State of Vermont
Vermont Deaf, Hard of Hearing and Deaf/Blind Advisory Council

REPORT TO THE GOVERNOR AND GENERAL ASSEMBLY
January 2023

The Vermont Deaf, Hard of Hearing and Deaf/Blind Advisory Council

Act 107 of 2016

Submitted to
The Honorable Governor Scott
House Committee on Human Services
House Committee on Health Care
House Committee on Government Operations
Senate Committee Government Operations
Senate Committee on Health and Welfare

Submitted by

Spenser Weppler, Chair
William Pendlebury, Vice Chair
On behalf of the
Deaf/Hard of Hearing/DeafBlind Advisory Council

January 15, 2023

Dear Governor Scott and Vermont Legislature:

As outlined in Act 107 of 2016, the Vermont Deaf, Hard of Hearing and DeafBlind (D/HH/DB) Advisory Council was established in the spring of 2016 and is required to submit an annual report to the Legislature and Governor's Office. The Council is made up of members that bring a unique blend of experience and knowledge from the professional, community and personal perspective. The Council is guided by its mission statement which is as follows:

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

The role of the Council is to make recommendations to the Legislature and the Governor's office in order to shape policy implementation and quality improvement initiatives for those individuals who are Deaf, Hard of Hearing and DeafBlind (herein referred to as D/HH/DB) and are in need of services and resources in Vermont. We are also required to identify services and resources which are currently lacking.

During 2022, a rewarding but still a difficult year, Vermont finally caught up with its neighboring states and the rest of the Northeast by passing and signing into law a Hearing Aid coverage bill set to take effect in 2024 for Vermonters who buy insurance on the Vermont Health Exchange. Passage of this bill was a long time in coming.

While Vermont finally starts to emerge from the Covid-19 Pandemic, the effects continue to be felt widely and across all walks of life in Vermont. The healthcare and education system are still reeling trying to get back to pre-Covid ways of life and staffing levels. As noted last year, in the early days of the pandemic the D/HH/DB population were essentially left stranded, unable to get the necessary medical information and critical state COVID-19 updates due to communication barriers. Additionally, there was no emergency crisis plan specific to these populations and their unique communication needs. While we have made successful strides in remedying some of these unique issues, gaps continue to remain, and the D/HH/DB populations continue to struggle post pandemic in understanding programs and resources available to them. Additionally the gaps are much more noticeable in the education system as well; D/HH/DB students as well as all students with physical and cognitive learning disabilities are falling through cracks and are being left behind due to the inability of school systems to hire the necessary educators and staffing to appropriate levels in order to educate and provide the necessary services to these children.

The Director of D/HH/DB, situated at the Department of Disabilities, Aging and Independent Living (DAIL) and in her second year, continues to work tirelessly to address the issues affecting the D/HH/DB Vermonters, although she cannot do it alone nor without support. The simple fact is that the quality of life, and overall health of the D/HH/DB Vermonters continues to lag, due in

part due to the continued lack of the necessary supports, resources, and funding. The Director is a centralized point for resources, information, and education; however, she is unable to be a problem solver for every individual Vermonter who is D/HH/DB. Any major policy initiatives especially around education and workforce must factor in all low incidence populations including the D/HH/DB. In doing so and if done thoughtfully, then members of these low incidence populations can become contributing members to our communities and the Vermont economy. In last year's report, we noted that a subgroup of the council met to strategize about how Federal Medical Assistance Percentage (FMAP) and American Rescue Plan Act (ARPA) funding could be utilized in Vermont to serve ALL Vermonters including the D/HH/DB. This subgroup arrived at and outlined three major policy themes which were critical then and still remain critical now. They were:

- Workforce Development and Training to help grow and retain the pool of workers who provide services to D/HH/DB as well as training and employing Vermonters who are D/HH/DB.
- Improving and ensuring equity in Healthcare, Hearing Health and Support services for D/HH/DB Vermonters including the absolute necessity to require commercial insurers to offer hearing aid coverage in Vermont
- Improving Technological Access for D/HH/DB Vermonters so that the necessary resources are available and accessible in their daily activities of living to ensure quality of life and autonomy.

Last year, educational services provided to D/HH/DB students changed dramatically and shifting to a decentralized model; the change in the service model resulted in multiple vendors providing these services. The vendor that was selected by the Agency of Education (AOE) for the grant, University of Vermont (UVM), Center on Disability and Community Inclusion Consultation for Access, Resources, and Equipment Support to Students who are Deaf, Hard of Hearing, or Deaf Blind and their School team (CDCI CARES Team) opted only to provide a specific set of services (technical assistance and consultation) school districts and special education teams, which in turn left a gap for D/HH/DB students that needed direct instruction including ASL/Bilingual services. As a result the University of Vermont Medical Center established the Deaf, Hard of Hearing and DeafBlind Educational Services Program (DHHDB ESP), in order to provide these additional and necessary services to D/HH/DB students and did so without any state financial support. The two organizations made an effort to collaborate however it became clear to the council that the decentralized model was not effective as the council was made aware of (anecdotally) D/HH/DB children who were not getting the services they needed at various times throughout the year. At the beginning of the 2022 the AOE prepared for the reissuing of the D/HH/DB Education Services grant. The AOE provided a draft for public stakeholder feedback; many of the Council members as well as the Council itself provided extensive feedback. The Council and many of the stakeholders were pleased to see that the AOE took into account much of the public comment that was provided and incorporated the feedback into the final RFP. Subsequently, this year we saw a partnership (Vermont Deaf, Hard of Hearing and DeafBlind Partnership) between the two respective organizations named above (DHHDB ESP and CDCI CARES) in submitting a single RFP application, which they were awarded on August 5, 2022. More on this can be found later in this report.

Additionally, an Education Subcommittee of the Council was charged over the past year to develop draft recommendations for an evaluation and measurement tool focusing on the provision of education services to D/HH/DB students as legislatively mandated under (33 V.S.A, § 1602). The subcommittee's hard work resulted in a draft tool that incorporated national standards that were customized to reflect differences here in Vermont. This tool was sent to the AOE in June 2022 for their review and further input. The AOE has been a willing and collaborative partner in all of the discussions and currently the tool is undergoing additional stakeholder input and internal review and will be piloted in January 2023 in a select few school systems by the Partnership organization mentioned above. The tool will be shared and presented to the Vermont Superintendents Association and Vermont Council of Special Education Administrators in May of 2023 with the goal of educating the community about the tool and best practices in order to facilitate voluntary implementation of the tool to better serve students who are D/HH/DB and their families. The Tool and Letter to the AOE can be found in the Appendix of this report.

The Council will continue to monitor and discuss education services but still recommends a larger policy discussion around the provision of education services for D/HH/DB students including what the overall model for service delivery, both funding and service provision models, should ultimately look like in the future. Additionally, we will continue to advocate for a multiyear grant as long as it remains a competitive grant process.

Vermont's population continues to age, increasing the likelihood that individuals will develop some level of onset hearing loss. It remains a public health crisis and one that the Council continues to examine how to address working in concert with the DAIL and their State Unit on Aging, developing an even more coordinated approach across state government agencies, health providers and community service providers.

The members of the Vermont D/HH/DB Advisory Council stand ready to support Administration and the Legislature with information and recommendations. The Council will continue to work closely with the D/HH/DB Services Director to work towards a more cohesive and integrated system that addresses the continuing needs of the D/HH/DB with regards, equitable hearing health care, access to affordable assistive technology, improved educational supports, better data collection, workforce development, and improved access and support to mental health, social and community support services.

Sincerely,

Spenser Weppler, Chair

William Pendlebury, Vice Chair

Members of the Deaf, Hard of Hearing and Deafblind Advisory Council.

Deaf, Hard of Hearing, and DeafBlind Advisory Council
Annual Report
January 2023

The Advisory Council continued to meet remotely by Zoom for the entire year. We had meetings in January, March, May, July, September, and November of 2022. In 2023. This annual report is a culmination of background and demographic information, overview of organizations and agencies that serve the D/HH/DB, accomplishments over the past year and recommendations for analysis or action to improve the services across the spectrum of service providers for individuals who are Deaf, Hard of Hearing and DeafBlind. Please see the Appendix for a list of the current Council members and their affiliations as well as supporting documentation.

Background:

Hearing loss can take many forms: it can be mild or severe, present at birth or begin later in life, occur gradually or suddenly, result from a health condition or accompany aging. The potential impact of hearing loss on health, employment and health care costs is profound.

Untreated hearing loss poses barriers to communication, acquiring language, much of daily life, and access to health care. For example, hearing loss in older adults can be associated with negative health outcomes including cognitive decline, dementia, falls, depression, reduced quality of life, an increased number of emergency department visits and hospitalizations (Reed et al. 2018), falls with injury; and inability to work, travel, or be physically active *(*PCAST 2016). Hearing loss has also been correlated with multiple issues including social isolation, depression, and communication misunderstandings.

When developing neural pathways, it is critical that children receive access to sound and language when they are very young as the brain cannot remake neural pathways later in life. New research is showing that even mild hearing loss causes permanent changes in a child's brain (Calcus 2019). According to Golub (2019), "the association between hearing loss and impaired cognition may be present at earlier levels of hearing loss than previously recognized; the current 25dBHL threshold for defining adult hearing loss may be too high". Hearing loss affects more than individuals, it is a public health crisis, per multiple national reports by the National Academy of Science (2016, 2017) and President's Council of Advisors on Science and Technology (2015).

The cost of hearing aids, their exclusion from most health insurance plans, and racial and socioeconomic disparities are barriers to being able to hear. In 2007, 64% of people with severe hearing loss reported that they could not afford a hearing aid and over 75% identified financial factors as a barrier. White and higher socioeconomic individuals (Bainbridge 2010) are more likely to wear hearing aids, even when Black individuals were more likely to have had a recent hearing test (Neiman 2016). Adults in rural communities cite lack of easy access to hearing healthcare, in addition to lack of insurance coverage and high cost of hearing aids (Powell

2019). Heightening the problem, people with untreated hearing loss earn as much as $30,000 less annually than do people with normal hearing. In 2007 there was a $14,100 income differential between people with mild and severe hearing loss. People with untreated hearing loss have lower rates of graduating from high school and college, being employed and making wages above poverty levels. The negative employment and wage impacts are worse for women. The use of hearing aids has been shown to mitigate the impact of income loss by 90%-100% for those with milder hearing losses and from 65%-77% for those with severe to moderate hearing loss

People with more severe hearing loss may require more advanced models of hearing aids, whereas people with more mild hearing loss may succeed with more basic models (Cho 2019). The level of hearing aid support needed by individuals with hearing loss may vary depending on their degree and the nature of their hearing loss, as well as speech discrimination abilities.

We are also aware of emerging research which links hearing loss to earlier onset of dementia. As a state, it is critical that we recognize the impact of these correlated conditions, both in terms of their impact on the lives of Vermonters but also on the costs of health care, particularly long-term care, across the state.

Current research shows:

- Mild hearing loss **doubles risk of dementia**.
  - Source: Johns Hopkins Medicine
- Untreated hearing loss increases **risk of falls by 50%.**
  - Source: Journal of American Medical Association
- 1 in 10 people with untreated hearing loss suffer from **depression**.
  - Source: National Institute on Aging/National Institute of Health
- People with hearing loss are often unaware that they have a hearing loss. Self-assessment surveys of hearing loss are often incorrect and should not be relied upon.

Hearing aid use was positively associated with improved memory scores after using hearing aids (Maharani 2018). Use of hearing aids is associated with delayed diagnosis of Alzheimer’s disease, dementia, depression, anxiety, and injurious falls among older adults with hearing loss (Mahmoudi et al. 2019). Additionally hearing comprehension with remote microphone technology may be 61% better than only using a hearing aid or cochlear implant. (Thibodeau L. 2020)

Hearing loss is a global health concern as outlined by the World Health Organization. Nationally it has been deemed public health concern, the scope of which is outlined in three major federal reports below:

- "Hearing Health Care for Adults: Priorities for Improving Access and Affordability". National Academy of Science 2016
- "The Promise of Assistive Technology to Enhance Activity and Work Participation" National Academy of Science 2017
- “Aging America & Hearing Loss: Imperative for Improved Hearing Technologies” President’s Council of Advisors on Science and Technology 2015

History:

The only school for the deaf in Vermont, the Austine School, was founded in 1904 in Brattleboro. Due to significant declines in enrollment, from 145 students in the 1970's to just 25 during the 2013-2014 school year, and the prohibitive costs to operate the school full time, the school had to close its doors in June of 2014. The decline in enrollment did not reflect a reduction in the number of students who are Deaf, Hard of Hearing or DeafBlind but rather an increasing use of main-streamed educational services. While the mainstream approach continues and is more prevalent, families continue to anecdotally report challenges in creating and maintaining social connections for their children who are Deaf, Hard of Hearing or DeafBlind. The Deaf Community also reports anecdotally and with regularity that families with children who are born profoundly deaf are more likely to leave the state in order to find settings capable of offering both educational and social connections to individuals and communities who are culturally Deaf and who utilize American Sign Language.

Additionally, since 1998, the Vermont Center for the Deaf and Hard of Hearing which ran the Austine School, also provided an array of services to deaf individuals and families throughout the state. The school's funding crisis ultimately impacted the Center, which was forced to close as well. The result of these closings, in part, led to the creation of the Vermont Deaf/Hard of Hearing/DeafBlind Council to examine available resources and services for these populations in Vermont.

Demographics:

It is estimated that approximately 400-600 Vermonters are culturally Deaf according to Dr. John Pirone from the University of Vermont UVM, utilizing general statistical formulas to estimate the portion of our population who have some form of hearing loss. Culturally Deaf individuals typically use American Sign Language to communicate and interact with each other regularly. Immersing in culturally deaf traditions related to education, social events and ways of life at home are other common traits of this population.

There are approximately 12 to 20 Vermonters who are DeafBlind. This small group has extensive needs when it comes to mobility, communication, and access to normal activities of daily life, healthcare and employment.

Hearing Loss is an invisible condition that affects over 70,000 Vermonters. It is estimated that up to age 65 15%, or 1-2 in 10 people have some degree of hearing loss. A third of those over the age of 65 are affected and for those older than 85, more than half have hearing loss. Although deafness is readily recognized, the invisible nature of a loss in the range "hard of hearing" is all too often ignored, misunderstood, and misdiagnosed for all age groups. People who are hard of hearing tend to minimize the problems and are not aware of how much their communication, relationships and lives are being harmed. The adverse impact of untreated hearing loss on health and quality of life is significant. Untreated hearing loss has been implicated in:

-Social Isolation and withdrawal
-Depression

-Frustration, exhaustion and poor self esteem
-Stress and hypertension
-Relationship difficulties due to communication problems
-Impacts on school performance and educational achievement
-Problems on the job due to misunderstandings and errors
-Lack of communication access in medical, legal and public settings
-Even mild untreated hearing loss in older people doubles the risk of developing dementia
-Greater risk of falling (all ages).

Entities across the state exist to support the needs of individuals who are D/HH/DB through all stages of life. Traditionally, services and supports tend to be more robust for school-aged children, working in concert with Individualized Educational plans (IEP) and leveraging mandated instruction. As individuals age, services tend to be targeted at specific issues but are more limited in scope and depth. In addition to the State's Director of D/HH/DB services, the following is a brief synopsis of entities across the state that support the Deaf, Hard of Hearing and DeafBlind communities.

Children:

1. The Vermont Early Hearing Detection and Intervention Program (VTEHDI):

The Vermont Early Hearing Detection & Intervention Program (VTEHDI) works with hospitals and other community providers, such as audiologists, early head start, homebirth midwives and primary care professionals to provide newborn and early childhood hearing screenings.

As part of Children with Special Health Needs, VTEHDI provides support, training, and care management for families and their babies, hospitals, and community providers. VTEHDI works with state, national and federal agencies and organizations to achieve the National EHDI goals: hearing screening by one month of age, diagnosis of hearing loss by three months of age and entrance into early intervention by 6 months of age.

2022 Accomplishments:

- EHDI Legislation passed for 5 years by Congress in December of 2022 and signed into law by President Biden.
- CDC funding is $160,000 annually and supports data collection and the Childhood Hearing Health System (CHHS) database:
    - Vermont is one of 39 states/territories that is participating in the special CDC project and submitting de-identified patient level data for infants born in Vermont on hearing screening, diagnosis of hearing loss and entrance into early intervention
    - In-person Annual Hospital meeting to review policies and procedures was held in October 2022.
    - Meeting with Audiologists virtually.
- HRSA funding to support the VTEHDI Program is $235,000 annually. This is a four-year grant cycle. The funding supports care management for newborn

hearing screening, diagnosis of hearing loss and entrance into early intervention services. This activities included the following;

- Family Review Committee for VTEHDI Resources.
- VTEHDI Website updated.
- Attendance at the EHDI Annual Conference that was held virtually starting on March 13, 2022.
- Attendance at the in-person Hands &Voices National Meeting in September of 2022.
- VTEHDI supports The CARE Project (from North Carolina) virtual Facebook Live with presentations for families and providers. http://www.thecareproject.com/
- VTEHDI provides funding support to VH&V for family activities, trainings and educational opportunities.

2. *University of Vermont Medial Center (UVMMC): Early Intervention: Parent Infant Program*

The UVMMC Parent Infant Program received ARPA/FMAP funding through a memorandum of agreement (MOU) between Children's Integrated Services and the Vermont Department of Health to support the day-to-day operations of the program for one year ending on March 31, 2023.

The Parent Infant Program as currently structured with Medicaid Reimbursement is not sustainable and a longer-term strategy is needed to ensure state funding to continue to support the critical services required for infants and young children diagnosed as Deaf, Hard of Hearing or DeafBlind. There are currently 22 birth to 3 years of age young children enrolled in early intervention. These services, provided by qualified specialized providers are necessary and are the foundation required for the development of language, literacy and social-emotional growth. It is critical that a financial sustainability plan be identified and implemented so that this low incidence population continues to receive these essential services.

3. *Vermont Deaf, Hard of Hearing and DeafBlind (DHHDB) Partnership (School Age Students):*

As noted earlier in the report the two organizations providers educations services to D/HH/DB students in Vermont decided to form a partnership in delivering these services. The two organizations submitted a joint grant application to the Agency of Education (AOE) to provide statewide service delivery, technical assistance, and professional development in June of 2022 by the Vermont, Deaf, Hard of Hearing and DeafBlind Partnership. The application was awarded on August 5, 2022 under the umbrella of the University of Vermont Medical Center (UVMMC).

The Vermont Deaf, Hard of Hearing and DeafBlind Partnership represents a collaboration between two programs:

- University of Vermont Medical Center, Deaf, Hard of Hearing and DeafBlind Educational Services Program (DHHDB ESP).

- University of Vermont (UVM), Center on Disability and Community Inclusion Consultation for Access, Resources, and Equipment Support to Students who are Deaf, Hard of Hearing, or Deaf Blind and their School team (CDCI CARES Team).

The AOE grant funding is being shared between both programs. The goals over this year are:

- To create an improved system of service delivery that is sustainable and fiscally responsible. This includes a plan to diversify services to better meet the needs of children, families, and agencies.
- To adopt and implement an evaluation tool for improving services for students who are DHHDB that includes obtaining feedback from Special Education Directors and Case Managers about the quality and effectiveness of services provided statewide.
- Participation in the Vermont (National Association of State Directors of Special Education (NASDSE) for Optimizing Outcomes for Students who are Deaf or Hard of Hearing Coalition.

Vermont DHHDB School Age Students:

- UVM CDCI CARES Team: Consultation Technical Assistance, and Equipment Support for DHHDB students - 330 students (2022-2023).

- UVMMC DHHDB Educational Services Program: Direct Instruction, ASL/Bilingual Services, and Educational Audiology: 79 Students (2022-2023)
    - 47 students receiving Sign Language Instruction.
    - 20 students receiving direct instruction from a Teacher of the Deaf (TOD).
    - 15 students have a Communication Facilitator or Educational Interpreter.
    - 24 students receive Educational Audiology Services
    - 51 students receive more than one service, and 2 students are receiving 4 services

4. *<u>Department for Children and Families- Children's Integrated Services Program (CIS):</u>*

CIS offers early intervention, family support, and health prevention services that help ensure the healthy development and well-being of children, pre-birth to age 5. Services are available at low or no cost to families.

Early intervention services are delivered in accordance with Part C of the Individuals with Disabilities Education Act, providing developmental services to children birth to three with a observable and measurable developmental delay or a diagnosed condition that has a high probability of resulting in a developmental delay. Home visiting nursing and social work services are delivered as part of the Strong Families Vermont continuum in collaboration with the Vermont Department of Health. Strong Families Vermont provides responsive home visiting as well as evidence-based home visiting models (Parents as Teachers and Maternal and Early Childhood Sustained Home Visiting). CIS also works closely with partner organizations such as

Vermont Family Network, Early Hearing, Detection, and Intervention, and Vermont Association for the Blind and Visually Impaired.

5. *Vermont Hands and Voices:*

Vermont Hands & Voices is a parent-driven non-profit organization dedicated to supporting families with children who are D/deaf or hard of hearing without bias to communication modes or methodology. It provides families with the resources, networks, and information they need to improve communication access and educational outcomes for their children. Outreach activities, parent/professional collaboration, and advocacy efforts are focused on enabling D/deaf or hard of hearing children to reach their highest potential academically, socially and emotionally.

Adults and Older Vermonters:

1. *Hireability (Formerly Vermont VocRehab):*

HireAbility Vermont, in the Department of Disabilities, Aging and Independent Living, offers free, flexible services to any Vermonter or employer dealing with a disability that affects employment. We partner with human service providers and employers across Vermont to help people with disabilities realize their full potential. Our commitment is creating more opportunities for focused career development leading to sustainability such as: skill development through education and short-term trainings, workshops on how to be an effective advocate, and On-the-Job supports through Informational Interviews/Company Tours, Short-term Job Shadows, Work Experiences and On-the-Job trainings (OJTs).

2. *Vermont Center for Independent Living:*

The Vermont Center for Independent Living (VCIL), a nonprofit organization directed and staffed by individuals with disabilities, works to promote the dignity, independence and civil rights of Vermonters with disabilities. Like other independent living centers across the country, VCIL is committed to cross-disability services, the promotion of active citizenship and working with others to create services that support self-determination and full participation in community life. Founded in 1979, VCIL is the only center for independent living (CIL) in Vermont and was the first organization in the state with a majority of board and staff who had disabilities. At the close of 2003, all members of the board and 95 percent of VCIL staff were individuals having personal experience with disabilities. VCIL also employs a Deaf Peer Counselor who is available for support within the community when it comes to independent living. Also, the Sue Williams Freedom Fund provides funding for services and equipment to help people with disabilities achieve or maintain independence in their own homes. Lastly, VCIL continues to oversee the VT Equipment Distribution Program (EDP) program which provides telecommunication support to Vermonters with hearing loss.

3. *Vermont Association for the Deaf:*

The Vermont Association of the Deaf (VTAD) is a membership organization and a partnership among individuals who are deaf, members of the deaf community, including parents of deaf

children, and professionals working in various deaf-related fields and endeavors, organizations of, for, and by the deaf, and businesses at large.

Their mission is to promote the welfare of deaf Vermonters in all areas of life, to advance our educational, vocational, and economic status, and to enhance our intellectual, recreational, spiritual, and social standards. We accomplish this mission by ensuring that only deaf individuals hold leadership positions within the VTAD, that parents of deaf children become aware of, and involved in, all facets of deaf life, that professionals, deaf or not, working in our field are of the highest caliber and competency, that employers at large are-made aware of the abilities and capabilities of deaf employees, and that a comprehensive, coordinated system of services, public and private, is accessible to parents of deaf children and to us.

4. Hearing Loss Association of American, VT Chapter:

The Hearing Loss Association of America (HLAA) was established in 1979 and is a national organization that provides information, advocacy and support for the over 48 million Americans with hearing loss. (www.hearingloss.org) It hosts national virtual meetings, educational webinars, chat forums for several communities such as students and young adults with hearing loss, parents, employees, patients and a virtual Chapter for Veterans with hearing loss. In June 2022 an onsite convention was convened in Tampa, Florida. Due to the pandemic, it was the first in person gathering in a couple of years and was well attended. The 2023 convention will be held in New Orleans June 29 - July 1.

The Vermont Chapter of HLAA established in 2012 continues to operate virtually. There is a Steering Committee whose co-chairs maintain and monitor a Facebook page. The Communications officer monitors a separately designated email address. She also maintains an email list of members and responds to all inquiries herself and/or refers questions to other members of the steering committee. Advocacy, education, support, encouragement, and referral to resources is provided on an individual basis and at chapter meetings held bimonthly on Zoom. People are also referred to the national HLAA organization webpage, webinars and resources. The Vermont Chapter is involved in a number of projects and initiatives:

- Strives to make the public, organizations, and government agencies aware of the prevalence and adverse impact of hearing loss on the health and quality of life of hard of hearing Vermonters.
- Has advocated for insurance coverage for hearing aids for many years. This past legislative year by working in collaboration with the Hear Hear Coalition and other stakeholders this goal was finally realized with the passage of Act 108.
- This year the FDA approved the sale of over the counter hearing aids. HLAA on both the national and state level is supportive of this measure to ensure people with hearing loss have access to affordable technology.
- Works with local news media to ensure captioning is available. Maintains and sends out an e-newsletter to the membership on a quarterly basis.
- Hosts a Facebook page for sharing articles about hearing loss research, technology and items of interest related to hearing loss.
- Posts an email contact address where individuals can seek help. (vthlaa@yahoo.com)

- Provides consultation to individuals or organizations via email or phone to troubleshoot hearing loss or technical issues.
- Advocates for equal accessibility through ADA compliance for hard of hearing people. e.g. Clarifies how accessibility (CART, captioning, FM Loops) for hard of hearing people is different than access needs for Deaf people (ASL Interpreters).
- Offers testimony regarding legislation that affects people with hearing loss (such as the Older Vermonters Act H611).
- Explores resources for mental health services with practitioners who are knowledgeable in the unique needs of those who are hard of hearing.
- Networks and collaborates with VT Association for the Deaf, and the Hear Hear Coalition (Comprised of COVE, DRVT, SILC, VCIL, Vermont Hears, VT Hands and Voices) to advocate for various policy issues involving Vermonters with hearing loss.

5. Deaf Vermonters Advocacy Services (DVAS):

Deaf Vermonters Advocacy Services (DVAS) is an agency that was officially established in 2000. We are an advocacy agency which is culturally & linguistically designed to meet the specific needs of Deaf, DeafBlind and Hard of Hearing people in a variety of situations, also those individuals who are victims of domestic violence and sexual assault. DVAS provides direct services & support to clients, victims and individuals. We offer training to professionals, organizations, and State entities; educates the Deaf and hearing communities about Deaf Culture, Deaf Awareness and Accessibility; and collaborates with local agencies. DVAS works in partnership with Vermont Network against Domestic and Sexual Violence.

Challenges Identified by the Council:

1. Workforce - Workforce Development and training for those who are D/HH/DB themselves and for those who provide services to the D/HH/DB. As noted at the beginning of this report, Vermont continues to age, which means a large portion of Vermonters will age out of the workforce and this includes Interpreters as well. D/HH/DB who are of working age are able and willing to work but often find themselves without the necessary resources or training to be successful in the workplace.
2. ASL Interpreter Services - Vermont lacks adequate access to professional ASL interpreter services for Deaf and DeafBlind citizens to fully participate in their communities and important programs such as Alcoholics Anonymous and Narcotics Anonymous. Not only is the pool of interpreters not adequate to meet Vermonters' needs, but the average citizen is not able to afford the cost of ASL interpreter services, and the funds available for general public use through the VT Association of the Deaf and VANCRO are limited.
3. Mental Health - The pandemic has exacerbated the isolation and stress that comes with living with hearing loss. The need for mental health professionals who understand the unique psychological impact of hearing loss is even more crucial.
4. Communication Access - The use of masks (when utilized) as we emerge from the pandemic continues to present a difficult challenge for Deaf, Hard of Hearing, and DeafBlind people who rely on lip-reading and/or facial expressions to help understand what is being said. Masks muffle speech sounds and prevent lip reading. While clear

masks can help, they are not frequently used and the quality of clear masks can often times be an issue as they tend to fog up. Instead, VT HLAA has recommended that people download live captioning apps on their smartphones instead of forgoing masks and relying on lip-reading. Additionally those that are Hard of Hearing continue to report that in medical providers do not offer communication access options that work for them. For example they are offered remote American Sign Language (ASL) interpreting services even though they do not communicate with ASL. This is just one example of the mismatch for patients needs and likely expands across multiple populations that also speak different languages. Continued emphasis is needed on educating the medical field on recognizing and understanding what and when different communication modes need to be utilized to help care for patients. Specifically for the D/HH/DB population, providers need to recognize when a) appropriate interpreting services or communication aid alternatives are needed, b) removal of masks at a distance (when in person) is warranted, c) provision of appropriate captioning services, access to specific telephone technology such as amplified phones, Captioned Phones, or videophones and utilizing smartphone captioning apps, or other alternative assistive technology options are useful. These issues are also now becoming widespread for other activities of daily living including, for example, grocery shopping or banking.

6. Understanding Hearing Loss - Hearing loss in the Hard of Hearing population is largely invisible so it is often neither recognized for its hindrance or as a serious issue. This is particularly problematic with older people where confusion, isolation and depression caused by hearing loss can be misdiagnosed as dementia and not treated appropriately.
7. Terminology - The use of the common term: "Deaf and Hard of Hearing" causes confusion when arrangements are being made for communication accommodations. Most people who are Hard of Hearing (97%) do not know sign language. While ASL interpreters are widely recognized by the public and organizations, the requirements for Hard of Hearing communication access (FM Loop systems, captioning and CART) are not well understood and too often refused in favor of interpreting services. This is a violation of ADA. Advocacy for and the needs of the Deaf, for the Hard of Hearing and for the DeafBlind needs to be clearly differentiated.
8. Data and Measurement - Our state continues to lack any meaningful data and information pertaining the D/HH/DB population and communities in Vermont. Additionally there is a lack of any meaningful quality measurement for services delivered to children who are D/HH/DB was evident through school districts. The School Age Subcommittee has developed a tool to help fill this gap but support from the AOE, School Boards, Special Education teams, parents is needed to ensure implementation of evaluation measurement tool ensure delivery of high- quality services to this population. In addition, any available educational outcome data at the AOE not only on D/HH/DB students but for all low incidence and special needs students is lacking to be addressed. Many other states have centralized systems (Colorado for example) that are able to track outcome data across low incidence populations in schools. Educational outcome data provides an important milestone to determine if the services are having the desired impact.

Accomplishments and Recommendations:

Accomplishments:

In 2022, Vermont caught up to its neighboring states and the rest of the northeast by passing a Hearing Aid Coverage bill laying the path for coverage to being in 2024. Hearing Aid coverage has been a recommendation of this Council since its creation in 2011 and the Council is thrilled to finally see its passage. The council sent multiple messages to the healthcare committee chairs urging the passage of H.266, however this would not have been done without the tireless work of the coalition of Vermont organizations called Hear! Hear!, comprised of Community of Vermont Elders (COVE), AARP-VT, Vermont Chapter of Hearing Loss Association of America (HLAA VT), The Alzheimer's Association - Vermont Chapter, Community of Vermont Elders, Disability Rights Vermont, Statewide Independent Living Council, Vermont Center for Independent Living, Vermont Speech-Language Hearing Association, Vermont State Rehabilitation Council, and VT Hands & Voices. Many members of the council are involved with the various organizations listed above and work long and hard hours to advocate and advance the bill (H.266) which passed house and senate on April 29th and was signed by the Governor on May 11.

This was, however, just the first step, as the Department of Financial Regulation and the Department of Vermont Health Access then had to undertake the necessary actuarial and technical work in incorporating and proposing the addition of hearing aid coverage into a newly submitted Essential Health Benefits Package which was approved by the Green Mountain Care Board before being submitted to the Federal Government for final approval. The Council also sent a letter of public comment supporting and urging the GMCB to approve the proposed additions as recommended by DFR and DVHA. In late August the Federal Government gave their approval for hearing aids to be covered as part of the Essential Health Benefits Package for Small Group and Individual health insurance plans bought on the Vermont Health Exchange starting in 2024. The council thanks legislature and the administration for their work and support in passing this bill and also thanks DFR and DVHA for all of their hard work in doing the necessary financial and technical review and the modifications as part of their submission process to the Federal Government for approval. This legislative action helps to bring health equity to all Vermonters who are D/HH/DB.

Concurrent with the passage of H.266 and federal approval for changes to the Essential Health Benefits package, the Food and Drug Administration approved and announced the availability of a specific category of hearing aids that would be allowed to be sold over-the-counter (OTC) at specific drug and technology stores. While this is another important step in creating access to assistive listening technology at affordable prices, Vermonters should realize that buying OTC hearing aids is not a one size fits all solution. Many national and state organizations and associations are still encouraging Vermonters, if they believe their hearing has declined, to see a hearing care professional such as an Audiologist such as for a diagnostic evaluation. Licensed audiologists will be able help provide valuable resources about the various devices that may be appropriate for the level of hearing loss the person is experiencing and provide enough amplification to meet their hearing needs. The OTC hearing aid market is relatively new; thus, many manufacturers are trying to establish themselves in the market and not all of the products

are of high quality. Already the VT Attorney General's office has sued an OTC Hearing Aid manufacturer for deceptive and misleading information about the effectiveness and quality of their OTC Hearing Aid. The Council applauds the AG's office for watching this closely and would urge the Legislature to monitor closely as well.

Additionally the Director for the Deaf, Hard of Hearing and DeafBlind (D/HH/DB) services at the Department of Disabilities, Aging & Independent Living (DAIL), continues to work diligently as a single point of entry for Vermonters who are D/HH/DB. In SFY2022, DAIL received 164 referrals for assistance with D/HH/DB services. The top three topics included issues related to access to interpreter services (20%), technical assistance to state agencies (15%) and access to assistive technology (12%). Top priorities for the director includes expansion of America Sign Language (ASL) services to Vermonters, modernizing Title 1 to reflect current Vermont practice, exploring a state-wide needs assessment with the Deaf, Hard of Hearing, DeafBlind Advisory Council, improving communication access across state government, partnering with the Agency of Education to improve services to school age children, and improving health access with a focus on mental health services.

Recommendations:

Our work over the past several years has positioned the Council to make recommendations that can shape policy implementation, quality improvement initiatives, and service delivery across the state for the D/HH/DB populations. Our recommendations are detailed below and can be outlined across four major policy themes

1. *Workforce Development and Training*

As noted above, and much like the rest of Vermont workforce development and training is becoming a critical piece in keeping, and attracting a pool of service providers, ranging from interpreters to Teachers of the Deaf. It is even more critical because many of the interpreters currently residing in Vermont will likely be retiring in the next 3-5 years, thereby greatly reducing the numbers and availability of interpreters available in the state. Additionally, training and resources are needed for those who are D/HH/DB in order for them to be able to be successful in the workplace and contribute to Vermont's economy. The subcommittee of the full Council that met to begin to discuss possibly suggested use of FMAP funding highlighted the following areas of focus that should be considered.

a. *Increasing pool of VT based interpreters*
    i. Trainings and certification programs
    ii. Joint program for Interpreting (VANCRO, VTRID partner with UVM to create a mentor/shadow program)
    iii. Expansion of ASL Language programs at UVM
    iv. School outreach, college fairs, career fairs
    v. State Licensing Standards for interpreters
b. *Financial incentives to bring in or retain in VT interpreters*
    i. Financial incentives (loan, certification repayments)
    ii. Fellowships/Residencies

    iii. Incentive funding for local programs to provide interpreting and services

c. *Training for Vermonters who are D/HH/DB*
    i. Outreach and supports to D/HH/DB community to encourage working even if just part time.
    ii. Personal and Business Tax credits (businesses get tax credit for hiring persons with disability(s)).
    iii. Focus on hiring individuals in medical and support facilities who are trained in D/HH/DB communication, i.e. hospitals, Nursing homes, adult day centers, AAA's, assisted living facilities

2. *Hearing Health, Health Equity and Support Services*

The D/HH/DB have had an immensely difficult time throughout the pandemic with regard to seeking and receiving healthcare services across the full spectrum of providers, ranging from a simply drive through Covid test, to having an appointment with their primary care provider to receiving the emotional and mental health support services they desperately needed due to the increased isolation that has come with the pandemic. Even as we emerge from the pandemic, Healthcare for the D/HH/DB, and more importantly hearing health, remains very much a health equity issue, just as it is for the BIPOC, LGBTQ and other disabled populations. The Council continues to fully support of the work being undertaken by Vermont Health Equity Advisory Committee whose purpose is to promote health equity and eradicate health disparities among Vermonters. The Director of D/HH/DB has been working closely with this group in her role and reports back to the Council frequently on the discussions.

Hearing healthcare equity also means access to affordable assistive technologies including hearing aids that are covered by insurance and available to those without insurance so we are thrilled that beginning in 2024, hearing aid coverage will now exist for Vermonters who buy commercial insurance on Vermont Health Exchange. Improved hearing aid access directly impacts the quality of life, communication access, education, and employment of Vermonters. However, it must be noted, that while Vermonters who get their insurance through the Health Exchange as well as those covered by Medicaid will now have coverage for hearing aids, however those who are currently covered by Traditional Medicare still do not (?) have Hearing Aid Coverage. Thus, costs and access to hearing aids that Medicare recipients need in order to improve their hearing likely remains a burden.

Last year the Council subcommittee suggested the following ideas to be explored to help promote access while also creating additional support services for the D/HH/DB:

a) Aural rehabilitation programs particularly for newly diagnosed hearing loss and for sudden abrupt changes in hearing.
b) Building up resources for D/HH/DB who struggle with substance abuse; this population needs mental health services and therapy as well as AA, NA, ALNON support groups that are accessible.

c) Community Vans (led by state agencies or outside organization) to provide transportation to audiology appointments or other appointments with an interpreter riding along.
d) Piloting and implementing annual Geriatric Hearing Screenings in family practices
e) Mobile hearing screening van/truck with referrals to audiologists for follow-ups
f) Training modules (certification) for all staff working with older people in programs and/or nursing homes. Focus on recognizing hearing loss, communication strategies, adaptive equipment, accessibility and accommodation and basic sign language.
g) Mental Health Professional registry who are trained to effectively provide mental health services for D/HH/DB and who may be able to communicate directly utilizing ASL if needed

3. *Technological Access*

As briefly mentioned above, access to assistive hearing devices in an equitable manner continues to pose barriers. This does not just include Hearing Aids and Frequency Modulation (FM) systems, but also many other technologies that D/HH/DB rely on in order to perform daily activities of living comfortably and safely. The council and its subgroup recommend the following with regard to improving technological access:

a) Increase awareness and advocating for CART services, visual communication systems throughout the state including in state agencies and departments.
b) Funding to provide free technology for those VT's that are D/HH/DB in rural areas of VT to allow increased access to interpreters and to be able to easily be provided telehealth and other services remotely online, via smart phones with assistive apps or laptops
c) Identifying and dispersing funds to provide emergency alerting devices such as flashing/vibrating smoke alarms, CO2 detectors and doorbells for low income, older hard of hearing and Deaf Vermonters.

4. *Educational*

The council continues to recommend a broader policy conversation on education services are funded moving forward, specifically whether having an annual competitive RFP grant process, is in the best interest of D/HH/DB students that are being served by this funding. Additionally, the council recommends that the AOE convene a stakeholder group to discuss how the current education model can be expanded and improved. Many agree that while not perfect, the centralized system of providing these services that existed up until two years, worked. The current partnership under the UVM Medical Umbrella seeks to mirror much of the centralized system that existed, but they acknowledge there are still gaps in the system. The question becomes are there additional and alternative ways these services can be provided and funded and done so in a way that does not require an annual competitive RFP application process, while still providing the school districts with the necessary resources and tools with the best interest of their students in mind. At a minimum if the grant process is to remain, then the Council recommends

that the grant length be extended to minimum of 3 years, as allowable by State procurement rules.

Additional recommendations from the subgroup around education were:

a) School district vans for transportation needs around special education and appointments.
b) Sustainable and designated funding of early intervention programs, (Parent infant Program) which are not subject to annual Medicaid rate adjustments.
c) Universal hearing screening in schools and updated technology for school districts
d) Potential for regional day programs aimed at ASL immersive education for children who are Deaf.
e) Utilization of Vermont Quality Indicator Tool for D/HH/DB services to measure quality improvement and ensure the delivery of high-quality services to children who are D/HH/DB
f) As done in other states, implementation of a system to access the educational outcomes data children who are D/HH/DB to assess the impact of services provided.

Conclusion:

2022 was a rewarding yet challenging year for all Vermonters and the same can be said for those who are D/HH/DB. It is very realistic that it will be quite some time before life in Vermont returns to normal as it once was pre-pandemic. The Council will continue to meet remotely with the goal of meeting twice in person in the upcoming year, and will continue to work closely with the Director of D/HH/DB Services to advocate on behalf of D/HH/DB Vermonters and to address identified needs.

Meeting the ongoing and future needs of individuals who are D/HH/DB requires continued evaluation of what's working and what's not. Are services and access adequate in some areas and not in others, and if so, why? Vermont will need look at existing and potentially available resources to develop ideas and enact meaningful change that will ease the burden on Vermonters who are D/HH/DB and enable them to be meaningful contributors to Vermont's economy and community fabric.

Appendix and References

Current Membership of the Vermont Deaf, Hard of Hearing and DeafBlind Council

Last	First	Association
Baker	Deb	Hearing Loss Association of American VT Chapter
Briggs	Amelia	Parent DeafBlind Child Member
Chalmers	Rebecca	Parent Member
Davis	Leslie	Children's Integrated Services Designee
Decker	Kelly	Professional Interpreter
Gallo	Ralph	Deaf Community Member
Lalanne	Rebecca	Deaf Community Member
Hazard	Linda	VTEHDI Program Director
Henry	Sharon	Parent Member
Hinck	Tracy	Deaf Education Specialist
Hoover	Pam	Deaf Education Specialist
Hudson	Bill	Deaf Community Member
Krueger	David	Vermont Association of the Deaf
Lalanne	Rebecca	Deaf Community Member
Parrish	Kate	Statewide Coordinator of Deaf/Hard of Hearing Services for Hireability VT
Pendlebury	Will	DeafBlind Community Member
Porter	Julie	Audiologist

Santo	Cassie	AOE Designee
Sousa	Sherry	Superintendent
Tierney-Ward	Megan	AHS Designee
Weppler	Spenser	Hard of Hearing Community Member
Vacant		Special Educator
Vacant		Hard of Hearing Community Member

Citations:

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State of Vermont
Deaf, Hard of Hearing, Deaf/Blind Advisory Council
School Age Subcommittee

TO: Daniel French, Secretary of Education
Heather Bouchey, Deputy Secretary of Education
Chris Case, Division Director for Student Support Services
Jacqui Kelleher, State Director of Special Education

FROM: Spenser Weppler, Chair, Deaf, Hard of Hearing, DeafBlind (D/HH/DB) Council (on behalf of D/HH/DB School Age Subcommittee)

DATE: June 23, 2022

RE: Vermont Quality Indicator Tool for D/HH/DB Services and Recommendations

The imperative to ensure high quality services to children (3-22 years) who are Deaf, Hard of Hearing, DeafBlind (D/HH/DB) in Vermont is clear given the change in service delivery models that began in 2014 with the closing of the Austine School. More recently, the closing of Nine East has caused significant disruption to the services provided to Vermont D/HH/DB students.

To fulfill the legislative mandate under Vermont Statutes (33 V.S.A, § 1602) to assess the services, resources, and opportunities available to children in the State who are DHHDB (see: https://legislature.vermont.gov/ statutes/ section/33/016/01602), the Chair of the Deaf, Heard of Hearing, DeafBlind (D/HH/DB) Council charged the School Age Subcommittee to review all available assessments tools nationwide with the intention of drafting and developing a similar tool for review and eventual use in Vermont. Before starting this work, members of the subcommittee signed and agreed to adhere to *EO 19-17 Executive Code of Ethics* and to conduct themselves in a professional manner.

Attached is the "Vermont Quality Indicator Tool for D/HH/DB Services" that the subcommittee drafted after a national search for such a tool, the gathering of related information and best practices, discussions with national experts, engagement of key stakeholders, and a collaborative multi-stakeholder process for tool development. The tool is based on the National Association of State Directors of Special Education (NASDSE) for D/HH (2018) and on the NASDSE Deafblindness Educational Service Guidelines (2008) both of which the Agency of Education (AOE) is familiar with and are referenced in both the 2021 and 2022 AOE D/HH RFPs),

The long-term vision and goal is that **all** providers/programs of D/HH/DB services for children 3-22 years in Vermont would be evaluated using this tool on a regular basis, thus allowing school districts, parents, stakeholders, etc. to be apprised of which vendors are qualified to do so. Of course, this tool may be among other assessments that the AOE chooses to use as part of its evaluation process for the provision of these services as part of the D/HH RFP.

Our recommendations to the AOE include:

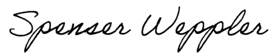
1) Engage additional AOE internal/ external stakeholder groups to review, refine and improve the tool for possible future use by the AOE.

2) Explore feasibility to trial the tool with the vendor who receives the AOE D/HH grant for 2022-2023 cycle; and potentially asking other vendors not covered under the grant to participate in utilizing the tool.
3) With input from the D/HH/DB Council, develop an implementation plan to inform school districts, other D/HH/DB services providers, etc. across Vermont to support use of the tool (or its improved version).
4) Develop a process to review the data/evidence that is submitted to the AOE by vendors to assess the quality of services and the performance of the tool.

Given our shared goals of: 1) ensuring high quality D/HH/DB services in Vermont, and 2) using the NASDSE Guidelines (referenced in both the AOE 2021 and 2022 D/HH RFPs), and with the understanding that various internal processes may vary and take time (i.e. rulemaking, guidance, recommendations etc.), the D/HH/DB Council and the School Age Subcommittee members stand ready to further assist the AOE in any way it deems necessary and look forward to continued collaboration.

Thank you for your time.

Respectfully,



Spenser Weppler

State of Vermont
Deaf, Hard of Hearing, Deaf/Blind Advisory Council
School Age Subcommittee

VERMONT QUALITY INDICATOR TOOL TO ASSESS DEAF, HARD OF HEARING, DEAFBLIND SERVICES

Scope and Purpose

The purpose of the School Age Subcommittee is to fulfill the legislative mandate under Vermont Statutes (33 V.S.A, § 1602) to assess the services, resources, and opportunities available to children in the State who are Deaf, Hard of Hearing, or DeafBlind. (see: https://legislature.vermont.gov/statutes/section/33/016/01602).

During the first meeting February 23, 2022, all members present agreed to the scope of this work which, in the long term, would include the use of the Vermont Quality Indicator Tool to assess the quality and impact of D/HH/DB Services in Vermont. This includes D/HH/DB services (age 3-22 years) provided by:

- UVMMC D/HH/DB Educational Services Program
- UVM CARES Team; and
- All other D/HH/DB providers in the State.

List of School Age Subcommittee Members, Roles

Sherry Sousa and Sharon Henry, both of whom co-chaired the D/HH/DB School Age Subcommittee previously, agreed to resume their roles as Co-Chairs. Spenser Weppler, D/HH/DB Council Chair, invited the Directors of both UVMMC ESP and UVM CARES to nominate two individuals from their respective agencies to participate on the subcommittee. The current subcommittee members are:

- Sherry Sousa, WCSU Superintendent, Co-Chair of School Age Subcommittee
- Sharon Henry, D/HH/DB Council Parent Member, Co-Chair of School Age Subcommittee
- Laura Siegel, Director of Deaf, Hard-of-Hearing, and DeafBlind Services
- Jacqueline Kelleher, State Director of Special Education
- Amelia Briggs, D/HH/DB Council Parent Member
- Jen Bostwick, Program Supervisor and TODHH, D/HH/DB Educational Services Program EHDI/UVMMC
- Tracy Hinck, Educational Audiologist, SLP-CCC, D/HH/DB Educational Services Program EHDI/UVMMC
- Rebecca LaLanne, Director/Trainer, Deaf Vermonters Advocacy Services
- Pam Hoover, TODHH, UVM CARES -– *withdrawn by Margaret Overman, UVM CARES, on 03/06/2022*

Key stakeholders

Committee members invited key stakeholders who represent AOE, DAIL, and parents of children who are D/HH/DB to attend a subcommittee meeting:

- Michelle John, Chapter President VT Hands and Voices and Chair, VT NASDSE Coalition (attended 04/4/22)

- Tracy Evans Lusielli, Director, New England Consortium on Deafblindness (NEC) (attended 4/25/22)
- John Pirone, EdD, Lecturer/Program Coordinator, Department of Leadership & Development Services American Sign Language Program, University of Vermont (attended 05/04/2022)
- Stuart Solboleski, DVAS (attended 5/9/2022)
- Kevin Smith, parent of a Deaf child (attended 5/17/2022)
- Jacqui Kelleher invited LEA colleagues to review the Quality Indicator document:
    - LEA Special Education Administrators – Dawn Campbell and Lisa Johnson from SVSU (attended 05/25/2022 and 06/07/2022)
    - LEA Special Education Paraprofessional – Dan Comeau (written feedback on 5/15/2022)
    - LEA Special Education Teacher/Case Manager – Cassie Santos (written feedback on 06 01 2022)

In addition, members of our subcommittee have emailed/engaged with/reviewed the following documents:

- All Together Now, NH (DOE)
- Rich Haun, PhD, Director, Washington Center for Deaf and Hard of Hearing Youth (CDHY), Washington School for the Deaf
- Sarah Honigfeld. Policy Advisor for NAD
- Allison Sedey, University of Colorado, Boulder, director of the Outcomes and Developmental Data Assistance Center for EHDI Programs (ODDACE)
- Laurent Clerc Deaf Education Center, Montana
- State of Virginia, DOE
- Program Evaluation documents from Colorado School for the Deaf and the Blind
- Program Evaluation documents from Washington Center for Deaf and Hard of Hearing Youth (CDHY)
- Kym Meyer, PhD, Public School Partnerships (PSP) at The Learning Center for the Deaf, MA
- National Deaf Center, Washington DC
- Karen Hopkins, Executive Director, The Maine Educational Center for the Deaf and Hard of Hearing, Governor Baxter School for the Deaf

Dates of meetings

The School Age Subcommittee met nine times between February 23, 2022 – June 7, 2022 via Zoom; most committee members attended regularly and participated fully in the discussions and the effort. The Subcommittee gave updates to the D/HH/DB Council on 03/15/2022 and 05/19/2022 to apprise the Council of our work and to seek their input.

Closed Captioning transcript of School Age Subcommittee meetings and meeting summaries are posted at: Deaf, Hard of Hearing, DeafBlind Council | Disabilities, Aging and Independent Living (vermont.gov)

Development of Vermont Quality Indicator Tool for D/HH/DB Services

During the initial meetings, the subcommittee brainstormed tools/resources that are currently available for assessing the quality of D/HH/DB programs in the USA, and each member agreed to review some of these resources and follow up on contacts as needed. The lack of an assessment tool/metrics and benchmarks quickly became apparent in our nationwide search. Tools reviewed could not easily be applied to services for DHHDB. However, the National Association of State Directors of Special Education (NASDSE) Guidelines (2018),

a set of ten principles guide both school districts and D/HH/DB providers in best practice, provided the most comprehensive structure for assessment.

Thus, we turned to the Agency of Education where the Education Quality Standards, or EQS, are used to describe what a high-quality education should look like for students attending Vermont's public schools. School districts are required to submit evidence/artifacts to indicate that they are meeting these standards. Through a collaborative process, the subcommittee wrote quality indicators for each of the appicable principles in the NASDSE Guidelines (2018) using the AOE model. In doing so, the subcommittee created the "Vermont Quality Indicator Tool for D/HH/DB Services" that establishes the level of service and support expected as well as the evidence/artifacts of adherence corresponding to these indicators (with examples).

The subcommittee has also created a list of qualifications for persons reviewing the evidence submitted and a scoring scale to guide qualified reviewers as they judge the quality and merit of the evidence submitted. Lastly, the document also includes nationally agreed upon definitions for the professional qualifications for each service provider category (e.g., TODHH, Educational audiologist, etc) and tools to assist school personnel when hiring personnel to serve the D/HH/DB population.

Vermont Quality Program Indicators for Deaf/Hard of Hearing/Deaf Blind School Age Children

The **scope and purpose** of these Quality Indicators is to fulfill the legislative mandate under Vermont Statutes (33 V.S.A, § 1602) to assess the services, resources, and opportunities available to children in the State who are Deaf, Hard of Hearing, or DeafBlind (D/HH/DB) in order to ensure that our Vermont children who are D/HH/DB are receiving high quality services. Beside each Quality Indicator in parentheses is the portion of the State Statute that is addressed (where applicable).

Introductions: Quality Indicators establish the level of service and support expected of programs/providers working with D/HH/DB students in Vermont and require that they offer evidence of compliance with these standards. These standards are based in large part on the work of National Association of State Directors of Special Education (NASDSE) Guidelines (3rd ed., Sept 2018) in addition to stakeholder input as well as the NASDSE Guidelines for Deafblindness (2008) and conversations (email/Zoom) with national experts.

Evidence: Evidence are artifacts that are submitted by a program that serves students who are D/HH/DB in advance of a review. These can be documents or links to examples of practices occurring in the program and are entered into the far-right column.

Appendices: At the end of this document, important links are included for D/HH/DB providers as well as for school district personnel who are working with this population.

Essential Elements	Descriptor	Program advocates for and documents that:	Evidence	Submitted Evidence links
1. Unique Needs of Each Student is Considered (VSA Powers and duties C.1.B)	A full continuum of services individualized to the needs of each student for full engagement in school programs.	Goals of students and/or family are represented and integrated	Meeting invitation, agenda, minutes, and/or other parent documentation (redacted) Consideration of including expanded core curriculum as documented by meeting minutes	
		Educational services support individual language, communication modes and hearing status	IEP/504 or EST plan includes evaluation and progress data (redacted)	
		VT state licensed teacher of the Deaf/Hard of Hearing, VT licensed audiologist, licensed SLP or DeafBlind specialist participate in team meetings	Meeting invitation, agenda, and/or minutes (redacted)	

2. Expectations, Educational Programming, and Future Employment (VSA Powers and duties C.1.B)	Programmatic opportunities provide access to high quality learning which will impact future career plans.	Students and families are actively engaged in transition planning.	Meeting invitation including HireAbility, agenda, and/or minutes (redacted)	
		Student programs reflect learning profiles, are modified based on students' progress, and instruction meets student needs	VT Licensed TOD/HH and DeafBlind professional participation in team meetings as evidenced by meeting invitation, agenda, Personal Learning Plans, and/or minutes	
		Provide professional development regarding the variety of needs of, and appropriate practices for, students who are D/HH/DB, including those students with co-occurring disabilities	Provide menu of opportunities and dates for training that are offered to teams, families and other professionals	
3. Families as Critical Partners (VSA Powers and duties C.1.C)	High levels of family involvement contribute to positive student outcomes.	Parents are included in all levels of planning and decision making for their child(ren)	Parents input is documented in meeting minutes (IEP, 504, Educational Support Team meeting, etc)	
		Specialized activities and programs are shared with parents, including: ● Meetings with other parents of D/HH/DB, children ● Social events specifically for families of children who are D/HH/DB ● Transition support training (e.g., early transition to preschool, elementary to middle school, middle to high school, high school to post-secondary education and training	Emails (redacted) documenting sharing of information, Parent newsletters, School Calendars, progress towards goals on student's educational plan pertaining to transition	
		Parent counseling and training services necessary to implement the IEP, 504 and EST goals are routinely provided to assist parents to support their child(ren)	Meeting minutes documenting discussion around parent supports needed to implement IEP/504/EST goals (if an IEP is in place found on Service Page as a Related Service) (e.g., sign support/instruction, listening/spoken language support)	

4. Language and communication needs are considered and accommodated in the student's learning environment (VSA Powers and duties C.1.A)	Language and communication needs are considered and accommodated in the student's learning environment.	Student's language is comprehensively assessed at each transition to identify gaps that may occur	Licensed TOD/HHs, ASL Specialist, SLP's or DB Specialist working with D/HH/DB children employ evidence-based assessment tools that are age/developmentally appropriate Meeting minutes demonstrate that qualified providers are involved in the planning process and interpretation as appropriate. Documentation of assessment of developmental milestones at regular intervals to include receptive and expressive language measures for semantics, syntax, pragmatics, morphology, and phonology	
		Opportunities for direct communication with the child's peers and professional personnel in the child's language and communication mode is considered	Communication Plans (see Appendix) must include discussion, ideas shared and plans for these interactions and dates of when opportunities occurred in the student's learning environment (redacted)	
		Direct instruction in the child's language and communication mode integrated and implemented	Meeting notes and/or Communication Plan (redacted) include data to demonstrate if there is a need for Direct Instruction	
		Student's needs for assistive technology devices and services considered and provided where appropriate	IEP, 504 Plan, or EST Plan and Communication Plan (redacted) that includes specific technologies recommended	
		Student's communication needs are tailored based upon the classroom or activity environment	IEP, 504 Plan or EST Plan and Communication Plan (redacted) document discussion of various settings and activities the student will participate in throughout their day, and how the communication needs will be met in these different circumstances.	
		A continuum of placement opportunities available for students whose language and/or communication mode(s) cannot be met with available school services	Meeting notes (redacted) documenting the discussion with the team/parents about various placements available within and outside of VT	

5. Student receives individualized specially designed instruction that incorporates evidence-based practices	Qualified providers (e.g., VT Licensed TOD/HHs, VT Licensed Audiologists, VT Licensed SLPs, DB Specialist - see Appendix) determine the approach to instruction, use of curriculum and assistive technology, and monitor student progress in order to ensure effective instruction.	Decisions about programs and strategies that are used with students are guided by recent research and evidence-based practices	Citation of recent literature used to guide decisions Rationale for instructional programs are documented in the team meeting minutes	
		Training is provided to general education teachers, specialized instructional support staff personnel and others to understand the language, communication, and educational and functional performance needs of these students	Meeting notes (redacted) of educational sessions Notes from classroom observations (redacted) by qualified providers reflect that the needs of the student are incorporated Qualified providers are maintaining currency in the professional literature and practices as evidenced by attendance at continuing educational conferences and maintenance of Vermont State licensure in TODHH, Audiology and SLP, DB Specialist	
		Use of assistive technologies includes a functional evaluation or screening as to whether the technologies are appropriate, effective and beneficial to the student, both in the classroom and in other environments based on the student's educational plan.	Evaluation notes (redacted) from observations of classroom and other environments completed by a qualified provider	
		Training provided to the student, staff and parents on the use of the technologies and accommodations.	Minutes and agendas (redacted) from training sessions to the student, staff and parents Calendar for updated training for the student, staff and parents as needed (a minimum of yearly review) or when technology is updated Program accommodation and modification page and/or Service Page of student's plan	

			reflects need for assistive technology training	
		Monitoring plan to ensure that hearing aids, cochlear implants and hearing assistance technologies used by students are working consistently as required by IDEA	Routine checking (See Appendix) occurs for effectiveness of devices and in line with the students Use Plan (redacted) with dates of equipment checks When there is faulty equipment, personnel responsible for monitoring take appropriate and immediate action to remedy, including notification of qualified personnel and parents/student.	
6. Educational Progress, Accountability and Oversight (VSA Powers and duties C.1.F)	Language, literacy, academic progress and social emotional wellness should be monitored frequently and reported according to the same requirements for all students.	Providers of services such as sign language interpreters are regularly evaluated by the Program	Program framework including assessment tools and expectations for regular supervision and evaluation of Service Providers Supervision process includes individuals with expertise in the same areas as the D/HH/DB service providers.	
		Programs and services routinely evaluated.	Program's process for regularly reviewing student outcomes, and for developing, recommending, implementing and monitoring program improvements	
		IEP, 504 or EST Plans are developed based on individual student needs rather than available services	IEP, 504 Plan or EST Plan and Communication Plan (redacted) document demonstrates alignment between student needs and services/supports provided	
		D/HH/DB education team is provided with opportunities to meet periodically to discuss roles and responsibilities, share ideas and current practices and to attend training specifically related to their professional capacity.	Schedule, dated meeting agenda and minutes that demonstrate teams have opportunities for collaboration and consultation	

7. Access to Peers and Adults who are Deaf or Hard of Hearing (VSA Powers and duties C.1.B)	Children and youth need ongoing access to students and adults like them.	Access to professional personnel is provided in the child's language and communication mode	Program staff directory includes professional personnel fluent in child's language and communication mode and provides students with the opportunity to interact with this individual. Dates indicate when the opportunity was offered to the student and family List of community members and organizations available to meet this need (dates that they participate) and to share events that are happening Program provides opportunities (and the dates) for social interactions of students sharing similar communication modes	
8. Qualified Providers (VSA Powers and duties C.1.A)	Providers of D/HH/DB services must meet professional standards that include minimal qualifications and ongoing performance evaluations and be provided relevant professional development opportunities.	All service delivery providers are appropriately licensed/certified and trained, and meet minimal qualifications (See Appendix for definition of "Qualified Providers")	Licensure, training, results of performance evaluation (redacted) and qualifications of service delivery providers are collected and maintained by program	
		Relevant professional development is available to all providers of D/HH/DB services on a regular basis	Yearly calendar for professional development of all D/HH/DB providers	
		All D/HH/DB providers are appropriately evaluated by a professional from their respective fields	Schedule of supervision and evaluation of D/HH/DB program professionals	
		Current efforts to recruit and retain early intervention providers, teachers of D/HH/DB students and specialized instructional support personnel are on-going	Documentation of recruitment and retention steps	

9. State Leadership and Collaboration	Strong state and local leadership with effective collaboration among key stakeholders (parents, D/HH/DB consumers, state and local educators, university teacher preparation programs and advocacy organizations) is key to successful systems of delivery of programs, services, recruitment and retention of the workforce. To provide a perspective on how students who are D/HH/DB are performing from year to year, the Agency of Education should report annual student assessment results for language and literacy.	Various state agencies, programs, families and schools for the D/HH/DB collaborate to provide a seamless continuum of placements, services and supports for children and their families through age 21, and that students' assessment of performance and other key indicators are reviewed when addressing issues and provide guidance to the state, local school districts, teachers, professionals and families. .	Program provides meeting notes (with dates) where D/HH/DB education leaders and parents convene to discuss educational services and systems issues that reflect the needs of a student Program schedules annual meetings with AOE to review aggregated student outcomes on all state assessments Number and nature of consultation that they did with school districts on professional development Number and nature of consultation that they did with school districts on collaboration with advocacy and family support organizations	

Appendices:

- Communication/Language Plan
  - ✓ The Vermont Communication Plan is based on one from New Jersey (https://www.nj.gov/education/specialed/deaf/resources/New%20Jersey%20Communication%20Plan%20for%20Students%20who%20are%20Deaf%20or%20Heard%20of%20Hearing.pdf)
  - ✓ Once completed the Vermont Communication Plan will be made available and distributed

- American Academy of Audiology
  - ✓ RMHAT selection, fitting, verification, and validation of FM/DM systems guidelines (https://audiologyweb.s3.amazonaws.com/migrated/HAT_Guidelines_Supplement_A.pdf_53996ef7758497.54419000.pdf)
  - ✓ Classroom audio distribution systems (classroom sound fields) selection and verification (https://www.audiology.org/wp-content/uploads/2021/05/20110926_HAT_GuidelinesSupp_B.pdf_53996ef98259f2.45364934.pdf)

- Template for classroom observations to ensure access
  - ✓ Access to Curriculum Assessment Tool (ATCAT) - more information here.

- Template for functional evaluation in the classroom, other environments
  - ✓ (https://successforkidswithhearingloss.com/wp-content/uploads/2011/08/Functional-Listening-Evaluation_complete-with-phrase-lists_autocalculate.pdf

- Definitions for Qualified Providers/professionals of DHHDB services
  - ✓ For Teacher of the Deaf and Hard of Hearing (TODHH):
    See Rules Governing the Licensing of Educators and the Preparation of Educational Professionals, see pages 209-212
    (https://education.vermont.gov/sites/aoe/files/documents/Rules%20Governing%20the%20Licensing%20of%20Educators%20-%20Effective%20June%2011%2C%202021.pdf)
  - ✓ Audiologist
    - Office of Professional Regulation (OPR) VT licensure: https://sos.vermont.gov/audiologists/
    - ASHA: https://www.asha.org/advocacy/state/info/vt/licensure/
  - ✓ Speech Language Pathologist
    - AOE: https://education.vermont.gov/educator-licensure/become-a-vermont-educator/speech-language-pathologists
    - OPR: https://sos.vermont.gov/speech-language-pathologist/
    - ASHA: https://www.asha.org/advocacy/state/info/vt/licensure/
  - ✓ Educational Interpreter
    - Recommended minimum qualifications in Vermont include having a score of 4.0 on the Educational Interpreter Proficiency Assessment (EIPA).

- A national certification (e.g., Registry of Interpreters for the Deaf) is also acceptable.
- A BEI certification (Basic or above) is also acceptable.

✓ Communication Facilitator
  - to assess someone's ASL skills, the American Sign Language Proficiency Interview (ASLPI) or the Sign Communication Proficiency Interview (SCPI:ASL) are two commonly used tests.
  - At this time there are no minimum scores established in Vermont; the adequacy of the proficiency of the ASL skills is determined by team when considering the needs of the student

- Qualifications of reviewers who would review evidence submitted based on use of the Quality Indicator tool

  The subcommittee discussed and developed recommendations regarding the qualifications of reviewers who would review the evidence. The recommendations is that a review committee of about five to six members would be ideal. The qualified committee members would consist of a TODHH, Audiologist, SLP, Deaf community member, a DeafBlind community member and could consist of experts outside of Vermont.

- Evaluation scale to judge the quality and merit of the evidence submitted by D/HH/DB providers when using the Vermont

State of Vermont
Deaf, Hard of Hearing, Deaf/Blind Advisory Council (D/HH/DB)
School Age Subcommittee

“Vermont Quality Indicator Tool for D/HH/DB Services”
Scoring Scale to Evaluate the Quality of the Evidence

This evaluation tool was designed to assist qualified Reviewers to judge the quality and merit of the evidence submitted based on use of the **“Vermont Quality Indicator Tool for D/HH/DB Services.”**

Considering each of the nine quality indicators separately, the Reviewer should examine the evidence/artifacts submitted and rate each quality indicator based on the following scale:

1 – evidence does not meet quality indicator (0% - 25%)

2 – evidence partially meets the quality indicator because a number of **key** elements are missing (26% - 50%)

3 – evidence mostly meets the quality indicator, but some elements are missing (51% - 75%)

4 – evidence fully meets the quality indicator (76% - 100%)

On the next page is an example of how the scoring scale would be applied to the “Vermont Quality Indicator Tool for D/HH/DB Services.”
A column labelled ‘Priority’ was added so a Reviewer could indicate that addressing the lack of evidence submitted for a particular Quality Indicator was a priority and should be addressed as soon as possible.

				evidence does not meet quality indicator **1**	evidence partially meets the quality indicator; a number of **key** elements are missing **2**	evidence mostly meets the quality indicator but some elements are missing **3**	evidence fully meets the quality indicator **4**	**PRIORITY To address?**
8. Qualified Providers (VSA Powers and duties C.1.A)	Providers of D/HH/DB services must meet professional standards that include minimal qualifications and ongoing performance evaluations and be provided relevant professional development opportunities.	All service delivery providers are appropriately licensed/certified and trained, and meet minimal qualifications (See Appendix for definition of "qualified".)	Licensure, training, results of performance evaluation (redacted) and qualifications of service delivery providers are collected and maintained by program	☐	☐	☐	☐	☐
		Relevant professional development is available to all providers of D/HH/DB services on a regular basis	Yearly calendar for professional development of all D/HH/DB providers	☐	☐	☐	☐	☐
		All D/HH/DB providers are appropriately evaluated by a professional from their respective fields	Schedule of supervision and evaluation of D/HH/DB program professionals	☐	☐	☐	☐	☐
		Current efforts to recruit and retain early intervention providers, teachers of D/HH/DB students and specialized instructional support personnel are on-going	Documentation of recruitment and retention steps	☐	☐	☐	☐	☐