
**Report to
The Vermont Legislature**

**Annual Report of the Vermont Deaf, Hard of Hearing
and DeafBlind Advisory Council**

For Fiscal Year 2017

**In Accordance with 2016 Act 107, an Act relating to persons who are Deaf,
DeafBlind or Hard of Hearing**

**Submitted to: Senate Committee on Education
House Committee on Education
Senate Committee on Health and Welfare
House Committee on Human Services**

**Submitted by: Dr. Linda Hazard, Chair
Bill Hudson, Vice Chair**

Prepared by: Dr. Linda Hazard Chair

Report Date: January 15, 2018

Deaf, Hard of Hearing, DeafBlind Advisory Council
January 2018 Report

In accordance with Act 107 from the 2016 Legislative session, the Vermont Deaf, Hard of Hearing and DeafBlind Advisory Council is required to submit a written report detailing our findings and recommendation for the year.

§1602. Vermont Deaf, Hard of Hearing and DeafBlind Advisory Council Section 2 (D) € Reports. On or before January 15, 2017 2 V.S.A.& 20(d), the Advisory Council shall submit a written report to the Senate and House Committees on Education, the Senate Committee on Health and Welfare, the House Committee on Human Services and the Governor with any findings and recommendations. A reading of each report shall be video recorded using ASL to ensure accessibility.

The Advisory Council met in January, March, May, September and November of 2017. In addition to the Council meetings, the 4 established sub-committees [(1) birth to 3 years of age, (2) school age (3 to 21 years of age); (3) adults, and (4) seniors], continued their initiatives and presented findings to the Council throughout the year. This annual report is a culmination of accomplishments, challenges and recommendations.

Below please find a list of the current Council members and their affiliations.

| Last | First | Association |
|------------|--------------------------------|-----------------------------------------------------|
| Baker | Deb | Hard of Hearing Community Member |
| Bollard | Susette | Superintendent |
| Boothroyd | Missy (Annette) | Vermont Association of the Deaf Member |
| Chalmers | Rebecca | Parent Member |
| Darling | Keri | Deaf Vermonters Advocacy Member |
| Gallo | Ralph | Deaf Community Member |
| Hazard | Linda (Chair) | VTEHDI Program Director |
| Henry | Sharon | Parent Member |
| Howes | Danielle | Children's Integrated Services Designee |
| Hudson | Bill (Vice Chair) | Senior Counselor Vocational Rehabilitation Services |
| Hutt | Monica | AHS Designee |
| Kimmerly | Susan | Nine East Network Director |
| Limoges | Mark | Deaf Community Member. <u>Resigned 2017</u> |
| Moran | Cindy | AOE Designee |
| Pendlebury | Will | DeafBlind Community Member |

| | | |
|------------------|---------|-----------------------------------------------------|
| Rohrer | Kelley | Audiologist <u>Resigned December 2017</u> |
| Shapiro | Eleanor | Deaf Community Member |
| Sousa | Sherry | Special Educator |
| Van Tassel | AJ | Hard of Hearing Community Member |
| Vreeland | Judy | Deaf Education Specialist |
| Willcutt-Weppler | Spenser | Hard of Hearing Community Member |
| Williamson | Amy | Professional Interpreter |
| Open Position | | Professional |

ACCOMPLISHMENTS in 2017

1. Nine East Network, Montpelier, VT and Vermont Early Hearing, Detection, Intervention (VTEHDI) continue to partner with Maine and New Hampshire (**Northeast Collaborative**) on the development of nonbiased materials and a shared website for families to review nonbiased materials on various communication options that are currently available. A Family Engagement survey was sent to families of children currently enrolled in Early Intervention across the three states. Key findings for Vermont: Feedback from the families included a desire for more information around ASL, bilingual bicultural, cued speech and non-biased presentation of communication options/opportunities. In discussions with the parent-infant advisors, the Collaborative discovered that appropriate communication options/opportunities for each child are reviewed with the family. Our Collaborative discussed the importance of families having an awareness of *all* communication options/opportunities that are available even if the option is not appropriate at this time. The majority of our families indicated that they did not have an opportunity to talk with other families and this is an area that VTEHDI and Nine East Network will focus on in 2018. Some families reported that they felt the information presented on communication options/opportunities was biased and this area will also be a focus for quality improvement in 2018.
2. Nine East Network/Vermont Parent Infant Network implemented a new initiative on 2/1/2107 called **The First Six Visits Emotional Support**. This initiative focused on a number of area: (1) the grieving process, families telling their story, developing trust, sharing parent resources (Hands & Voices (H&V), etc.); (2) assessing parent's needs/wants (information, listening, help from other professionals to support communication through listening & visual accommodations/strategies); (3) promoting parent understanding of their child's hearing loss (audiogram, type and degree, how we hear, anatomy). Hearing device - use and care; (4) assessing language/communication skills; (5) educating parents about language and the brain, critical period for language learning; (6) reviewing communication options/opportunities - (process will be ongoing); (7) determining Family Goals. The pace and order of the visits will be determined by the family's needs.

3. **Facilitate family engagement opportunities** between families and children who are Deaf, Hard of Hearing and DeafBlind to increase social interactions and social connections through The Care Project Retreat: The CARE Project Comes to Vermont Bringing Opportunity for Collaborative Family Engagement. The CARE Project (TCP) provides emotional support for families with children who are deaf and hard of hearing through use of counseling tools, family retreats, and advocacy experiences. In the fall of 2017, The CARE Project collaborated with the **VTEHDI** program, families, and community partners including **Nine East Network, Vermont Hands &Voices (VTH&V)** and **Vermont Family Network**, to share, learn, and grow together. Families and their children, ages 6 months to 14 years old, who are deaf or hard of hearing were invited to attend, and volunteers provided childcare to better enable parents the time to learn, share, and connect with other families. Parent support came in the form of presentations provided throughout the weekend, in addition to the many breaks for meals, naptime, and unstructured free time where families, professionals and volunteers were encouraged to interact. Parents had the opportunity to participate in roundtable discussions that were led **by** parents and **for** parents only. The energy of the weekend was amazing! Parents, professionals, and children were all engaged in sharing, supporting, and learning from one another. This was an invaluable opportunity for family engagement to take place in a collaborative learning environment where VTEHDI, community partners, and families discussed exciting ways to work together, support each other, and offer support to new families as they begin their journey through the EHD process.
4. **Support and encourage local Hands and Voices chapter:** The VTEHDI program through Health Resources Services Administration (HRSA) Notice of Award is supporting VTH&V with a \$18,100.00 sub-grant award annually for 3 years. Funding will be used to support family activities and for participation in training, education activities and leadership conferences for families and professionals. An example of family activities was The Care Project Retreat Weekend referenced above.
5. **School Age Services Provided by Nine East Network:** With 28 employees, the **Vermont Program for Deaf and Hard of Hearing** which is part of Nine East Network is the state's service provider for children birth to 22, who are Deaf or Hard of Hearing. The Vermont Parent Infant Program works with families and schools to provide technical assistance regarding language development, communication options, assistive technology, environmental accommodations, and instructional adaptations. For this school year, we are contracted to provide 1703 hours of service to 404 school age students (ages three to 21) who are Deaf or Hard of Hearing. This is our second year of offering interpreting services to students in the school setting. We subcontract with 4 certified interpreters to provide these services. Thirty-one students and/or families receive sign instruction from our 8 sign instructors around the state. (19 of these students are Deaf or Hard of Hearing and 11 are hearing, with developmental disabilities.) We are developing/modifying curriculum and are training all sign

instructors in language development. This year we hired a Coordinator to ensure quality of instruction. In addition to offering the above services, Nine East Network:

- Trained 25 educators in listening development for children with cochlear implants
 - Organized our second Adventure Day with 30 students participating at Lotus Lake Camp in Williamstown.
 - Trained first year medical students about working with patients with hearing loss;
 - Participated in the UVM Medical Center Expo on Communication
 - Exhibited at three statewide conferences for Educators and Families.
 - Participated in a Committee to develop standards for Educational Interpreters
6. Presentation: **DeafBlind Visually Impaired (DBVI) Fred Jones**: – The Division of the Blind is part of Disabilities, Aging and Independent Living (DAIL.) The program helps high-school students and adults who are blind and visually impaired get employment. It has 4 district offices across the state; Montpelier, Springfield, Rutland and Burlington.
 7. Presentation: **Charlotte (Dee) Spinkston - Hellen Keller National Center (HKNC) for the DeafBlind Youth and Adults**: only comprehensive national program that provides information, referral, support and training exclusively to youths and adults who have a combined vision and hearing loss, their families and the professionals who work with them. HKNC’s mission is to enable each person who is deaf-blind to live, work and thrive in the community of his or her choice.”
 8. Deaf Community Social Networking Event: opportunity for **questions and answers with Monica Hutt and Bill Hudson** during the September 17, 2017 Vermont Association of Deaf Meeting in East Montpelier.
 9. Draft **Educational Interpreter Guidelines** were developed during 2017. Next steps include meeting with the Agency of Education (AOE) and other stakeholders.

CHALLENGES

1. The need for a **Single Point of Entry** for services for the Deaf, Hard of Hearing and DeafBlind.
2. **Funding for Early Intervention Services** for children who are birth to 3 years of age who are Deaf, Hard of Hearing or DeafBlind. Currently the program is funded through Medicaid, a Children’s Integrated Services (CIS) Grant and a small grant from VTEHDI. The current grant funding through CIS is scheduled to end June 30, 2018. Without additional funding or improved Medicaid funding the program will close on June 30, 2018.
3. The **State grant for school age children** from AOE with Nine East Network as the service provider is not sufficient to cover the costs for all identified service needs for the

assigned population. For the last 10 years the program has charged Local Education Agency (LEAs) for identified services, primarily consultation related to hearing assistive technology (HAT), classroom and instructional accommodations, and specialized instruction. The program budget relies on LEA billing. The billing is arranged through service agreements at the beginning of each year and updated as requested. We have encountered two problems with this system.

- a. Several districts discontinued services mid-year due to insufficient funds, regardless of the IEP recommendations.
- b. Some IEP teams ask for more services than we recommend “just in case”, to avoid having to modify the IEP.

It is important to note that Nine East Network currently only bills for the services provided.

4. **Data Collection, Collation and Tracking** for adults and older Vermonters who are Deaf or Hard of Hearing is inadequate leaving a void in information regarding this sector of the population. **Data on school age children** who are Deaf, Hard of Hearing or DeafBlind who do not receive their services through Nine East Network consultants is also lacking.
5. Insurance coverage for **hearing aids**; access to technology during non-school hours is also limited (e.g., FM Systems).
6. Access to **qualified interpreters**.
7. Access to appropriate **mental health services**

RECOMMENDATIONS

The work over the past year has positioned the Council to make recommendations that could shape quality improvement initiatives, policy implementation and service delivery across the state.

As a Council, our primary recommendation is related to the critical need for a single point of entry for individuals who are Deaf, Hard of Hearing and DeafBlind. In order to implement transformational change across all age groups, there is a pressing need for a single point of entry for services. With the closing of the Center for the Deaf and Hard of Hearing, Vermont lost its most visible and available resource for the entire Deaf, Hard of Hearing and Deaf Blind community.

1. **Single Point of Entry:** A position at the state level is needed to oversee the coordination of available services and resources in order to maximize impact and leverage resources. That position could work towards ensuring:
 - Coordination of Available Services and Resources
 - Data Collection, Collation, and Tracking
 - Expansion of Professional Capacity
 - Accessibility (Language, community, equipment) and Affordability

- Outreach & Public Education & Advocacy
- Psychosocial & Emotional Support

This individual would represent, coordinate and advocate for the needs of Deaf, Hard of Hearing and Deafblind children and Adults and could be a shared position between the Agency of Human Services and the Agency of Education. Additionally, this person’s responsibilities would include collaboration with and support for the current Governor’s Council and have the authority to implement the recommendations of the council through quality improvement initiatives and policy additions or changes. As this position represents new responsibilities across AHS and AOE and does not currently exist, a position would need to be created and funding appropriated by the Legislature.

ADDITIONAL RECOMMENDATIONS

1. **Long term Funding** plan for sustaining **Vermont’s Early Intervention Program**. The Parent Infant Program of Nine East Network is currently providing support to 31 families with children, ages birth to three, who are Deaf or Hard of Hearing, the largest number since the program began in the 1970’s. Fifteen specialists are employed to provide these services statewide. Without appropriated funding, those families could potentially lose services as of June 2018. We would recommend that funding be appropriated to Children’s Integrated Services to support the continued provision of supports.
2. Coverage for Hearing Aids: We recommend that the legislature consider modifying or copying the **Prosthetic Parity law** to include Hearing Health Care Parity or pass a modified H.90 modelled on the Prosthetic Parity law. The law should:
 - A. Prohibit blanket hearing loss exclusions and/or other contract provisions, policies or practices in health insurance that wholly exclude, or discriminatorily limit coverage of, medically necessary treatment solely on the basis of disability;
AND
 - B. Require that all copays and cost and frequency limits for hearing health devices be on par with other durable medical equipment and prosthetics;
AND
 - C. Require that hearing health services be covered on par with other outpatient services.

Hearing Health Care includes the following:

Services: routine screening of adults and children for hearing loss; audiological assessment of degree and type of hearing loss, including decibel and word recognition scores; assessment of communication needs to access telecommunications, media, and daily living situations; recommendation of appropriate amplification and communication options; counseling on safety and alarms; hearing device fitting and testing; counseling on tele coil and loops; assistive device counseling; aural rehabilitation; and strategies for self-management of

hearing loss including information about resources, advocates and peer support groups.

Devices: hearing aids, cochlear implants, bone-anchored hearing aids and components thereof; these devices paired remote microphones; and other assistive listening devices.

Our council looks forward to continuing to work collaboratively with all stakeholders to advance, coordinate and improve services for children, adults and seniors who are Deaf, Hard of Hearing and DeafBlind.