

IV

SERVING SEVERELY HANDICAPPED DEAF PEOPLE

Leader: Ralph H. White

Recorder: Tom Lawrie

Charge: To identify problems and possible solutions to improve services to severely handicapped deaf persons.

INTRODUCTION

The following sections of Public Law 93-112 may be considered significant in any discussion of vocational rehabilitation services for deaf people and served as a basis for discussions which resulted in identification of specific problems, but fewer potential solutions than problems:

DECLARATION OF PURPOSE

Sec. 2. The purpose of this Act is to provide a statutory basis for the Rehabilitation Services Administration, and to authorize programs to—

(1) develop and implement comprehensive and continuing State plans for meeting the current and future needs for providing vocational rehabilitation services to handicapped individuals and to provide such services for the benefit of such individuals, serving first those with the most severe handicaps, so that they may prepare for and engage in gainful employment; (page 2)

(6) initiate and expand services to groups of handicapped individuals (including those who are homebound or institutionalized) who have been underserved in the past; (page 2)

DEFINITIONS

Sec. 7. For the purposes of this Act:

(12) The term "severe handicap" means the disability which requires multiple services over an extended period of time and results from amputation, blindness, cancer, cerebral palsy, cystic fibrosis, deafness, heart disease, hemiplegia, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia and other spinal cord conditions, renal failure, respiratory or pulmonary dysfunction, and other disabilities specified by the Secretary in regulations he shall prescribe. (Page 7)

STATE PLANS

Sec. 101. (a) For each fiscal year in which a State desires to participate in programs under this title, a State shall submit to the Secretary for his approval an annual plan for vocational rehabilitation services which shall—

(5) (A) contain the plans, policies, and methods to be followed in carrying out the State plan and in its administration and supervision, including a description of the method to be used to expand and improve services to handicapped individuals with the most severe handicaps; and, in the event that vocational rehabilitation services cannot be provided to all eligible handicapped individuals who apply for such services, show (i) the order to be followed in selecting individuals to whom vocational rehabilitation services will be provided, and (ii) the outcomes and service goals, and the time within which they may be achieved, for the rehabilitation of such individuals, which order of selection for the provision of vocational rehabilitation services shall be determined on the basis of serving first those individuals with the most severe handicaps and shall be consistent with priorities in such order of selection so determined, and outcome and service goals for serving handicapped individuals, established in regulations prescribed by the Secretary; and

(B) provide satisfactory assurances to the Secretary that the State has studied and considered a broad variety of means for providing services to individuals with the most severe handicaps. (Page 10)

PROBLEM AREAS AND CONSENSUS STATEMENTS

Serving the Severely Handicapped Deaf sessions generally began by referring to these sections of the VR Act of 1973 and the amendments of 1974, i.e., Section 2(1), Section 2(6), Section 101(a) (5) and Section 7(12). This led into discussions of problems related to services for the severely handicapped deaf.

Efforts were made to share solutions to certain problems; however, problems tended to outnumber solutions.

The following statements represent the consensus as to the problem areas and recommendations:

Commitment of all levels of state agency administration. It appears that in many states, the administration does not share the commitment of the Rehabilitation Counselors for the Deaf (RCD's) and/or the State Coordinators of Services for the Deaf (SCD's). Perhaps more commitment could be developed by efforts to educate the administration (State Directors to local Supervisors) from the RCD/SCD levels and from the Regional level and by pressure from consumer and advocacy groups.

State Coordinators of Services for the Deaf. Some states still do not have an SCD. There is a definite need for SCD's as counselors are generally not able to

develop programs or stimulate into existence the necessary resources and facilities where they are currently not available.

Consumer Involvement. There is a necessity for deaf people to be more involved in the development of programs and services for the deaf. This would enable them to understand better the abilities and limitations of state agencies and would insure more appropriate services. They could also be more effective lobbyists for needed legislative changes.

Location of the Deaf Population. There is a need to know where deaf people are, how many there are, and how many need services. Although we have the book, *The Deaf Population of the United States*, we still do not know where the deaf people are within the various states, i.e., how many of them are clustered in the major cities and industrial areas and how many are in rural areas.

As for rural areas, there was one suggestion that SCD's and RCD's contact the Rural Letter Carriers Association. One SCD was on the program at one of their meetings and during the following three years, the number of deaf people served jumped from 600 to 1,200.

If it is known where deaf people are clustered, better and more appropriate planning can take place.

Shortage of Resources. There is generally a great lack of resources, i.e., psychologists, psychiatrists, facilities, interpreters, training and postsecondary education opportunities.

Constant pressure must be exerted to encourage further development of these resources. It is recommended that there be more training opportunities provided for psychologists and psychiatrists who may be interested in serving the deaf population.

It is also recommended that there be granted state seed money to state mental hospitals to set up units for the deaf and employ directors to develop state wide mental health services for the deaf including a half-way house and training for psychologists and psychiatrists. This might be done through I&E money.

There was debate as to whether there should be many small facilities whose services may not be adequate or a few larger comprehensive facilities. There are many pros and cons on both sides but it was generally agreed that counselors need facilities to be readily available, especially for the more severely handicapped deaf.

Many have found little cooperation from Vocational Education in making their programs available to the deaf through interpreters and support services or utilizing any of the 10% special set aside funds specifically for deaf students.

Adult Education/Continuing Education. There is generally a lack of opportunities for deaf adults to improve their education and job skills on their own through community colleges, vocational-technical schools or adult education. This should be brought to the attention of these institutions with strong encouragement to make necessary program adjustments so that their services will be equally available to deaf people.

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State Associations of the Deaf. There is difficulty in some areas in establishing communication and cooperation with state associations of the deaf. RCD's and SCD's should make every effort to communicate with these groups. The NAD should encourage state chapters to communicate with the state agency.

Personal adjustment services. Most services for the multiply handicapped deaf are located in urban areas with a limited number of supervised residences. Existing facilities with comprehensive services should expand the areas of personal adjustment and support services to include remedial education, social counseling, recreation, travel training, map usage, TTY usage, personal grooming, etc. Also, more residence space needs to be provided, especially for the rural deaf clients.

CONCLUSION

Essential to the success of a viable program of rehabilitation services for deaf individuals is an attitude of commitment followed by positive action on the part of the state agency that permeates all levels of administration and service which manifests itself in the employment and maximum utilization of a State Coordinator of Rehabilitation Services for the Deaf whose duties shall include: 1) locating deaf people, 2) striving for consumer involvement, 3) identifying, establishing and coordinating resources, 4) recruiting and training staff, and 5) research dissemination and utilization.