about VR4HearingLoss.net, please send your comments to [VR4HearingLoss@uams.edu](mailto:VR4HearingLoss@uams.edu).

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## 8 – Assessment

A strategic plan should include:

- Staffing organizational structure
- Human resource development activities
- Policy recommendations
- All of the above

Top agency administration should:

- Be supportive of program assessment plan
- Provide input to strategic plan development
- Communicate support of strategic plan implementation to all levels of staff
- All of the above

An unemployed hard of hearing consumer to whom only a hearing aid was provided might be considered:

- Unserved
- Underserved
- Fortunate
- Ready for employment

The VR counselor most qualified to serve consumers who are hard of hearing and late deafened is probably:

- A Rehabilitation counselor for the Deaf (RCD)
- A general counselor
- A counselor who has a hearing loss
- A VR counselor who is a communication specialist

A strategic plan for VR services for consumers who are hard of hearing and late deafened should be driven by:

- Consumer complaints
- Assessment of current programs and services
- Counselor training requests
- RSA monitoring deficiencies

What is NOT included in the model for assessment and strategic planning?

- Where are we?
- Where do we want to be?
- How do we get there?
- How are hearing aids manufactured?

According to the National Institute for Deaf and Communicative Disorders, June 2010, the number of American adults reporting some degree of hearing loss is:

- 16 million
- 26 million

36 million  
46 million

Often, consumers who are hard of hearing are not found “most significantly disabled” because:

Their decibel loss is not severe enough  
They are still employed  
They refuse to attend consumer support groups  
Not all of their functional limitations are recognized

The 5th edition of the Model State Plan (2008) for the first time:

Used the acronyms RCD and SCD  
Addressed communication and technology needs of consumers who are deaf  
Placed an equal emphasis on staffing and services for consumers who are hard of hearing and late deafened  
Discussed population statistics of the hearing impaired population

Which of the following is not a part of the assessment model?

Level and quality of current services  
Counselor assignment of consumers who are hard of hearing and late deafened  
Development of hearing aid fee schedule  
Policy review and recommendations for revision

To be successful, program assessment and strategic plan development and implementation needs to be fully understood, endorsed, and supported by:

All RCDs  
All first line supervisors  
A panel of consumers  
Senior management

A strategic plan is based on:

A comprehensive assessment and report  
Administrative review of assessment and recommendations  
Administrative feedback and direction/approval of strategic plan program and staffing direction  
All of the above

Once written and approved, the strategic plan should be:

Put in the agency policy manual  
Monitored regularly to ensure it is on track  
Put on the bookshelf and forgotten  
Distributed to field staff who can follow up on their own

The Model State Plan should be used to supplement the strategic plan development in areas of:

Staffing structure  
Human resource development  
Policy, practices, fees, and forms  
All of the above

The purpose of the SCD Corner Assessment/Strategic Plan module is to assist the SCD, relative to their program and services for consumers who are hard of hearing and late deafened:

To determine- Where are we? Where should we be? How do we get there?  
To inform SCDs about VR services available for consumers who are hard of hearing and late deafened in other states  
To provide SCDs with a recommended training agenda for their RCDs and specialist counselors  
All of the above

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