

January 15, 2016

Dear Government Operations Committee Members.

As requested in the letter from the Senate Government Operation Committee dated May 5, 2015, The Vermont Deaf, Hard of Hearing and Deaf/Blind Advisory Council was established. Attached please find a list of council members and their biographies that reflect their unique blend of experience and knowledge from both professional and community perspectives. The first organizational meeting of the newly formed Advisory Council was held in October of 2015. Our Council came to consensus on the above name and developed the following mission statement:

The mission of The Vermont Deaf, Hard of Hearing, and Deaf/Blind Advisory Council is to improve the lives of all Vermonters who are Deaf, Hard of Hearing or Deaf/Blind by recommending policy that promotes diversity, equality, awareness and access.

The Advisory Council held two additional meetings in November 2015 and January 2016 and at the second meeting, four sub-committee work groups, were created to focus on specific age groups; birth to 3 years of age, school age (3 to 21 years of age), adults and seniors (65+). Each sub-committee completed a gap analysis of services provided or missing in order to identify strengths, challenges and opportunities for children, adults and seniors who are Deaf, Hard of Hearing and Deaf/Blind. Each sub-committee identified gaps in the following areas:

- 1) Service coordination and delivery;
- 2) Professional capacity;
- 3) Data collection/collation/tracking; and
- 4) Accessibility that are in need of further discussion and examination in order to optimize outcomes.
- 5) The need for coordination of outreach, public education
6. Psychosocial and emotional support was also identified.

The gaps identified to date exist across the lifespan for individuals who are Deaf, Hard of Hearing, or Deaf/Blind and are described in the executive summary below.

Birth to 3 years of age Sub-Committee:

Services for the **birth to 3-year** old population are coordinated by a number of agencies. The Vermont Early Hearing Detection and Intervention (VTEHDI) is a program housed within the Department of Health's Children with Special Health Needs. VTEHDI's federally mandated goal is to screen newborns, diagnose newborns with

hearing loss, and provide intervention services by 6 months of age. Nine East Network, through their Parent Infant Program (PIP), manages the intervention piece, of this mandate. PIP focuses on providing families with information and services to understand and support their child and their unique needs. Teachers of the deaf, audiologists, speech language pathologists, and/or other individuals that have specialized training provide PIP services as advisors/coaches to these parents. A **key issue** for this youngest age group is the lack of consistent, accurate, and unbiased information that is provided by advisors/coaches to families who have an infant or toddler with hearing loss. Given this concern of the sub-committee, it is recommended that there be additional time to discuss and examine the opportunities for improvement of services to families with birth to 3-year-old Deaf, Hard of Hearing, or Deaf/Blind newborns and infants.

School Age (3-21 years of age) Sub-Committee

The School Age sub-committee serves in the interest of approximately 650 Vermont children, **preschool age 3 to high school graduation and post-graduation**, who are identified as Deaf, Hard of Hearing, or Deaf/Blind (DHHDB), as well as their families. Out of these, roughly half of the students are eligible for special education. Thirty-four students have bilateral hearing loss at the moderate to profound levels. The **key issues** that affect this entire age group include:

- 1) The need for well-coordinated services that provide the requisite academic, emotional, social, linguistic, and cultural support to ensure these children develop into successful students and citizens;
- 2) The accessibility issues, including language, communication, equipment, for not only educational purposes but also for other activities of daily living (e.g., medical appointments, recreational, cultural and social opportunities);
- 3) Insufficient expertise/resources within the State that specialize in this population. In particular, the limited educational program and placement options available for Deaf and Deaf/Blind students are of concern to this subcommittee.

As such, the School Age sub-committee recommends the following:

- 1) A thorough review of the State's systems and capacity (including workforce assessment) to educate and support all DHHDB students in and of outside of the classroom appropriately in order to align our resources to the service needs.
- 2) A creation of a 'clearinghouse', wherein appropriate data is collected and collated, services are coordinated, outreach efforts are formulated and deployed/maintained, and training and credentialing are monitored.

Adult (21 – 65 years of age) Sub-Committee

The sub-committee found several areas of concern where there are significant gaps in services for Deaf, Hard of Hearing and Deaf/Blind Vermont **adults**. The following **key issues** were identified by this sub-committee as needing improvement in the areas of support and/or access to services:

1. Mental health
2. Substance abuse counseling and treatment programs,
3. AA/alcohol screening services
4. Legal counseling
5. Deaf/Blind services around transportation and Support Service Providers (seeing guide)
6. Hearing aid funding and affordability
7. Appropriate communication and access to State agency programs such as Economic Services/Housing/food stamps/legal services/Children and Families services.

The committee also identified a lack of education and training for both the public and private business sectors not only **for** but also about Deaf, Hard of Hearing and Deaf/Blind individuals. Additionally, many young adults lack self-esteem and confidence and fall behind in their educational growth due to limited public school services as they become adults. Another challenge is the large contingency of refugees who have moved to Chittenden County and some whom are Deaf, Hard of Hearing or Deaf/Blind. This age group has the need for many wrap-around services that are not currently available.

The Adult sub-committee needs additional time devoted to examine the following areas for Vermont Adults who are Deaf, Hard of Hearing and Deaf/Blind:

1. Census information.
2. Coordination of services
3. Professional capacity
4. Social and emotional gaps
5. Accessibility
6. Outreach to public and private sectors
7. Education and training for staff

Senior Citizen (>65 years of age) Sub-Committee

There is a very high incidence of hearing loss (33% to 50%) among Senior Citizens. We estimate that hearing loss affects between 34,000 and 52,000 Senior Vermonters. Hearing Loss is an invisible condition that nonetheless can have a profound adverse effect on health and quality of life. The following **key issues** were identified; Senior citizens are particularly at risk since confusion, depression and other conditions/symptoms associated with hearing loss can be mistakenly attributed to dementia. The cost of treatment (such as hearing aids and aural rehabilitation) is often

unaffordable for Senior Citizens because Medicare does not cover hearing aids nor do most other insurance plans in Vermont. It is crucial that Senior citizens in Vermont be able to access services and obtain treatment.

The sub-committees are currently working on a table that provides examples of the impact on each age group and presents our findings on the themes and groups affected. An example of the table currently under development is attached.

As a result of the sub-committee's work on their respective age group's gap analysis, it was unanimous among all 4 sub-committees and the larger Advisory Council as a whole that the **recommendation be made for the establishment of an official legislative and governor appointed Council for the Deaf, Hard of Hearing and Deaf/Blind to include current council members.**

Additionally, the Council and sub-committees recommend the following goals be addressed:

1. Identify and implement quality improvement initiatives across all of the DHHDB age groups.
2. Bring policy recommendations to the attention of the Governor and Legislature.
3. Evaluate the need for a Deaf, Hard of Hearing and Deaf/Blind Commission that has authority to make policy decisions. Currently 41 states in the U.S. have such Commissions.

We look forward to working collaboratively with the legislature and the Administration in order to improve services for children, adults and seniors who are Deaf, Hard of Hearing and Deaf/Blind.

Sincerely,

Linda Hazard, Ed.D Chair

Bill Hudson Co-Chair

Table 1. Themes and how identified gaps impact each age group. (Example only)

Age Group	Coordination and Delivery of Services	Professional Capacity	Data Collection, Collation, Tracking	Accessibility (language, communication, equipment)	Outreach and Public Education	Psycho-social and Emotional support
Birth to 3 years	X	X	X	X	X	X
School Age	X	X	X	X	X	X
Adult	X	X	X	X	X	X
Seniors	X	X	X	X	X	X