To: Members of the Maryland Advisory Council for the Deaf and Hard of Hearing

From: Howard Leonard

Date: December 1, 2005

Re: Addressing the needs of deaf individuals who fall in the category of "traditionally underserved" or low functioning

Within the larger population of persons who are deaf and hard of hearing is a group of individuals whose skills and competencies are considered to be inadequate to achieve employment or independent living goals. These persons have been referred to with such terms as "low-functioning deaf individuals," "underachieving," "severely disabled," "minimal language skilled," "multiply handicapped," and "traditionally underserved." I personally prefer the term "traditionally underserved," as it is less pejorative and places the burden of responsibility on the environment rather than the individual. However, the term low functioning deaf (LFD) has been used by the federal government and others since the 1970's to describe this group. Some people say that this term more clearly defines this population and makes a distinction between this group and the larger deaf community.

A research study conducted by Long, Long, and Ouellette (1993) identified a number of risk factors often associated with persons who are deaf and hard of hearing who have been identified as LFD. These factors include low socioeconomic status, incorrect diagnosis, being foreign born, being a member of a minority community or from an environment where the spoken language in the home is not English, lack of access to appropriate education, lack of family support, substance abuse, secondary disabilities, discrimination, and residence in a very rural or low economic urban setting. As a consequence of these risk factors and the interactive effects of these factors with each other and with hearing loss, adults who are identified as LFD are more likely to experience limited communication abilities, difficulty maintaining employment, and poor social and emotional skills, and are assumed to be unable to live independently without transitional (sometimes ongoing) assistance or support. These individuals are considered among the most significantly disabled persons in the rehabilitation system.

As the Executive Director of the Deaf Independent Living Association for fifteen years, I saw firsthand how challenging it can be trying to meet the unique needs of this population using some of the existing state funding systems that were designed for developmentally disabled individuals with behavioral or medical issues. In my current position with DORS I continue to hear from various professionals is that very little is being done to address the needs of deaf individuals who are considered to be low functioning or "traditionally

underserved". If anything, there seems to be fewer options for these individuals now than there were in the past. This segment of the deaf population is the least able to effectively advocate for themselves and at the same time their problems get very little support or attention from the mainstream Deaf community.

The two administrations within DHMH that have the most responsibility for long-term supports are the Developmental Disabilities Administration (DDA) and the Mental Hygiene Administration (MHA). DORS funding tends to be time limited with a specific emphasis on employment. However, they recently funded a pilot project in Montgomery County called Project Career. They identified thirty individuals in that area who as a result of their disabilities and other needs; had not been able to find or keep a job. Project Career was a collaborative effort between DORS, Transcen, Inc. and Deaf Reach, Inc. Transcen provided the job placement and job coaching services while Deaf Reach provided intensive case management services to help the individuals with issues related to their housing, medical and legal needs, as well as other areas of ongoing support. At the end of the two year project all thirty individuals remain successfully employed.

Now the challenge is trying to replicate that success in other areas of the state. A major problem is that there are not enough Community Rehabilitation Programs (CRP's) operating in Maryland with the expertise or ability to effectively provide services to this population. More importantly, the current funding options will not allow these programs to create the level of services needed. The consumers who primarily benefit from CRP services are individuals, who are not college bound, may be functionally illiterate, have additional disabilities, and/or use modified versions of ASL or gestures to communicate. These barriers can have an impact on nonprofit organizations (CRP's) at all levels.

LFD individuals are involved with the following systems: education, vocational rehabilitation, developmental disabilities, and mental health. Therefore, a collaborative approach may be the most effective solution for addressing the complex needs of low functioning deaf persons. Many individuals who are considered to be low-functioning meet the definition of "developmentally disabled" as provided by the federal government and Maryland's Developmental Disabilities Administration (DDA).

<u>Definition of a Developmental Disability</u>

A severe, chronic disability of an individual that:

1. Is attributable to a physical or mental impairment other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;
2. Is manifested before the individual becomes 22 years old;
3. Is likely to continue indefinitely;

4. Results in an inability to live independently without external support or continuing and regular assistance; and
5. Reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are individually planned and coordinated for the individual.

Funding is one issue, since most of these individuals have long-term support needs. DORS services are usually time limited. If CRP's offer long-term supports, the funding levels offered by DDA (and sometimes MHA), do not permit agencies to offer salaries at a level that would attract and keep qualified staff with the skills needed to work with this population. Trust me, having run a CRP I am very familiar with this problem. There were times when we would hire someone, usually with minimal signing skills, spend a lot of time and money training them and improving their communication skills, only to lose them to the first job opportunity that came along offering better salaries and benefits. You could usually count on losing staff in August to the public school systems where they would take jobs as educational interpreters, at sometimes twice the salary and their summers off! Video relay interpreting is drawing many of the best interpreters leaving a growing void of skilled interpreters in the community. This will force many interpreter referral agencies to accept "interpreters" with less experience, further reducing the potential job pool for community programs.

There is a shortage of people trained to work as job coaches and other support staff for this population. Years ago some of us recognized that there was a growing need to train people to work as job coaches for people that were deaf. Several of us worked on developing a curriculum for training job coaches. I even went to Gallaudet after they did away with their Rehabilitation Counseling major (Master's level), and tried to encourage the Department of Counseling to start a training program at the A.A. level for paraprofessionals to work as job coaches, dorm staff or residential counselors. These individuals might be more willing to accept the salaries that nonprofit organizations/CRP's are paying. Unfortunately that did not happen. There is intense competition for the relatively small number of qualified people; hence what programs have to offer in the way of salary and benefits becomes critical.

I personally think the solution lies in a collaborative effort between DHMH and DORS (possibly ODHH and MDOD as well) to study the issue and create a mechanism for funding the kind of long-term supports that these individuals require in order to remain successful. One option, offered through DDA is an *Innovative Program Service Plan,* which provides a different method of obtaining funds for services. This model resembles the former grant system used by DDA and was designed for unusual circumstances. To support the belief that deaf individuals with multiple needs are best served in a comprehensive program with staff that are knowledgeable about their needs, and more importantly are capable of communicating effectively; you need to have a flexible funding system.