



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

REPORT TO THE GOVERNOR AND GENERAL ASSEMBLY  
January 15, 2025

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# **The Vermont Deaf, Hard of Hearing and DeafBlind 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 Education  
House Committee on Government Operations  
Senate Committee Government Operations  
Senate Committee on Health and Welfare  
Senate Committee on Education

*Submitted by*

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On behalf of the  
Deaf/Hard of Hearing/DeafBlind Advisory Council

## Contents

Executive Summary .....	3
Education .....	4
Recommendations by the Education Subcommittee.....	6
Deaf/Hard of Hearing/DeafBlind Services Update.....	8
Additional Recommendations.....	9
Appendix A.....	12
Hearing Loss Background.....	12
Appendix B .....	13
Vermont History & Demographics.....	13
History.....	13
Demographics .....	14
Appendix C .....	15
Children’s Services .....	15
The Vermont Early Hearing Detection and Intervention Program (VTEHDI): .....	15
Educational Services Practices: Early Intervention: Parent Infant Program (PIP).....	16
Partnership of UVM CDCI Cares and UVMMC ESP.....	17
Department for Children and Families- Children’s Integrated Services Program (CIS):.....	20
Vermont Hands & Voices (VT H&V):.....	20
Appendix D.....	21
Adults and Older Vermonter Services .....	21
HireAbility (Formerly Vermont VocRehab): .....	21
Vermont Center for Independent Living (VCIL): .....	23
Vermont Association for the Deaf (VTAD): .....	23
Hearing Loss Association of American, VT Chapter: .....	25
Deaf Vermonters Advocacy Services (DVAS): .....	26
Appendix E .....	26
Council Membership.....	26
Appendix F.....	27
Citations .....	27
Appendix G.....	29
Letter to the Governor and Agency of Education regarding Minimum Data .....	29
Reporting Standards.....	29

Appendix H.....	32
Education Subcommittee Full Report.....	32
Appendix I .....	36
Director of D/HH/DB Services Report .....	36

## Executive Summary

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 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 that are currently lacking.

The Advisory Council met by Zoom for the entire year, the council had meetings in January, March, May, September, November and December 2024 and had multiple presentations by invited speakers all of which are highlighted within the D/HH/DB Minutes on the councils website.

This year’s report highlights themes and issues that continue to be experienced by the D/HH/DB population in Vermont, many which continue to remain unaddressed and as such, provides recommendations for each. Additional recommendations as well as an update from the Director of D/HH/DB follows. Historical context, demographics and updates from statewide organizational and advocacy groups (many of which are members of the council) are all provided in the appendices.

We thank the Legislature and the Administration for their support in passing Act 143 focusing on Emergency Management Response (as a result of the continued flooding in Vermont). Specifically, we acknowledge the focus on Language Assistance Services during Emergency Communications which was informed by our councils 2023 report recommendations. As a result, a working group was created led by the Vermont Emergency Management Division and the Director of D/HH/DB services participated in that group providing critical feedback for the Vermont Language Assistance Services For Emergency Communications Report which was submitted on December 15 2024. As we approach nearly 10 years operating as a council, we welcome comments and feedback regarding what you would like to see from the Council in this

report in the future to be the most productive and effective use of your time. Comments and suggestions can be shared with the Director of D/HH/DB Services at Department of Disability, Aging and Independent Living (DAIL), Laura Siegel. She will act as a single point of contact to collate all comments and provide directly to the Council.

The Council and the Director of D/HH/DB Services look forward to the continued discussion around this report and feedback to improve our work for lawmakers in Vermont. We stand ready to assist with any next steps as outlined by the Administration and the Legislature

## Education

### **Our D/HH/DB student population is falling behind**

The challenges facing the education system in Vermont continue to mount with ongoing budget cuts that lead to sustained staffing shortages and inadequate resources for children requiring educational assistance. As evidenced in the Agency of Education's (AOE) [fact sheet from 2023](#), statewide testing results show that on average half of all students tested in Vermont are below proficiency across content areas in Math, Science, English Language Arts. Furthermore, this report shows that students with disabilities (including those who are D/HH/DB) fall under the historically marginalized category which shows, on average, students only scored 25- 30% proficient. While some school systems can adequately provide the necessary services for students who are D/HH/DB, much of the State, and, in turn, its education system are failing these students due in part to the lack of a continuum of communication options and educational placements. Additionally, based on available data submitted to the AOE in July 2023 for D/HH/DB students in VT the following was observed:

- UVM CARES program academic assessment results (N=146 students) indicated that 42% (reading/writing) and 44% (math) were 2 or more years behind; 21% (reading/writing) and 22% (math) were more than 3 years delayed; together nearly 50% of the DHH students are 2 or more years behind academically
- UVM CARES program language assessment results (N=212 students) indicated that 41% were 2 or more years delayed, and 20% were more than 3 years delayed.
- Data on academic performance was not available for students (n=78) served by UVMMC ESP for 2022-2023.

These data should raise concern for legislators, the administration, the Agency of Education (AOE), families, providers and truly anyone involved in our educational system. Clearly there are secondary issues with inadequacies in data collection reporting. No additional data have been shared (with appropriate data suppression) with the Council so we have not had access to assessments of how these D/HH/DB children are doing educationally (academic progress, communicative competence and functional performance).

Last year the School Age Subcommittee of the D/HH/DB Council developed draft recommendations for an evaluation and measurement tool, "Vermont Quality Indicator Assessment TOOL and Checklist" focusing on the provision of education services to D/HH/DB

students and was included in our 2023 report. That tool was presented to and well received by the Superintendents and Special Educators Associations annual meeting in May 2023 and the D/HH/DB Council voted to formally adopt and recommend its use for any service provider vendors providing educational services to D/HH/DB students in Vermont. Additionally, three educational sessions, held in May 2023, November 2023 and March 2024, were organized to educate providers, school personnel, parents, and other stakeholders about these resources. Formal letters were sent to the Secretary of Education as well as the Governor's office in August 2023 encouraging the formal adoption and use of the tool by service providers. To date there has been no formal response from either office. These letters can be found in last year's report.

The Council is legislatively mandated to “assesses the services, resources, and opportunities available to children in the State who are Deaf, Hard of Hearing, or DeafBlind,” including “*appropriate data collection and reporting requirements concerning students with disabilities*,”. In March 2024, the School Age Subcommittee voted unanimously to recommend a minimum data set for consideration by the full Council. In May 2024, the majority of Council members voted in favor of endorsing the minimum data set.

As noted in last year's report in November 2023, the School Age Subcommittee (in collaboration with Vermont Hands & Voices, VT Coalition for the NASDSE Guidelines, UVMMC DHHDB Educational Services Program) hosted Dr. Cheryl DeConde Johnson, a national expert/consultant on deaf education and co-author of the *NASDSE Guidelines* (2018). She presented to a meeting of teachers, related service providers, parents, and other personnel regarding the **importance of accountability** as it relates to fulfilling our obligations under IDEA; accountability includes not only accurate data reporting but also appropriate and timely assessments by qualified providers and collection of academic performance data (*NASDSE Principles 7 and 9*).

### **Lack of responses and engagement from the Governor and the AOE leadership**

A letter outlining the recommendation for data collection was forwarded to the AOE on May 13, 2024, (see Appendix G) with the intention that the information could be incorporated into the '24-'25 AOE grant application for Deaf/Hard of Hearing/DeafBlind (D/HH/DB) services. To date no formal response from AOE has received by the Council in response to our recommendation. While we recognize that there has been turnover in the AOE, including the hiring of and then departure within 10 months of a new Director of Special Education, it should not excuse the AOE from being responsive, actively engaged and collaborative with outside stakeholders including the D/HH/DB Council.

Additionally, there is growing concern about the absence of infrastructure and systems for organized data tracking for quality monitoring for this student population. There is a very significant discrepancy between the AOE count of D/HH/DB students in Vermont (61 students on IEPs with D/HH/DB reported as a primary disability, ages 5-21 yrs in 2021-22) and the actual number of children served by the UVM CARES and UVMMC Education Services Programs (ESP) (220 students reported in School Year 2022-23; 220 on IEPs and 151 on 504s). See: <https://data.ed.gov/dataset/idea-section-618-data-products-state-level-data-files> In November 2023, the AOE reported only 73 students with a primary disability of D/HH. This disparity in

student numbers is alarming and raises issues around the lack of state oversight to ensure an accurate student count for federal reporting and raises budgetary concerns.

### **Engagement of the AOE Grantee and other service providers**

Since July 2021, the UVM CARES program has held the AOE D/HH/DB grant for the last 3 of 4 academic years; UVMMC ESP held the grant for one year ('22-'23). UVM CARES applied for and was awarded the AOE D/HH/DB grant in July 2024 for the state fiscal year '24-'25. Robust, informative data reporting consistent with the NASDSE Guidelines continues to be lacking.

In the Summer of 2024, UVMMC ESP and UVM CARES program administrators, again began to collaborate and overcome their differences in order to re-establish a partnership that is proactive and effective in serving D/HH/DB students. The effort is aimed at addressing the fragmentation and gaps that resulted in the dissolution of their partnership during the previous year in the delivery of these services.

The School Age Subcommittee continued to meet over the course of this year as outlined above, and in August both UVM CARES and UVMMC ESP informed the School Age Subcommittee and the Co-chairs of the Council they would discontinue their participation in the subcommittee at that time due to time commitments and lack of resources. They explained they needed to focus first on providing student services and building the collaboration between the programs to continue to address the fragmentation. UVM CARES and UVMMC ESP presented to the Council at the September Meeting and will again update the Council on its work at the March 2025 meeting.

The School Age Subcommittee will continue to focus on data accountability, standardization and transparency reported by the AOE grantee and all other service vendors so the Council can begin to understand who is being served and their academic performance, what the unmet needs are, with hopes that the council can assess performance accordingly and in real time. The Subcommittee and Council want to make clear that we advocate the AOE formally adopt the “tool and checklist” and require the data be reported by any future vendor awarded the AOE D/HH/DB Services grant. A full copy of the Subcommittee’s report out can be found in [Appendix H](#)

### **Recommendations by the Education Subcommittee**

Title 33 Sec 1602: (c)(1) states: “Advisory Council shall assess the services, resource and opportunities available to children in the State who are Deaf, Hard of Hearing, or DeafBlind. It may consider and make recommendations to the General Assembly and the Governor,” including “appropriate data collection and reporting requirements concerning students with disabilities.”

To do this, it is essential that the Council has access to complete, consistent and reliable data. Data is currently gathered by the AOE grantee [UVM CARES for '24-'25 through a \$ 995,580 annual grant and reported to the AOE].

Since 2021, data have not been reliably and consistently reported to the Council nor easily accessible from the AOE; the current data collecting system at the AOE is likely underreporting the number of students who have a primary D/HH/DB disability. For example, the data reported by the AOE to the federal government indicates that only 73 students on IEPs have a primary D/HH/DB disability in the State. *This is inconsistent with demographic data shared with the Council by providers such as UVMCC ESP and UVM CARES who serve this student population.*

We, therefore, ask for the following changes to the statute or rule:

- 1) Require/mandate the AOE to share the entire year-end report to the Council in a timely and HIPPA-compliant manner one month following the grant closure (typically by June 30) without having to go through public records requests.
- 2) Require that the appropriate state agencies review the federal reporting requirements and data reporting systems at the AOE to rectify the data disparities for D/HH/DB school age population as well as any other low incidence special needs population that are likely also incorrect.
- 3) The Full Council, along with the School Age Subcommittee, continues to bear witness to the lack of accountability required in the Request for Proposals (issued annually by the AOE) for the D/HH/DB grant. The Legislature should require that appropriate steps are taken to review and ensure that this accountability is clearly defined, implemented, and enforced.
- 4) The Full Council, along with the School Age Subcommittee, has observed the lack of willingness of the AOE to support and/or implement the use the Vermont Quality Indicator Assessment TOOL and CHECKLIST by its vendors. The Legislature should require that the AOE and the Board of Education (BOE) adopt the TOOL and CHECKLIST to be used by all school districts and providers serving D/HH/DB children in VT regardless of if they are funded by the AOE Grant.
- 5) Last year the Bill of Rights for D/HH/DB Students was introduced in the Senate, S.172. While this bill was taken up by the Senate Education committee, the bill never made it out of committee. It is clear that the bill needs to be re-introduced and be given the proper time for consideration and discussion, and ultimately passed to show that Vermont is taking Education services for D/HH/DB seriously. The bill can be found here:  
<https://legislature.vermont.gov/bill/status/2024/S.172>

### **Additional Education Recommendations outside of the Education Subcommittee**

- 1) Elimination of the competitive grant process for selecting vendors to provide D/HH/DB education services in VT. Instead, this money should be reallocated and distributed directly to school districts to use and contract with the necessary and preferred vendors to serve the needs of their students who are D/HH/DB. Historically the AOE has explained that the ability to do this is not possible, however in discussions with other State Agencies it is implied that this is not necessarily the case. As such a robust discussion needs to occur about how money can and cannot flow for these services. Absent of this, then the grant should be issued on 2- or 3-year

intervals so that it is not an annual process. If the annual grant mechanism is to remain, then there needs to be robust oversight of the vendor(s) to improve accountability.

2). Begin a dialogue around the feasibility of creating regional day programs for D/HH/DB Students. This can be more easily done given that Act 168 “An Act relating to improving access to high quality education through community collaboration” was passed and enacted last year. Now that school districts are allowed to share resources making it easier to partner in shared resource agreements to allow for the provision of services for all students that require specialized services. The council has started beginning stage discussions of regional day programs during its meetings, but no formal work or strategic thinking has been undertaken regarding this topic. In-depth planning will likely require outside consultation and funding.

## Deaf/Hard of Hearing/DeafBlind Services Update

The Director of D/HH/DB Laura Siegel had a busy year working across multiple state agencies along with outside organizations. As noted before Laura has been representing the D/HH/DB population as part of the Vermont Emergency Management around Emergency Communications. She met biweekly to discuss recommendations and solutions for the legislature on how to improve emergency communication by incorporating American Sign Language (ASL) and captioning.

Laura has been working with the UVM Medical School and invited Dr Shamima Khan to provide a presentation to the Council on their Public Health Projects program under UVM Medical School on September. As part of this project, that focused on gaps of medical providers’ knowledge working with D/HH/DB population, she met with eight medical students biweekly to provide feedback and consultation on their work and where they may be missing areas to focus on or other areas to dig deeper into in order to improve health equity and access among the D/HH/DB in Vermont. A survey was sent out only to UVMMC and received over 75+ responses. Data analysis is still ongoing with results intended to be released and shared with the council in early 2025

More recently, she has been collaborating with the Vermont Certificate Public Manager Program (VCPM) where she has provided insight for several state employees working on a project where they survey a target an audience of all D/HH/DB Vermonters seeking feedback on services, assistive technology needs and accommodations. The VCPM provided a presentation to the Council at its most November 2024 meeting and is currently incorporating feedback from the Council on the Survey and the questions asked. VCPM plans to release the survey in early 2025. This will be another critical data collection tool for the Director and the Council.

All of the Director’s updates can be found on the Deaf, Hard of Hearing, DeafBlind Advisory Council’s website but here is a short list of other work that she has been involved in this year. Her full report can be found in [Appendix I](#)

Accessibility Committee



- Provided technical assistance for training focusing on various relay services as well as contact form for each department and agency.
- Consistently following up to add hearing loop system to conference rooms. Not yet installed to date.

#### Agency of Education (AOE)

- Provide ongoing support for School Age Subcommittee of DHHDB Advisory Council.
- Consult monthly with Point of Contact at the AOE on regular basis.
- Participate in scoring committee for RFP on Educational Services for D/HH/DB Students.

#### Department of Taxes:

- With the Vermont President of National Association for Tax Preparer and HireAbility, created a recorded presentation on how to provide better customer service for consumers who are D/HH/DB and how to hire more D/HH/DB people. The presentation will be shared with their local chapter and national organization.

#### DAIL: Adult Services Division (ASD)

- Provided presentations and will continue to follow-up for staff members focusing on Long Term Care.
- Provided feedback for their Independent Living Assessment document.

#### DAIL: Division of Blind and Visual Impaired (DBVI)

- Continue to collaborate and ensure Service Support Provider (SSP) services are sustainable.
- Continue to be a stakeholder for their Pathway to Partnership grant. UVMMC ESP will be involved. Their focus is on self-advocacy.

#### Department of Children and Family (DCF)

- Continue to provide ongoing technical assistance to developing their “Effective Communication” Policy for DHHDB children/adults.

#### Enhanced 911 Board

- Connected with VT Telecommunications Relay Advisory Council to better understand how their system works.
- Ensured information is appropriately entered into the system when receiving a relay call from a D/HH/DB Vermonter.
- Incorporated details into Relay Training.

### Additional Recommendations

The Council’s work over the past several years has positioned itself to make recommendations

that can shape policy implementation, quality improvement initiatives, and service delivery across the state for the D/HH/DB populations. As such, many of the recommendations we have made in previous years, continue to hold true in the current environment and need to be seriously considered in the larger context of making sure D/HH/DB Vermonters are getting access to the services they need.

### *Workforce Development and Training*

Much like the rest of Vermont, workforce development and training are becoming a critical piece in keeping, and attracting a pool of qualified service providers, ranging from interpreters to Teachers of the Deaf. It has become increasingly more critical as many of the interpreters currently residing in Vermont are projected to be retiring in the next 3-5 years. This will greatly reduce availability of interpreters in the state. Additionally, training and resources are needed for those who are D/HH/DB to be successful in the workplace and contribute to Vermont's economy. As highlighted in the 2022 and 2023 reports the following areas of focus 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 one or more disabilities.
  - 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, Area Agencies on Aging, and assisted living facilities

### *Hearing Health, Health Equity and Support Services*

The D/HH/DB population continues to have difficulty seeking, accessing and receiving healthcare services across the spectrum of providers from getting an appointment with primary care providers to receiving emotional and mental health support services. Healthcare including hearing health for the D/HH/DB remains a health equity issue, just as it does for other underserved and/or underrepresented populations in Vermont. The Council continues to fully

support the work being undertaken by the Vermont Health Equity Advisory Committee whose purpose is to promote health equity and eradicate health disparities among Vermonters. The Director of D/HH/DB continues to work closely with this group in her role.

Equity in hearing health also means access to affordable assistive technologies including but not limited to hearing aids. In some cases, hearing aids are now covered by insurance including Medicaid and those buying commercial insurance (Qualified Health Plans) on Vermont Health Exchange. This is due to the tireless efforts of a broad coalition of stakeholders including some D/HH/DB Council Members as part of the Hear Hear! Campaign. This campaign helped user the passage of Act 108 in 2022 which enabled this hearing aid coverage in certain circumstances. Vermont continues to have one of oldest populations in the country with a large portion of the population covered by traditional Medicare. These Vermonters, continue to go without hearing aid coverage; therefore, access and associated costs to hearing aids remains a barrier. This is also the case for those that are underinsured or uninsured who need assistive technologies, resulting in a lack of access, affordability and equity to improve hearing health. Improved hearing aid access directly impacts the communication access, education, employment and quality of life for Vermonters who utilize these types of devices.

Additionally, the following suggestions should be explored and discuss including the appropriate stakeholders as needed 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 changes in hearing.
- b) Building up resources for D/HH/DB who struggle with substance abuse, and/or need access to mental health services, including individual counseling, group counseling, various therapy options and AA, NA, ALNON support groups.
- c) Community Vans (led by state agencies or outside organization) to provide transportation to audiological appointments or other appointments and where appropriate having an interpreter participate in the appointments.
- d) Piloting annual Geriatric Hearing Screenings in family practices.
- e) Mobile hearing screening van with referrals to audiologists for follow-ups
- f) Training modules for certification for all appropriate staff working and interacting with elderly people in aging programs and/or nursing homes. Focus on recognizing hearing loss, communication strategies, adaptive equipment, accessibility and accommodation.
- g) Mental Health Professional registry who are trained to effectively provide mental health services for D/HH/DB.

### *Technological Access*

As briefly mentioned above, access to assistive hearing devices in an equitable manner continues to be barrier. This does not just include Hearing Aids and Frequency/Digital 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. Regarding improving technological access, the council recommends the following:

- a) Increase awareness and advocating for CART (Communication Access Real-Time Caption) services, visual communication systems throughout the state- various departments, similar Special Services Agency (SSA) in Burlington office did. Instead of using the old announcement system.
- b) Funding to provide free technology for rural Vermonters who are D/HH/DB to allow increased access to interpreters and to be more easily be provided telehealth and other services remotely, 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 Vermonters who are D/HH/DB who may not be able to financially afford such equipment.

## Appendix A

### Hearing Loss Background

Hearing loss varies widely - it can be mild or severe, congenital or acquired, gradual or sudden, and caused by health conditions or aging. Its impact on health, employment and health care costs is profound.

#### **Key Impacts of Untreated Hearing Loss:**

- **Children:** Early access to sound and language is critical for brain development. Even mild hearing loss can cause permanent changes to neural pathways (Calculus, 2019).
- **Older Adults:** Associated with cognitive decline, dementia, depression, falls, reduced quality of life, and increased emergency care visits (Reed et al., 2018).
- **Social and Economic Effects:** Untreated hearing loss can lead to isolation, communication misunderstandings, reduced educational and employment outcomes, and wage loss of up to \$30,000 annually (Kochkin, 2007).

#### **Barriers to Care:**

- **Cost:** Hearing aids were excluded from most insurance plans. Over 64% of individuals with severe hearing loss cannot afford them, with financial and racial disparities worsening access (Kochkin, 2007; Bainbridge, 2010). As outlined above, as of January 2024, most insurance plans provide limited coverage for hearing aids through the exchange plan for State Employees Health Plan.
- **Access:** Rural communities face limited availability of hearing healthcare (Powell, 2019).
- **Awareness:** Many people remain unaware of their hearing loss, with self-assessments often unreliable.

## Benefits of Intervention:

- Hearing aid use is linked to improved memory, reduced risks of dementia, depression, anxiety, and falls, and mitigates income loss by up to 100% for mild cases (Maharani, 2018; Mahmoudi et al., 2019).
- Advanced technologies like remote microphones improve comprehension by up to 61% compared to hearing aids alone (Thibodeau, 2020).

## Research Highlights:

- Mild hearing loss doubles dementia risk ([Johns Hopkins Medicine](#)).
- Untreated hearing loss increases fall risk by 50% ([Journal of American Medical Association](#)).
- 1 in 10 individuals with untreated hearing loss experience depression ([National Institute of Health](#)).

Hearing loss has been identified as a public health crisis by global and national organizations, including the [World Health Organization](#) and the National Academy of Science. Key reports emphasize the urgency of addressing access and affordability:

- "[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).

As a state, Vermont must recognize the cascading effects of hearing loss on health and quality of life while addressing the costs of healthcare, particularly long-term care.

## Appendix B

### Vermont History & Demographics

#### History

The Austine School, Vermont's only school for the Deaf, was founded in 1904 in Brattleboro but closed in June 2014 due to declining enrollment -from 145 students in the 1970's to just 25 in the 2013-2014 school year - and the high costs of operation. This decline did not indicate fewer students who are Deaf, Hard of Hearing or DeafBlind but rather a shift toward mainstreamed educational services. Despite the prevalence of mainstreaming, families and the Deaf community report challenges in fostering social connections for children in these populations. Although there is no data collected, it is being reported that many families with profoundly Deaf children also leave Vermont seeking environments that provide both educational and social opportunities within culturally Deaf communities that use American Sign Language.

The Since 1998. Vermont Center for the Deaf and Hard of Hearing, which managed the Austine School and offered statewide services, also closed due to funding challenges. These closures contributed to the establishment of the Vermont Deaf/Hard of Hearing/DeafBlind Council in 2016, tasked with evaluating and improving resources and services for these communities.

## Demographics

Dr. John Pirone from the University of Vermont (UVM) estimates that approximately 400 to 600 Vermonters are culturally Deaf, based on statistical models for hearing loss within the population. Culturally Deaf individuals typically communicate using American Sign Language (ASL) and engage regularly in culturally Deaf traditions, such as education, social events, and home life practices.

An estimated 12 to 20 Vermonters are DeafBlind, a group with significant needs in mobility, communication, and access to daily activities.

Hearing Loss is an invisible condition that affects over 70,000 Vermonters. Approximately 15% of individuals under age 65 - 1-2 in 10 people – experience some degree of hearing loss. This prevalence increases to one-third among those over 65 and more than half of individuals over 85. While profound deafness is often acknowledged, the less visible nature of being Hard of Hearing is frequently overlooked, misunderstood, or misdiagnosed across all age groups. People with hearing loss often minimize its impact, unaware of how it affects their communication, relationships, and quality of life.

The adverse effects of untreated hearing loss are substantial and include:

- 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
- Barriers to communication access in medical, legal, and public settings
- Increased risk of dementia in older adults, even with mild hearing loss
- Higher risk of falls across all age groups.

Various entities across Vermont provide support for individuals who are Deaf, Hard of Hearing and DeafBlind. These services begin with early intervention for infants and children, continue through school-age support tied to Individualized Education Plans (IEPs), or 504 plans, and extend to adult services. While school-aged children often receive robust support due to mandated instruction, services for older individuals tend to be more issue-specific and limited in scope.

Appendix C and Appendix D provide detailed overviews of organizations supporting the D/HH/DB communities in Vermont.

## Appendix C

### Children's Services

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

The Vermont Early Hearing Detection & Intervention Program (VTEHDI) is responsible for tracking, surveillance and follow up for all infants born in Vermont and young children birth to 3 years of age that are identified as Deaf, Hard of Hearing or DeafBlind. As part of [Children with Special Health Needs](#), VTEHDI provides support, training, and audiology follow up for families and their babies, hospitals, as well as 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. New initiatives include Language and Developmental Assessments for children who are Deaf and Hard of Hearing birth to 3 years of age as well as screening for 1-, 2- and 3-year-old children to identify those with acquired or progressive hearing loss.

#### 2024 Updates and Accomplishments:

CDC funding is \$160,000 annually and supports data collection and the Childhood Hearing Health System (CHHS) database:

1. 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. Janet Fortune, Health Data Manager for VTEHDI, is instrumental in the development of this report.
2. CDC has extended the current grant funding for one additional year through June 30, 2025.
3. The CDC new funding opportunity for July 1, 2025, through June 30, 2030, was posted on December 5, 2024. The funding is for 39 states with the award ceiling between \$200,000.00 and \$290,000.00.

HRSA funding to support the VTEHDI Program is \$235,000 annually. This current funding cycle is for 5 years and ends on March 31, 2029. The goals include the following goals and activities.

1. Family Leader initiatives including Family to Family, support, training and activities through Vermont Hands & Voices (VTH&V). A few examples.
  - Parent Leaders supporting families through diagnosis, entrance into early intervention and beyond.
  - VTH&V activities focused on families who have Deaf and Hard of Hearing children birth to 3 years of age (i.e. Apple Picking, Shelburne Farms and Family to Family get togethers)
  - Parent Leaders review and provide valuable feedback to VTEHDI for the website and program resources.



- Participated and Invited Presenter (Michelle John) at The Care Project Parent Professional Meeting, January 2024 in North, Carolina.
  - Participated and Presenter (Michelle John) at Hands and Voices Leadership Conference, October 2024 in Washington.
2. Presenters at the EHDI Annual Conference held in Denver, Colorado in March of 2024. Presentations were by Dr. Linda Hazard (Program Director VTEHDI), Stacy Jordan (VTEHDI Follow-up Coordinator), Morgan Tewksbury (Parent Infant Program Teacher of the Deaf for Deaf and Hard of Hearing children birth to 3 years of age) and Michelle John (President of VT Hands&Voices).
  3. VTEHDI collaborated with the Educational Services Practice Parent Infant Program and the University of Colorado Early Language Outcomes Program to provide language and developmental assessments for all children in Vermont enrolled in early intervention who are Deaf and Hard of Hearing birth to 3 years of age. The HRSA funding is requiring baseline data on language and developmental assessments by March 31, 2029. Vermont is one of only a few states that has implemented these important assessments that guide services and recommendations.
  4. Dr. Linda Hazard presented at the July American Cochlear Implant Alliance Conference in Vancouver, Canada on “The State of EHDI” after significant changes at the Federal and National level.
  5. VTEHDI initiated the re-opening of the Hearing Outreach Program (HOP) as a pilot study to support the new EHDI Federal Legislation for hearing screening of 1-, 2-, and 3-year-old children across the state. Stacy Jordan, Coordinator for VT EHDI is leading this quality improvement initiative.

### Educational Services Practices: Early Intervention: Parent Infant Program (PIP)

The Parent Infant Program as currently structured with only Medicaid Reimbursement is not sustainable. Medicaid rates have decreased and are not covering essential services. In the past the program received both state funding and Medicaid reimbursement. Providers who serve children birth to 3 years of age and there are qualified trained professionals in Deaf and Hard of Hearing services. They include Teachers of the Deaf and Hard of Hearing, Speech Language Pathologists and Educational Audiologists.

There are currently 28 children birth to 3 years of age enrolled in early intervention services. There are 4 new referrals pending and 4 children who have recently aged out of Part C. The services, provided by qualified specialized providers are necessary and are the very foundation required for the development of language, literacy and social emotional growth. It is critical that a sustainability plan be identified and implemented at the legislative level to ensure adequate funding so that this low incidence population continues to receive essential services for success.

#### Highlights of 2024:

PIP Providers continue to collaborate with VTEHDI and the University of Colorado, Early Language Outcome (ELO) Program to provide Language and Developmental Assessments for



children enrolled in IDEA Part C. All (28) children in the PIP program receive assessments at 8 months, 14 months, 20 months, 26 months and 32 months of age. These assessments can guide individualized design and implementation of services. The Vermont data was presented at the EHDI Annual Conference in March of 2024 (Denver, Colorado).

Below you will find a sample of the Language and Developmental Assessment results for Vermont D/HH/DB children birth to 3 years of age.

- Measures in which Vermont D/HH/DB children enrolled in early intervention performed **higher** than children from other programs participating in the CDC Special Project ODDACE.
  - Average Range for Expressive and Receptive Language
- Measures in which Vermont D/HH/DB children enrolled in early intervention performed **similarly** to children from other programs participating in the CDC Special Project ODDACE
  - Cognitive
  - Expressive Language
  - Social-Emotional
  - Fine Motor
  - Adaptive Behavior
  - Irregular Nouns and Verbs
- Measures in which Vermont D/HH/DB children enrolled in early intervention performed **lower** than children from other programs participating in the CDC Special Project ODDACE
  - Gross Motor
  - Average Range for Irregular Nouns and Verbs.

## Partnership of UVM CDCI Cares and UVMMC ESP

### ***Summary of Partnership and Collaboration***

This year, administrators from the UVM CARES (University of Vermont Consultation for Access, Resources, and Equipment Support) Team and the UVMMC ESP (University of Vermont Medical Center Educational Support Practice) have been collaborating to ensure that approximately 440 students with hearing loss across Vermont receive the services identified by their educational teams and outlined in their educational plans. These services encompass consultation, technical assistance, and direct services. Resources, training, and guidance are provided to educational teams, ensuring that student needs are identified and addressed. UVM CARES and UVMMC ESP Working together allows them to better serve students, their families, and their educational teams, ensuring their needs are met efficiently and effectively. Bi-weekly collaborative case review meetings address state referrals, assess statewide services, and ensure individual student needs are met. This process helps identify student needs by aligning educational teams with personnel to provide effective consultative or direct service support. The collaboration also involves active interaction with the Agency of Education (AOE) to align services with state guidelines and maintain a unified approach to supporting students with hearing loss.

Recognizing challenges from previous years, UVM CARES and UVMMC ESP administrators have worked to reduce confusion and prevent duplication of services. Through coordination, roles have been clarified, areas of need have been identified, and the delivery of services are beginning to be streamlined. This partnership emphasizes the shared goal of enhancing the educational experience for students with hearing loss while building the capacity of their educational teams. This includes incorporating the NASDSE Guidelines within our scope of practice and sharing The Checklist developed by the School Age Subcommittee with school teams. Required reporting is done based on state performance indicators. The NASDE Guidelines and Checklist, while not required and just recommended guidelines are part of the ongoing resources that are shared with educational teams in Vermont.

### ***UVM CARES Program Overview and Updates***

The UVM CARES team is an interdisciplinary group of nine consultants with advanced degrees in various fields, including:

- 2 in Deaf Education
- 2 in Speech Pathology
- 2 in Audiology
- 1 in Special Education
- 1 in Psychology
- 1 in Social Work

UVM CARES consultants operate statewide to support school teams, empowering them with resources, education, and training to better serve their students. It is important to note that CARES focuses exclusively on providing consultation and technical assistance—**not direct services**—to guide educational teams and build their capacity.

### **Key Services Provided**

- Consultation and technical assistance
- Resources, training, and education for school teams
- Virtual Peer Groups
- Psycho-Educational Evaluations
- Counseling
- Peer Mentoring
- Capacity-building support for educators working with students with hearing loss

### **Referrals for Services**

Referrals to UVM CARES can be made by anyone, provided the student meets Vermont's hearing loss, Deafness or Hard of Hearing eligibility criteria as defined by the Vermont State Board of Education Rule 2362.1 (categories of Disability (34 C.F.R. § 300.8) which demonstrated by a 25-decibel hearing loss threshold (ANSI 69) or worse for one or more of the frequencies (250-8000 Hz) in one or both ears, with or without amplification and as determined by a qualified audiologist, otologist, or otolaryngologist. Referrals typically originate from clinical audiologists or Ear, Nose & Throat (ENT) doctors. Once a referral is made, UVM CARES contacts the designated school representative to discuss eligibility and services with the educational team.

## ***UVMMC ESP Program Overview and Updates***

### **The ESP Providers include the following.**

- 10 Licensed Teachers of the Deaf and Hard of Hearing
- 2 Licensed Educational Audiologists
- 4 Licensed Speech and Language Pathologists
- 4 Sign Instructors
- 4 Trained Deaf and Hard of Hearing Mentors
- 10 Educational Interpreters
- 1 Licensed Special Educator

The ESP team provides a combination of consultation, technical assistance, and direct services. ESP delivers direct services to students in the following areas:

- Teacher of the Deaf (TOD)
- Early Intervention (EI)
- Educational Audiology
- Sign Instruction
- Speech-Language Pathology (SLP)

### **Additional Services Provided by ESP**

- SLP Assessments
- ASL Assessments
- Educational Audiology
- Peer Mentoring
- Deaf and Hard of Hearing Mentoring
- Advocacy
- Sign Language Instruction
- Interpreting
- Counseling

### **Referrals for Services**

Most referrals to ESP come directly from schools. Once a referral is received, ESP contacts the school's point person to initiate a discussion with the educational team about the student's eligibility and service needs.

### **Collaboration and Data Coordination**

UVM CARES and UVMMC ESP have committed to working together to enhance data collection and service alignment. While academic data related to statewide assessment outcomes is publicly available by plan type (e.g., IEP vs. non-IEP), State Data Privacy guidelines prohibit disaggregation by disability category to protect privacy. Understandably the need for more accurate and detailed data reporting remains, and it continues to be a work in progress. UVM Cares and UVM ESP will continue to work with the AOE to discuss ways to improve the collection and reporting of data. Together, UVM CARES and UVMMC ESP are reviewing service delivery models to ensure that educational teams are well-equipped to support students who are Deaf, Hard of Hearing, or DeafBlind.

### **Collaboration with Providers**

Both programs collaborate extensively with educational teams, families, clinicians, physical and occupational therapists, child services, social workers, care coordinators, and equipment providers to deliver comprehensive support to students.

### *Joint Efforts for Professional Development and Training*

UVM CARES and UVMMC ESP continue to provide in-service training and professional development opportunities for providers and school teams. These efforts include workshops, resources, and technical assistance designed to build capacity and improve outcomes for students. Surveys and feedback collected from participants are used to refine and enhance training sessions, ensuring they meet the evolving needs of educators.

### **Conclusion**

Through close collaboration, UVM CARES and UVMMC ESP have strengthened their ability to deliver high-quality services to students with hearing loss across Vermont. By aligning efforts, reducing duplication, and engaging with the AOE, both programs are making significant strides in supporting educational teams and improving outcomes for students and families. While satisfaction results for 2024-25 are not yet available, House and Senate Committees with interest are encouraged to invite recipients of these services to provide additional insight and testimony. Together, UVM CARES and UVMMC ESP remain committed to their shared mission of empowering schools to provide inclusive and effective support for all learners with hearing loss.

### **Department for Children and Families (DCF) - Children's Integrated Services Program (CIS):**

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

### **Vermont Hands & Voices (VT H&V):**

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.

Much of Vermont Hands & Voices work has focused on continuation of the Vermont Coalition for D/HH NASDSE Guidelines. After co-creating this inter-organizational Coalition, multiple avenues have been created to encourage stakeholder awareness, understanding and are seeking implementation of the national NASDSE Guidelines across all organizations and independent providers to students who are D/HH/DB.

We have continued to expand our fellowship opportunities for families and children of all ages, recently with a focus on younger children to begin making lasting relationships and creating opportunities for engagement and learning for all family members/caretakers. Vermont Hands & Voices has created a working relationship with Vermont Early Hearing Detection and Intervention (VT EHDI) to implement a parent liaison or guide program. The program has been fully created and will begin in January 2025 with families who have children Birth to 3 years old who are newly diagnosed.

In 2024, Vermont Hands & Voices was appointed a permanent seat on the Vermont Deaf, Hard of Hearing, Deaf/Blind Advisory Council. This continues to emphasize the need for parents and families to be considered invested parties to discussions and decision making, as equals to professionals and lawmakers enhancing a continued need for collaboration.

## **Appendix D**

### **Adults and Older Vermonter Services**

**HireAbility (Formerly Vermont VocRehab):**

**Deaf, DeafBlind and Hard of Hearing Services** provide employment, education and support to individuals with hearing loss. We assist with the transition from high school to post-graduation and offer ongoing services throughout one's professional career.

#### **Career Counseling for the Deaf and Hard of Hearing Program Overview and Updates**

The Regional Counselor for the Deaf team consists of:

- **½ time Coordinator/ ½ Vocational Counselor for the Deaf**
- **1 full-time Vocational Counselor for the Deaf**

Both Vocational counselors identify as members of the Deaf community and are bilingual in American Sign Language (ASL) and English. These two counselors split their time between a total of 12 offices, with each counselor covering 6 offices. The offices are divided between the East (along Route 91) and West (along Route 89).

- **1 full-time Employment Consultant** with training and experience working with culturally Deaf participants covering the whole state.

- **10 Vocational Counselors** who accept employed Hard of Hearing referrals within their respective district offices.
- **26 Transition Counselors** who work with youth identified as having a hearing loss in high school

Vocational counselors provide direct services to support participants’ employment goals.

**Key Services Provided:**

- **Vocational counseling and career planning**, including assessments and identifying training programs
- **Assistive technology**, including hearing aid services, and workplace accommodations
- **Job search assistance**, including work placements and ongoing support from an employment training specialist
- **Work Incentive Counseling** to assess how income impacts other benefits and programs, such as social security disability, Medicaid, Medicare, etc.
- **Counseling and guidance** including self-advocacy, as well as maintaining and advancing in one’s professional journey.

Below is an overview of number of open cases from 2023 and 2024.

**Count of All Eligible Cases Served During Period by Caseload Program**

<b>Caseload Program</b>	<b>SFY 2023</b>	<b>SFY 2024</b>
In a Transition or JOBS Counselor caseload <i>youth in school or under the age of 25</i>	15	10
In Rehab Counselor for the Deaf (RCD) caseload <i>youth or adults with hearing loss benefiting from RCD services</i>	64	58
In General, or other VR caseload <i>adults with hearing loss that can be served by non-RCD counselors</i>	226	188
<b>Total Eligible Cases Served During Period</b>	<b>305</b>	<b>256</b>

The Coordinator of D/DB/HH Services, Kate Parrish, continues to advocate for and educate stakeholders including local community partners, employers, and small training/educational programs on enhancing communication accessibility and inclusivity. These ongoing efforts ensure that both the public and employees have equitable access to communication resources.

In Vermont, an estimated 440 students, from 3 years old through 12<sup>th</sup> grade, are diagnosed with some form of hearing loss, highlighting opportunities to increase referrals to HireAbility Vermont. Kate Parrish, alongside Kara Haynes, the Transition Program Manager, have collaborated to develop best practices for Transition Counselors. They also designed youth-specific flyers for Deaf, Hard of Hearing, and DeafBlind families, while strengthening

partnerships with the UVM CDCI CARES Team, UVMMC ESP Team, audiology offices, and schools.

Vermont Deaf/DeafBlind/Hard-of-Hearing Inclusive Plus (VT DBHI+) Day will host its fourth annual event next year. Created by HireAbility Vermont, Deaf Vermonters Advocacy Services (DVAS), and Vancro Integrated Interpreting Services (VIIS), this event was launched post-pandemic to revitalize the communities and showcase new leadership and programs that emerged during the shutdown. Open to all ages, the event offers resources and information on assistive technology, government services and programs, and opportunities from for-profit and non-profit organizations, while also promoting Deaf-owned businesses. Each year, the event evolves to address the changing needs of the community.

Finally, HireAbility Vermont, has made significant strides in improving program accessibility by incorporating ASL and closed captioning into all its live online marketing materials.

### Vermont Center for Independent Living (VCIL):

The Vermont Center for Independent Living (VCIL) is a nonprofit organization led and staffed by individuals with disabilities, dedicated to advancing dignity, independence, and civil rights for Vermonters with disabilities. As part of a national network of independent living centers, VCIL provides cross-disability services, promote active citizenship, and collaborates with others to develop resources that empowers self-determination and full participation in community life.

Founded in 1979, VCIL stands as Vermont's only Center for Independent Living (CIL) and was the first organization in the state to have a majority of board and staff with disabilities. At the end of 2003, 100% of board members and 95% of staff were individuals with personal experience of disabilities.

VCIL employs a Deaf Independence Coordinator who provides support with the Deaf and Hard of Hearing community to promote independent living. Additionally, Sue Williams Freedom Fund offers financial assistance for services and equipment, helping individuals with disabilities achieve or maintain communication independence in their homes. Their Home Access Program provides home entry and accessibility modifications for low-income Vermonters with physical disabilities. Meals on the Wheel delivers hot meals Vermonters under 60 with chronic conditions or disabilities on an emergency, short-term or long-term basis. VCIL has recognized the need for accessible vaccination services in Vermont. Lastly, VCIL continues to oversee the Vermont Equipment Distribution Program (VT EDP) which provides telecommunication support to Vermonters with hearing loss and communication challenges.

### Vermont Association for the Deaf (VTAD):

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.

In 2024 VTAD was hard at work having elected a whole new slate of board members and worked to expand their social media presence by creating an Instagram account, allowing us to connect more effectively with our community. VTAD also improved communication and transparency by sharing monthly meeting minutes on our website and social media platforms to ensure better communication with our members. Additionally, we held a town meeting to gather insights into members' needs and priorities. VTAD proudly sent a delegate to the National Association of the Deaf (NAD) conference to represent Vermont.

In 2024 VTAD boosted fundraising efforts by exploring new ways to solicit donations and launched a dedicated webpage to make it easier for the public to support our initiatives. We have organized several fundraising events, such as the Polar Plunge, to help cover the costs of DeafBlind interpreting services. We have strengthened advocacy by intensifying our efforts to build relationships with local legislative representatives and we also sent a letter expressing our concerns about hiring a non-DeafBlind Executive Director at the Helen Keller National Center, highlighting our commitment to equitable representation.

VTAD is focusing on improving the efficiency of processing requests for the Yolanda Henry Community Fund and have actively sought ways to raise additional funds to sustain this vital resource. Through collaboration of VTAD members and Lawson's Finest Liquids the first-ever can of beer with an ASL icon was created and raised over \$1,000.00 for this cause.

We received and responded to hundreds of emails this year addressing inquiries about ASL instruction, interpreting services, and Deaf cultural materials, demonstrating our ongoing commitment to serving the community.

VTAD continues to represent the Deaf community in various organizations including:

- Deaf, Hard of Hearing, and DeafBlind Advisory Meetings
- Deaf Professional Group Meetings
- VANCRO Advisory Council Meetings
- NAD Region 1 Meetings

### Looking Ahead

While we have accomplished much, our work is far from over. Our primary focus for the coming year is advocating for the Deaf Children's Bill of Rights. We are dedicated to pushing this critical legislation through the House and Senate and is clearly needed as evidenced by Education section at beginning of this report. VTAD remains committed to advancing the rights, opportunities, and well-being of Vermont's Deaf, Hard-of-Hearing, and Deaf-Blind communities.



## 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](http://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. There are local chapters throughout the country. In June 2024 a three-day National HLAA Convention was held in Phoenix, Arizona open to the public covering areas of technology, research and service delivery. In June 2025 the convention will be held in Indianapolis, Indiana.

The Vermont Chapter of Hearing Loss Association of America established in 2012 continues to operate virtually and is very active. There is a Steering Committee, and the Chairs maintain and monitor a Facebook page. The Communications officer monitors a separately designated email address and maintains an email list of members. The communications officer responds to all inquiries or if needed refers questions to other members of the steering committee for follow-up. Chapter meetings are held via Zoom every other month. The Vermont Chapter hosts guest speakers from our local New England talent pool and across the nation. Advocacy, education, support, encouragement, and referral to resources (both local and national) is provided on an individual basis. There are referrals to the national HLAA organization webpage, webinars etc. The Vermont Chapter is currently 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.
- Advocated for government agencies and local news media to provide captioning especially during emergencies, weather alerts and disaster notifications. Legislation supporting this passed in the spring 2024.
- Maintains and regularly sends out a quarterly e-newsletter to the membership.
- Hosts a Facebook page for sharing articles about hearing loss research, technology and items of interest related to hearing loss.
- Email contact address where individuals can seek help. ([vthlaa@yahoo.com](mailto: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. i.e. Clarify 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.
- Working on the design of an informational brochure about HLAA and the Chapter to be widely distributed in information kiosks.
- 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, COVE, DRVT, SILC, VCIL, Vermont Hears, VT Hands & Voices and Disability Rights of Vermont DRVT to advocate for various policy issues related to the D/HH/DB

## Deaf Vermonters Advocacy Services (DVAS):

Deaf Vermonters Advocacy Services is an advocacy agency that was officially established in 2000, which is culturally & linguistically designed to meet the specific needs of the D/HH/DB in a variety of situations, including those 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; by educating the Deaf and hearing communities about Deaf Culture and Deaf Awareness, and working with agencies in the field to change policies to be accessible for the Deaf, Hard of Hearing, and DeafBlind (police, shelters, DCF, hospital, etc.) We help make legal procedures more accessible for the individuals, including clarifying divorce, child custody procedures, and related paperwork as well as attend all the meetings and trial dates requested by the individuals.

## Appendix E Council Membership

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

Last	First	Association
Baker	Deborah	Hearing Loss Association of American VT Chapter
Briggs	Amelia	Parent DeafBlind Child Member
Chalmers	Rebecca	Parent Member
Gallo	Ralph	Deaf Community Member
Lalanne	Rebecca	Deaf Community Member/VT Association of the Deaf
Hazard	Linda	VTEHDI Program Director
Henry	Sharon	Parent Member
Davis	Leslie	Children's Integrated Services Designee
Hudson	Bill	Deaf Community Member

Parrish	Kate	Statewide Coordinator of Deaf/Hard of Hearing Services for VocRehab Vermont
Tierney-Ward	Megan	AHS Designee
Santo	Cassie	AOE Designee
Sousa	Sherry	Superintendent
Pendlebury	William	DeafBlind Community Member
Vacant		Special Educator
Porter	Julie	Audiologist
Vacant		Hard of Hearing Community Member
Hinck	Tracy	D/HH/DB Service Provider UVMCM DHHDB ESP
Hoover	Pam	Deaf Education Specialist, Exec Director UVM CDCI Cares
Wepler	Spenser	Hard of Hearing Community Member
John	Michelle	VT Hands & Voices
Dickinson	Janet	Professional Interpreter

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## Appendix G

### Letter to the Governor and Agency of Education regarding Minimum Data Reporting Standards

TO: Zoie Saunders, Interim Secretary, Agency of Education

FROM: Spenser Wepler, Chair, Deaf, Hard of Hearing, DeafBlind Council (on behalf of the Council)

DATE: May 13, 2024

RE: Recommended data standardization for D/HH students

As appointees of the Governor's Office, the members of the DHHDB Council operate under our legislative mandate outlined in the Vermont Statutes (33 V.S.A, § 1602). One of our primary responsibilities is 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>).

Under this mandate, the DHHDB School Age Subcommittee has developed the *Vermont Quality Indicator TOOL and CHECKLIST to Assess Deaf, Hard of Hearing, DeafBlind Services* using evidenced-based standards that are founded in large part on the work of National Association of State Directors of Special Education ([NASDSE](https://www.nasdse.org/)) Guidelines (3rd ed., Sept 2018) in addition to stakeholder input (including the AOE) as well as the NASDSE Guidelines for DeafBlindness (2008) and conversations (email/Zoom) with national experts.

In order to implement the best practices described in the NASDSE Guidelines and begin to capture accurately the DHH school age population in Vermont, the DHHDB School Age Subcommittee has discussed and recommended a minimum data set (described below) that is an

initial step toward data standardization for this population. The full DHHDB Council membership has voted, and a 2/3 (super) majority (tally below) voted to endorse the recommendation.

We now request that the AOE review and consider our recommendation and implement changes in the upcoming grant cycle such that these data would be collected by AOE grant recipient for the '24-'25 cycle (and beyond). In making the request now, we hope there will be ample time for the AOE to include this recommendation in the RFP. Ideally, the AOE grant recipient would provide these data in aggregate by July 2025 to the DHHDB Council enabling the Council to assess the services, resources, and opportunities available to children in the State who are Deaf, Hard of Hearing, or DeafBlind.

The Council recognizes that this minimum data set collected and reported by the AOE grant recipient will serve only as a starting point given that many DHH children are served by vendors other than one funded by the AOE.

#### Initial minimum data set

1. Who is being served?
  - Demographics (grade, race, ethnicity)
  - Diagnosis (type/severity of loss/laterality/onset)
  - Communication Option used (ASL, Cued Speech/language, Listening and Spoken language, Total communication (English-based sign system and speech))
2. What are the students' needs?
  - Technology used (CI, HAs, laterality, Hearing Assistive Technology)
  - Type of Plan (EST, IEP, 504)
  - Student Services provided (ASL/Bilingual Services, Consultation and Technical Assistance, Direct Instruction, Educational Audiology, SLP, Sign Instruction, Other Services: Evaluations, Peer to Peer Opportunities)
  - What are the unmet needs?
3. What are the academic outcomes?
  - Educational Assessments (academic based on State Testing *for starters*; language/literacy need further discussion).

Thank you for your consideration of our request and we are available for further discussion and to answer any questions.

Cc: Honorable Governor Phillip Scott  
Heather Bouchey, Deputy Secretary, Agency of Education  
Heather Doxsee-Willis, VT State Director of Special Education

**Current Deaf, Hard of Hearing, DeafBlind Council Membership and how they Voted:**

Last	First	Association	Data Standardization Vote
Baker	Deborah	Hearing Loss Association of American VT Chapter	Yes
Briggs	Amelia	Parent DeafBlind Child Member	Yes
Chalmers	Rebecca	Parent Member	Yes
Gallo	Ralph	Deaf Community Member	No
Lalanne	Rebecca	Deaf Community Member	Yes
Hazard	Linda	VTEHDI Program Director	Yes
Henry	Sharon	Parent Member	Yes
Davis	Leslie	Children's Integrated Services Designee	No Response
Hudson	Bill	Deaf Community Member	Yes
Parrish	Kate	Statewide Coordinator of Deaf/Hard of Hearing Services for VocRehab Vermont	Yes
Tierney-Ward	Megan	AHS Designee	Abstain
Santo	Cassie	AOE Designee	No
Sousa	Sherry	Superintendent	Yes

Pendlebury	Will	DeafBlind Community Member	Yes
Porter	Julie	Audiologist	Yes
Hinck	Tracy	Deaf Education Specialist UVMCM DHHDB ESP	Yes
Hoover	Pam	Deaf Education Specialist, UVM CDCI CARES	No
Wepler	Spenser	Hard of Hearing Community Member	Yes

**Appendix H**  
Education Subcommittee Full Report

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

**School Age Subcommittee Report**  
*(submitted to Full Council 11 25 2024)*

**Overview**

The role of the Council is to provide recommendations to the Legislature and the Governor’s office in order to shape policy implementation and quality improvement initiatives for individuals who are Deaf, Hard of Hearing and DeafBlind (herein referred to as D/HH/DB) in Vermont. This includes identifying gaps in existing services and resources.

The School Age Subcommittee of the D/HH/DB Council, which reconvened in February 2022 to address some new challenges facing the school age children, has focused on developing a **Vermont Quality Indicator Assessment TOOL and CHECKLIST**. These resources are based on the best practice guidelines outlined in the *National Association of State Directors of Special Education (NASDSE) Guidelines (2018)* and are intended to guide the provision of educational services to D/HH/DB students. In May 2023, the full D/HH/DB Council voted to formally adopt these tools and recommended their use by any service provider or vendor delivering educational services to D/HH/DB students in Vermont. Three educational sessions, held in May and November 2023 with a third in March 2024, were organized to educate providers, school personnel, parents, and other stakeholders about these resources. In addition, the School Age Subcommittee has recommended a minimum data set that should be collected by the AOE



grantee (and other collaborating providers) and reported annually to the Council which would allow the Council to fulfill its legislative mandate to “assesses the services, resources, and opportunities available to children in the State who are Deaf, Hard of Hearing, or DeafBlind,” including “appropriate data collection and reporting requirements concerning students with disabilities.”

### **Our D/HH student population is falling behind**

The assertion that our current system of service provision is failing our students who are D/HH/DB is evidenced by data submitted to the AOE in July 2023:

- UVM CARES program academic assessment results (N=146 students) indicated that 42% (reading/writing) and 44% (math) were 2 or more years behind; 21% (reading/writing) and 22% (math) were more than 3 years delayed; together nearly 50% of the DHH students are 2 or more years behind academically.
- UVM CARES program language assessment results (N=212 students) indicated that 41% were 2 or more years delayed, and 20% were more than 3 years delayed.
- Data on academic performance was not available for students (n=78) served by UVMMC ESP for 2022-2023.

These data **should raise concern** for legislators, and anyone involved in our educational system and also reveal inadequacies in data collection reporting.

In November 2023, the School Age Subcommittee (in collaboration with Vermont Hands & Voices, VT Coalition for the NASDSE Guidelines, UVMMC DHHD Educational Services Program) hosted Dr. Cheryl DeConde Johnson, a national expert/consultant on deaf education and co-author of the *NASDSE Guidelines* (2018). She presented to a meeting of teachers, related service providers, parents, and other personnel regarding the **importance of accountability** as it relates to fulfilling our obligations under IDEA; accountability includes not only accurate data reporting but also appropriate and timely assessments by qualified providers and collection of academic performance data (*NASDSE Principles 7 and 9*).

### **Lack of responses and engagement from the Governor and the AOE leadership**

Despite formal letters sent in August 2023 to the Secretary of Education as well as the Governor’s office encouraging the official adoption and use of the Vermont Quality Indicator Assessment TOOL and CHECKLIST by service providers, the council received no response or acknowledgement from either office.

Dr. Heather Willis-Doxsee, Vermont Director of Special Education Services, joined the Agency of Education (AOE) in December 2023, and the School Age Subcommittee welcomed her attendance at our January 2024 meeting. During that meeting, we discussed the importance for standardized data collection and reporting. She did not attend any additional meetings and did not respond to additional emails sent in February and March 2024, which could have facilitated progress in advancing data collection efforts collaboratively.

In March 2024, the School Age Subcommittee voted unanimously to recommend a minimum data set for consideration by the full Council. In May 2024, the majority of Council members voted in favor of endorsing the minimum data set. A letter outlining this recommendation was forwarded to the AOE on May 13, 2024, with the intention that the information could be incorporated into the '24-'25 AOE grant application for Deaf/Hard of Hearing (D/HH) services. Once again, no response from the AOE was received by the Council in response to our recommendation.

In addition to the lack of engagement and collaboration from the AOE, there is growing concern about the absence of infrastructure and systems for organized data tracking for quality monitoring for this student population. There is a very significant discrepancy between the AOE count of D/HH students in Vermont (61 students on IEPs with DHH reported as a primary disability, ages 5-21 yrs in 2021-22) and the actual number of children served by the UVM CARES and UVMMC Education Services programs (220 students reported in AY 2022-23; 220 on IEPs and 151 on 504s). See: <https://data.ed.gov/dataset/idea-secion-618-data-products-state-level-data-files>. In November 2023, the AOE reported only 73 students with a primary disability of D/HH.

This disparity in student numbers is alarming and raises issues around the lack of state oversight to ensure an accurate student count for federal reporting and raises budgetary concerns.

Dr. Willis-Doxsee resigned from the AOE effective September 30, 2024, leaving a leadership void in Special Education, further limiting opportunities for collaboration and advancement of the Council's initiatives in this critical area.

### **Inconsistent engagement from the AOE Grantee and other vendors**

During 2022-2023 when UVMMC DHHDB ESP held the AOE grant, there was an unsuccessful partnership between UVMMC ESP and UVM CARES; thus, these two entities discontinued their partnership which, in turn, led to additional fragmentation of services for children as well as confusion for school districts in the subsequent school year ('23-'24). During 2023-2024 when UVM CARES held the AOE grant, they did not share any data report at the end of the grant cycle in July 2024 with the Council. UVMMC ESP did not provide a data report to the Council either.

When the School Age Subcommittee reconvened in February 2022, UVM CARES was **invited to join but declined**. UVM CARES eventually joined the subcommittee in January 2024 (when Dr. Willis-Doxsee attended our subcommittee meeting as the new VT State Director of Special Education) and attended again in March 2024 when the subcommittee voted unanimously, including UVM CARES, to support the minimum data set recommended by our Subcommittee. Meeting transcripts can be found [here](#).

For the current academic year (2024-2025), UVMCARES holds the AOE grant and has subcontracted some services to UVMMC DHHDB ESP in an effort, once again, to collaborate and better serve this student population and their families. However, the Council received a memo in

late August from both vendors indicating that they are **withdrawing their participation** in the School Age Subcommittee. This behavior is not in keeping with Principle #10 of the *NASDSE Guidelines* that promotes state-wide participation and an authentic collaboration to best serve this student population.

Without the participation of the professionals and their expertise in our committee work, the efforts of the subcommittee are significantly hampered. In addition, the ‘wait and see’ approach that is being taken by Council leadership to see if the collaboration can be more effective with this attempt is deeply concerning to the Co-chairs of the School Age Subcommittee given the above data that indicates a large portion of students are already so far behind.

### **Recommendations to the Legislature:**

Title 33 Sec 1602: (c)(1) states: “Advisory Council shall assess the services, resource and opportunities available to children in the State who are Deaf, Hard of Hearing, or DeafBlind. It may consider and make recommendations to the General Assembly and the Governor,” including “appropriate data collection and reporting requirements concerning students with disabilities.”

To do this, it is essential that the Council has access to complete, consistent and reliable data. These data are currently gathered by the AOE grantee [UVM CARES for '24-'25 through a \$ 995,580 annual grant and reported to the AOE.

Since 2021, data has not been reliably and consistently reported to the Council nor easily accessible from the AOE; the current data collecting system at the AOE is likely underreporting the number of students who have a primary D/HH disability. For example, the data reported by the AOE to the federal government indicates that only 73 students on IEPs have a primary DHH disability in the State. *This is inconsistent with demographic data shared with the Council by providers such as UVMMC DHHDB ESP and UVM CARES who serve this student population.*

We, therefore, ask for the following changes to the statute or rule:

- 1) Require that the AOE to share the *entire* year-end report to the Council in a timely and HIPPA-compliant manner one month following the grant closure (typically by June 30).
- 2) Require that the appropriate state agencies review the federal reporting requirements and data reporting systems at the AOE to rectify the data disparities for D/HH/DB school age population.
- 3) The Full Council, along with the School Age Subcommittee, continues to bear witness to the lack of accountability required in the *Request for Proposals* (issued annually by the AOE) for the D/HH grant. The Legislature should require that the state authorities review and ensure that this accountability is clearly defined, implemented, and enforced.
- 4) The Full Council, along with the School Age Subcommittee, has observed the lack of willingness of the AOE grantee (UVM CARES) to use or engage on educational sessions for the Council recommended Vermont Quality Indicator Assessment TOOL and CHECKLIST.

5) Last year the Bill of Rights for D/HH/DB Students was introduced in the Senate, S.172. While this bill was taken up by the Senate Education committee, the bill never made it out of committee. It is clear that the bill needs to be re-introduced and be given the proper time for consideration and discussion, and ultimately passed to show that Vermont is taking Education services for D/HH/DB seriously. The bill can be found here: <https://legislature.vermont.gov/bill/status/2024/S.172>

School Age Subcommittee Report 11 25 2024

## Appendix I

### Director of D/HH/DB Services Report

Yearly Updates 2024 to 2025

Created by Laura Siegel  
Director of Deaf, Hard of Hearing, DeafBlind Services  
Department of Disabilities, Aging & Independent Living  
[Laura.Siegel@vermont.gov](mailto:Laura.Siegel@vermont.gov)

All Laura Siegel's updates can be found on the Deaf, Hard of Hearing, DeafBlind Advisory Council's [website](#).

Agency of Human Services (AHS)

- Accessibility Committee
  - Sought out for technical assistance on training focusing on various relay services as well as contact form for each department and agency.
  - Consistently following up to add hearing loop system to conference rooms. Not yet installed to date.
- Language Access Committee
  - Hosted two meetings with key stakeholders from different agencies and departments.
  - Focused on including language access for future Request For Proposals.

Assistive Technology Program

- Consult monthly with POC (Caelan Manning) on regular basis- continued.

Agency of Education (AOE)

- Provide ongoing support for School Age Subcommittee of DHHDB Advisory Council.
- Consult monthly with POC (Cassie Santo) on regular basis- continued.
- Participate in scoring committee for RFP continued.

Agency of Natural Resources (ANR)

- Consult monthly with POC (Karla Raimundi) on regular basis- continued.
- Will host an all-day event with Vermont Fish & Wildlife Department in summer of 2025. [CorpsThat](#) will co-join.

## Department of Taxes:

- Created a recorded presentation with Patti Bisson (VT chapter of National Association of Tax Preparer) and Kate Parrish (HireAbility). Will be shared with their local chapter and national organization.
- Will be consulting monthly with POC (Katelyn Connizzo) on regular basis- continued.

## DAIL: Adult Services Division (ASD)

- Provided presentations and will continue to provide more for their staff members focusing on LTC<sup>1</sup>.
- Provided feedback for their ILA<sup>2</sup> document.

## DAIL: Division of Blind and Visual Impaired (DBVI)

- Continue to collaborate and ensure Service Support Provider (SSP) services are sustainable.
- Continue to be a stakeholder for their Pathway to Partnership grant. UVMMC ESP will be involved. Their focus is on self-advocacy.

## Department of Children and Family (DCF)

- Continue to provide ongoing technical assistance to developing their “Effective Communication” Policy for DHHDB children/adults.

## Enhanced 911 Board

- Connected with VT Telecommunications Relay Advisory Council to better understand how their system works.
- Ensured information are populating in their system when receiving a relay call.
- Incorporated details into Relay Training.

## Department of Labor (DOL)

- Will be consulting monthly with POC (Kristen Rengo) on regular basis- continued.
- Provide ongoing technical assistance.

## Department of Mental Health (AHS/DVHA/DAIL)

- Continue to meet bi-monthly to discuss strategies on improvement.

## Vermont Emergency Management

- Meet biweekly to discuss recommendations and solutions for legislative on how to improve emergency communication with ASL and captioning.

## UVM Medical School

- Dr Shamima Khan provided a presentation on their Public Health Projects program under UVM Medical School on September.
- Meet with eight medical students biweekly to provide feedback and consultation.
- Survey sent out only to UVMMC and received over 75+ responses.

## Vermont Certificate Management Program

- Meet occasionally with five state employees working on their project.
- The group provided a presentation for the DHHDB Advisory Council.
- Currently incorporating feedback from advisory council members.
- Their launch date will be in 2025 for their survey to be sent out.

## Completed Presentations/Panels/Conferences

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<sup>1</sup> LTCC stands for Long Term Care

<sup>2</sup> Independent Living Assessment

- Vermont Bar Association (2.13.2024) co-presented with Cory Brunner from Vancro
- Agency of Human Services Table of Contents/Headings (2.2.2024) – state employees only
- Access VT (3.15.2024) co-presented with Jessica Hutchins – state employees only
- AgeWell (4.14.2024) (for their volunteers)
- State Rehabilitation Council’s Advocate, Outreach, Education Overview of Bills: Legislative Session 2024 (5.2.2024)
- Chief Marketing Office Communication & Marketing Committee (5.14.2024) – state employees only
- Vermont Department of Taxes’ Professional Development (5.22.2024)
- Vermont Healthcare Association Conference and Trade Show (6.13.2024)
- EMS Conference (6.14.2024)
- Vermont Language Justice Project (7.23.2024)
- Vermont Department of Library (8.13.2024)
- LTC Medicaid Waiver (different regions) 8.28.2024, 9.3.2024, 11.20.24, 1.15.2024
- Developmental Disability Service Division Staff Meeting (9.26.2024)
- UVM Health Equity Summit poster session (10.7.2024)
- AAA Part I (10.8.2024)
- mini fall series vota<sup>3</sup> Part I (10.18.2024)
- mini fall series vota Part II (10.7.2024)
- AAA Part II (10.21.2024)
- HR personnel VAHHS (11.5.2024)
- mini fall series vota Part III (11.5.2024)
- Vermont Communication Task Force (11.20.2024)
- Pathway to Accessibility for DHHDB Regarding Taxes Presentation (11.25.2024)

#### Upcoming Presentations

- Healthy Lamoille Valley “Chew and Learn” (TBD)
- LTC – Medicaid Waiver (1.16.2025, TBD)
- Lunch and Learn Part I (2.14.2025)
- Lunch and Learn Part II (2.28.2025)
  - Aimed for independent healthcare offices
- VT Bar Association (6.16.2025)
- Northwest Vermont Realtor Association Live and Learn (8.19.2025)

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<sup>3</sup> Vota Stands for Vermont Occupational Therapy Association