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December 14, 2018

The Honorable Claire Ayer, Chair
Senate Committee on Health and Welfare

The Honorable Steve Carr, Chair
House Committee on Energy and Technology

The Honorable Ann Cummings, Chair
Senate Committee on Finance

The Honorable Ann Pugh, Chair
House Committee on Human Services

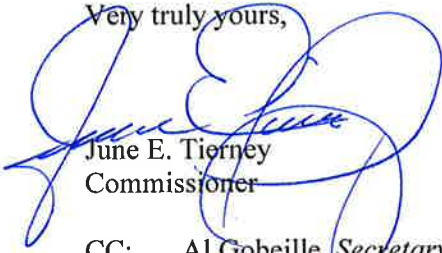
Re: Report on Tactile Communications Facilitator Program; Act 118

Dear Honorable Senators and Representatives:

I am pleased to submit this report on a proposal to initiate a communications facilitator program for deafblind residents in the State of Vermont, pursuant to Section 2 of Act 118.

If you have any questions or concerns upon reading this report, please do not hesitate to contact me or Clay Purvis, Director Telecommunications and Connectivity.

Very truly yours,



June E. Tierney
Commissioner

CC: Al Gobeille, *Secretary, Agency of Human Services*
Monica Caserta Hutt, *Commissioner, Department of Disabilities, Aging and Independent Living*



Tactile Communications Facilitator Study

Act 118

December 14, 2018
Vermont Department of Public Service
112 State Street
Montpelier, Vermont 05620

Submitted to the House Committees on Human Services, Energy
and Technology; and the Senate committees on Finance, and Health and Welfare

Overview:

In accordance with Act 118, the Department of Public Service (“Department”) conducted a study on the potential creation of a tactile communication facilitator (“communications facilitator” or “CF”) program that would provide deafblind residents with greater opportunity for communication. The Commissioner of Public Service, in consultation with the Commissioner of Disabilities, Aging, and Independent Living (DAIL), was instructed to make findings and recommendations regarding the establishment of a tactile communication facilitator program in Vermont that would enable members of the deafblind community to make telephone calls. The Communication Facilitator Program would enable deafblind individuals to access videophones and video relay services through use of tactile interpreters, scheduled ahead of time to meet the individual’s needs.

Act 118 instructs the Department to look into the following areas: The administrative and implementation costs of the program; the number of individuals in the deafblind community in Vermont; expected participation in the program; and an assessment of whether there are grant opportunities to help defray program costs. The Department was also instructed to report on potential funding sources for the program.

This report makes the following findings and recommendations:

1. Due to several factors the population of deafblind persons in Vermont could not be ascertained. However, the Department believes the population is under 100 persons.
2. Demand for CF services will vary depending on several factors, including consumer cost, transportation, and continuous technological advances in equipment for deafblind persons. A program that is available and accessible to deafblind population would likely be used and appreciated, but more work must be done to determine how best to reach the deafblind population
3. There are several grant opportunities that could be leveraged to defray some of the costs of a CF program. Implementation of a support services provider program (SSP) could be leveraged to provide communications facilitator services.

4. The largest cost associated with a CF program would be the cost of tactile interpreters, who typically charge between \$83 and \$120 per hour. G&A costs would depend on how a program is implemented. \$100,000 could support a limited program.
5. A single funding source was not determined. Due to increasing cost pressures and decreasing revenues, the Vermont Universal Service Fund could not likely support the CF program on an ongoing basis without structural changes. the VUSF may be better suited to provide one-time grants as part of a larger state-wide effort to establish a CF or SSP program.

Methodology

The Department collected information and data for the purpose of making recommendations for this report. Methodology included publication research, interviews, outreach and other research techniques, and included review of both present and historical information.

Ac 118 directs the Department to work in consultation with the Department of Disabilities, Aging and Independent Living (DAIL), and to solicit input from representatives or members of the deafblind community in Vermont. The Department was also asked to take into consideration similar programs offered in other jurisdictions.

The Department worked with DAIL, members of the deafblind community, Vermont VocRehab, the University of Vermont College of Education and Social Service Center on Disability and Community Inclusion, as well as the Program Director for the Seattle-based DeafBlind Service Center (DBSC). The DBSC of Washington is the first and only agency providing a State-wide CF Program.

Input was sought directly from members of the deafblind community, and the feedback received was included in this report. A public meeting was held on August 27, 2018, in an effort to allow Vermont citizens, stakeholders, resource representatives, the deafblind community, and advocates a chance to provide insight and feedback on the potential creation of such a program. The public meeting was attended by members of the deaf and deafblind communities,

representatives from Vermont Center for Independent Living, the Vermont Association for the Blind and Visually Impaired, Vocational Rehab and the Council for the Deaf and deafblind.

Deafblind Population

Deafblindness is a very low incidence disability, and the Department was unable to determine an exact number of deafblind individuals living within the state. Ascertaining an accurate population figure is difficult in part because state and federal agencies do not capture data specific to deafblind disability. There are also gradations of the condition from persons who are visually impaired to blind and from hard-of-hearing to deaf. Population data is insufficient on a national level as well.

Although it is difficult to capture the complete number of deafblind Vermonters, when the Division for the Blind and Visually Impaired (DBVI) was working with a group to create services in 2016, it based plans for the program on the 20 – 25 known adults statewide who required tactile sign. It's reasonable to add or double this number to include people with less hearing and vision loss, although that is an estimate.

According to the 2017 Child Count, completed by the Vermont Department of Aging and Independent Living's Division for the Blind and Visually Impaired, there are thirty-five (35) deafblind youth, defined as those under the age of 21. The Helen Keller National Center has 31 consumers registered as deafblind from the state of Vermont. While there is no definitive count of deafblind persons in Vermont, it is a fair estimate that the deafblind population is under 100.

The lack of available data on deafblind population complicates the question of demand for CF services. Furthermore, demand requires data on accessibility and expected usage. One issue identified during the stakeholder engagement was that of transportation. It is expected that demand for CF services at a fixed location would depend primarily on the ability of deafblind persons to have transportation to the CF facility. Nevertheless, for purposes of establishing a program, the state should consider demand to fall in line with the population. More work will need to be done to ascertain population and demand by region.

Communication Facilitators:

A communication facilitator (CF) enables deafblind individuals to access videophones (VP) and video relay services (VRS). The Department contacted the Deafblind Service Center in Washington, the only State to offer a CF program, for input and information. In the Washington CF Program model, once an appointment has been scheduled ahead of time, the CF meets the person who is deafblind at a destination chosen by that person (home or elsewhere) and provides real time interpretation of the phone conversation. The person who is deafblind can communicate in their chosen way (for example, through American Sign Language) and the communication facilitator then relays that message to the other party in the phone conversation. In return, the communication facilitator receives and interprets the spoken message and so the person who is deafblind can receive the message.

Communication Facilitators address some key needs of its user base. By utilizing a CF service, people who are deafblind are able to hold a conversation with other parties over the telephone. This communication may include personal conversations, medical conversations, or any other type of conversation for which a member of the general public would use the telephone. Current technology does not support functionally equivalent access to telecommunications for many people who are deafblind. Braille technology conveys information, but it is not conducive for natural interactions, and is not a practical option for real-time conversations. The back-and-forth of phone conversations happens rapidly and it is difficult for a deafblind person to interpret Braille output quickly and formulate responses. Other technology enlarges visual displays for the deafblind, although it may pose the same problem regarding the speed of natural phone conversations. It is often too rapid for a person who is deafblind to have functionally equivalent access.

Existing Resources for Deafblind Vermonters

There are several existing programs that offer services to the deafblind community, all of which could play a role in the establishment of a facilitator program. The University of Vermont College of Education and Social Service Center on Disability and Community Inclusion operates the Vermont Sensory Access Project and the Vermont I-Team Early Intervention Project. The Vermont Sensory Access Project (VSAP) is a free, federally funded, statewide resource that is designed to improve the quality of services available to Vermont children and youth with

combined vision and hearing loss.¹ VSAP provides support through a number of initiatives to families, early intervention providers, teachers, related service providers, school administrators, medical professionals and other community partners. Technical assistance (collaborative consultation) and training can be provided to children and youth with combined vision and hearing loss, birth through 22 years of age in his or her home, school, and community environments. The I-Team EI Project offers technical assistance (consultation) and training supports.² Consultants have experience supporting infants and toddlers with complex needs in home, hospital, child care, preschool, and other community settings. The collaborative team includes an Early Childhood Special Educator with expertise in deafblindness, a Speech and Language Pathologist with expertise in Alternative and Augmentative Communication (AAC), a pediatric Occupational Therapist, a pediatric Physical Therapist and three regional Family Resources Consultants.

UVM also offers the Assistive Technology Tryout Center.³ Assistive Technology is defined in the Assistive Technology Act of 2004 as “Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.” Assistive Technology is a term for creative tools and strategies that help people accomplish tasks at home, school, work, and in the community. The Vermont Assistive Technology Program helps put assistive technology in hands of Vermonters who can benefit from its use. The Center on Disability and Community Inclusion supports three assistive technology tryout centers across the state so consumers can sample and borrow equipment before deciding to purchase.

The Department of Disabilities, Aging and Independent Living’s Division for the Blind and Visually Impaired offers several programs to the deafblind community.⁴ The Vocational Rehabilitation Program provides counseling, case management, and vision rehabilitation services are provided to eligible individuals who are blind and visually impaired. Eligibility is based on the presence of a visual impairment, which affects their ability to obtain or maintain employment. The Independent Living Program provides services to individuals of all ages who

¹ <https://www.uvm.edu/cess/cdci/vermont-sensory-access-project-vsap>

² <https://www.uvm.edu/cess/cdci/i-team-early-intervention-project>

³ <https://www.uvm.edu/cess/cdci/assistive-technology-tryout-center>

⁴ See <https://dbvi.vermont.gov/programs>

are blind or visually impaired and whose primary goal is to remain as independent as possible. Services may include information, referral, advocacy, counseling and skills training in activities of daily living - such as independent travel, cooking, using magnification and self-care. Services are designed to help individuals remain in their homes or supported living situation, participate in community life and prevent developmental and / or social delays in children.

DAIL also administers the Vermont Business Enterprise Program. In 1936 the Randolph-Sheppard Act (20 U.S.C. Section 107 et seq.) established the Randolph-Sheppard Vending Facility Program, more commonly known as the Business Enterprise Program (BEP). In Vermont, the Division for the Blind and Visually Impaired is the state licensing agency. The BEP is a self-employment program. The federal and state laws governing this program require that candidates must be legally blind, a U.S. Citizen, and must complete a training program. Licensed Operators are trained to run one of DBVI's food service facilities as self-employed entrepreneurs, keeping 100% of the profits. Vermont facilities consist of snack bar and vending machine operations, located in federal and state buildings throughout Vermont. Qualified candidates are assigned to facilities as they become available.

The Vermont Association for the Blind and Visually Impaired (VABVI) is a private agency offering training, services, and support to visually impaired Vermonters. Their mission is to enable Vermonters with vision problems, regardless of age and whether blind or visually impaired, to achieve and maintain independence.⁵ Services can take place in the comfort of the consumer's home or at a central training site or in a group setting at 11 different locations throughout Vermont. VABVI offers several programs for Adults, such as Orientation and Mobility, where a Certified Orientation and Mobility Specialist (COMS) is trained to help the person learn to travel in their home and community with vision loss. The COMS work to assess needs and make recommendations to help maximize safety at home and when traveling. VABVI assists with transportation needs, with over 200 volunteers who donate their time by driving, reading, shopping, or providing companionship to clients. VABVI offers an Adaptive Equipment and Technology program, helping those experiencing deaf-blindness figure out the best equipment to meet specific needs. Other programs include Peer Assisted Learning and Support (PALS), a group that provides a forum for adult clients to share ideas and feelings in a group

⁵ <https://www.vabvi.org/>

setting. At meetings, clients learn about a variety of visually impaired-related topics, new aids and appliances, and receive support and encouragement from others going through similar challenges. Certified Vision Rehabilitation Therapists are also available through VABVI.

VABVI also offers programs for children and youths to address these and other topics: compensatory or functional academic skills (such as braille instruction), orientation and mobility, social interaction skills, independent living skills, assistive technology, and sensory efficiency skills.

The Department of Public Service is the administrator of the Vermont Telecommunication Relay Service. The Vermont Telecommunications Relay Service is a free service for all Vermonters, connecting deaf, hard-of hearing, deafblind, and speech-disabled individuals with users of regular telephones. Vermont Telecommunications Relay makes communication simple, and is available 24 hours a day, 365 days a year. To make a relay call, an individual simply dials 7-1-1 to connect with the state relay provider. Confidentiality for relay users and Communication Assistants is assured by the Federal Communications Commission. The Vermont Telecommunications Relay Service was established by Vermont Statute 30 V.S.A. § 218a. Under this same statute, a telecommunications equipment grant program was created to assist those with limited ability to use standard telephone equipment.

The Vermont Equipment Distribution Program (VTEDP) was created to provide for the distribution and repair of telecommunications equipment to enable deaf, deafblind, hard-of-hearing, or speech impaired persons to communicate by telephone.⁶ To qualify, applicants must provide proof that they have a disability requiring adaptive telephone equipment to use the phone service, and income that is below the federal poverty guidelines for their household size. The VTEDP will purchase up to \$750 of equipment for qualified individuals. In the past five years, the program has provided equipment for two deafblind individuals, according to reports from the director of the program. The vast majority of people served in the VTEDP program experience some degree of hearing loss.

⁶ <http://www.vcil.org/services/vermont-equipment-distribution-program>

There are additional federal programs that may be leveraged to assist with a CF program and should be explored during the design and implementation of a CF program.

1. U.S. Department of Education’s Office of Special Education Programs (OSEP) :
 - a. Discretionary Grant Opportunities: OSEP provides discretionary grants to state educational agencies, institutions of higher education, and other nonprofit organizations to support technical assistance and dissemination, technology and media services, state personnel development grants, personnel preparation, state data collections, and parent-training and information centers.
 - b. Educational Technology, Media, and Materials For Individuals with Disabilities Grant: Support for accessible technology and educational media and material.⁷
 - c. National Deafblind Equipment Distribution Program (iCanConnect): Run by the FCC, this program provides telecommunications and internet capable devices to recipients with significant hearing and vision loss. Funding through this program also supports technical training, equipment installation, and training services.⁸

Alternative Programs:

There are other approaches that other states have taken to address this need of the deafblind demographic. The Department found that several states offer a Support Services Provider (SSP) program. An SSP is trained with communication in American Sign Language (ASL) and sighted guide skills, The SSP accompanies a deafblind person, providing visual and environment information. An SSP could also facilitate communication in performance of its duties so as to allow the consumers to make informed decisions. With the provision of SSP services, the deafblind are able to participate fully in activities of daily living.

⁷ <https://www2.ed.gov/programs/oseptms/applicant.html>

⁸ <https://www2.ed.gov/programs/oseptms/applicant.html>

In Louisiana, the Affiliated Blind of Louisiana provides SSP service, where an SSP is a volunteer who works one-on-one with a person who is deafblind to facilitate communication. The SSP provides visual and auditory information, and act as a sighted guide for consumer-directed activities in the community.⁹ To qualify for the program, a person must be 18 years or older, communicate with American Sign Language (ASL), and must provide documentation of combined hearing and visual loss, or Usher Syndrome.

In New York State, the Helen Keller National Center provides SSP Services. There, the SSP Office recruits and trains providers, and arranges for them to assist students with activities in the communities surrounding HKNC headquarters and throughout the greater Long Island/New York City area. The SSP provides the client with important environmental information and communication support to help accomplish goals and tasks.

According to the Helen Keller National Center, across the United States there are more than 30 SSP programs.¹⁰ Only one of these is a state program, with the others being run by non-profits, private companies, or agencies and entities associated with the visual/hearing impaired. These programs often provide training to individuals who want to become SSPs. Each program has specific guidelines and expectations for SSPs when working with deafblind people. The program will typically have a specified number of hours a Deafblind person can work with an SSP in a given timeframe. For example, one program may allow Deafblind individuals 16 hours a month of SSP support. One deafblind person may decide to allocate 4 hours weekly to utilize this support. It should be noted that there are many communities without any SSP programs. An option for Vermont could be to create an SSP program.

Washington State Program:

Washington is the only state in the country offering a full Communication Facilitator program, through the DeafBlind Service Center (DBSC). For FY2013 the annual income and operating budget of DBSC was \$389,498. Funding for DBSC is currently provided by the City of Seattle and through subcontracts with the State of Washington's Office of the Deaf and Hard of Hearing (ODHH). Funding also comes from the state Office of Deaf and Hard of Hearing

⁹ <http://www.affiliatedblind.org/PageDisplay.asp?p1=6046>

¹⁰ <https://www.helenkeller.org/hks/personal-and-professional-ssps>

(ODHH), private grants, donations, and fees for some services. The DBSC contract with Washington state is based on a price per minute (PPM). DBSC gets paid a flat rate per minute for services rendered. This flat rate pays for administration time, phone lines and connections, and CF services. The state uses telephone taxes from users to pay DBSC for services at a rate of \$1.58 PPM.¹¹

The Communication Facilitator program, operated by the DeafBlind Service Center (DBSC), receives requests from persons who are deafblind and matches each request with a facilitator. The requests are made in advance of the date of need, which allows for preplanning. At this time, the service is limited to just a few areas of the state, mostly centered on areas surrounding Seattle with a high density populations that utilize the service.

Residents are required to pay a specially designated tax on their telephone bill, and the funding is disbursed to ODHH. The funding DBSC is allotted pays for program administration, and for CFs (sub-contractors). DBSC pays CFs with their hourly rate and one-way mileage. DBSC sends bill to ODHH using minutes of videophone calls that deafblind consumers made VP calls using with CF.

The Department reached out to DBSC and requested annual program revenue and expenditure information, as well as for information on the number of deafblind individuals receiving services through their CF program. Washington, and especially the greater Seattle area, has a large population of deafblind individuals, as there is an extensive deaf education system located within the city.

Stakeholder Engagement:

A Public Meeting was held in August 2018 to engage interested parties in discussion and the envisioning of establishment of a Communication Facilitator Program. The public meeting was attended by members of the deaf and deafblind communities, representatives from Vermont Center for Independent Living, the Vermont Association for the Blind and Visually Impaired, Vocational Rehab and the Council for the Deaf and deafblind.

¹¹ \$94 per hour.

The meeting began with a review of the statutory requirements of the CF study, and addressed each task accordingly. This group included representatives from most of the leaders of the deaf and deafblind community programs in Vermont. All were in support of the formation of some type of service to address the needs of the deafblind. As the group discussed the expected participation and assessment of the need in the deafblind community, it was unanimous that the exact number of deafblind individuals in the state is unknown, but that the group numbers are small. Population estimates range from 10 to 25 deafblind adults, in addition to the 30 children under the age of 21 that were captured in a report in the 2017 Child Count, completed the Vermont Department of Aging and Independent Living's Division for the Blind and Visually Impaired. The Vermont Association for the Blind and Visually Impaired serves approximately 13,000 Vermonters, of which 5 or 6 are known to be deafblind. The Vermont Equipment Program reviewed their records for the past five years and found two individuals they have served that identified as deafblind. The population appears to be widespread throughout the state, with no defined areas with higher concentrations of the community.

The group discussed how the needs of the community could be best met, and what a program for CF might look like. Participants relayed that the deafblind community is isolated due to the rural geography of Vermont, and that there is great need of transportation for the deafblind community. Participants discussed how the lack of transportation and community engagement leads to feelings of loneliness and isolation among the deafblind, which could be alleviated through access to both transportation and to means of communications. The group raised several iterations of what a CF program might look like, including a mobile service in which the interpreters are scheduled ahead of time, and travel to the deafblind person's home to assist with making phone calls, or perhaps having a stationary office where the deafblind community can go to meet with an interpreter to make calls. The group also discussed the Support Service Provider (SSP) which is popular in several other states. This seems to be a good possible fit, because it meets many needs for the deafblind at the same time, as the SSP can assist with making calls, as well as take the deafblind person to appointments, meetings, outings, and to run errands. This SSP model could alleviate the alienation that deafblind Vermonters sometimes encounter.

Deafblind individuals using a CF program would require tactile interpreters to utilize the service. Another topic of discussion at the public meeting was the current number of tactile interpreters in Vermont. The group estimates that at present there are about twenty tactile interpreters located throughout the state. There is potential need for more interpreters, trained specifically for tactile interpreting. One resident of the deafblind community attending the public meeting discussed that there are computer applications, programs and technologies that are ever changing and allow for greater access to communications for the deafblind, but he also noted that the deafblind community often lacks computer skills and access, rendering these technologies unused.

When the group at the public meeting discussed which entity might be best suited to house a program, should it be created, the group unanimously agreed that the Vermont Center for Independent Living (VCIL) would be the best fit, as it already houses several deaf and deafblind programs. A funding source would be determined upon the creation of the program, depending on what the program would look like and the services it would include. The consensus was that assistance for deafblind individuals is needed, but the needs extend far beyond the ability to access telecommunications services, to the areas of transportation, companionship and increased access to community involvement.

The Department of Public Service also received written comments from the public regarding the potential creation of a Communication Facilitator program. Rene Pellerin, a member of the Vermont Telecommunication Relay Service Advisory Board, who is deafblind, submitted feedback on the potential creation of a CF program. He states “My vision is to screen and train people in various part of State of Vermont to meet the DeafBlind needs. This will be more affordable idea.” He filed separate comments about the potential use of the SSP model in which he stated that “we had SSP service ready to contract Vermont Center for the Deaf and Hard of Hearing from VTrans....” The proposed cost of that program was 100,000 with 50,000 coming from the Agency of Transportation, but VCDH shut down and the program was never implemented, according to Mr. Pellerin.

Cost Factors:

A cost analysis can be broken down into two models. In the first model, a CF appointment could be scheduled ahead of time, and the CF could travel to a predetermined

location (a home or public location) to conduct business. In the second model, a stationary office could be created and the CF appointments could be held there. The second model requires a higher overhead cost, including rental space and equipment, and would also necessitate the consumer making travel arrangements.

The Department of Public Service currently contracts with several tactile interpreters for each Telecommunication Relay Service Advisory Board Meeting, on which one board member is deafblind. The tactile interpreters charge between \$50.00 and \$120.00 per hour (most with a two-hour minimum), plus travel and mileage costs. At least one interpreter requires a minimum base rate of \$96 for two hours, in addition to mileage and travel time charges. Depending on the needs of an individual, each CF appointment could require two or more interpreters.

The Department estimates that the program could fund between 41-100 hours of communication time per \$10,000, exclusive of G&A costs. This cost assumes two the use of two interpreters. G&A costs can vary significantly depending on the type of program, but a budget of \$10,000 could provide a starting place for overhead. A \$100,000 program could fund about 369-900 hours of communications facilitation at the prevailing rates for tactile interpreters. The services could be increased with addition of charges to consumers who use the program. Equipment and TRS services would be covered by existing VUSF programs, and there is potential to defray some of the costs with other federal and state grant opportunities.

Universal Service Fund

During the course of the stakeholder process, it was recommended that part or all of the funding for a CF program come from the Vermont Universal Service Fund (VUSF).

Currently, the VUSF supports the Telecommunications Relay Service, Lifeline, and Enhanced 9-1-1. Any remaining funds are applied to the Connectivity Fund, which supports programs designed to increase access to broadband internet services. The Department has exercised authority over the fund since 2015. The Department is responsible for selecting a fiscal agent which serves on behalf of the state of Vermont. The current fiscal agent is Solix, Inc.

Revenues to support VUSF programs are raised through a 2% fee on retail telecommunications services within Vermont. Assessments in Fiscal Year 2018 (“FY2018”) totaled \$5.8M. Assessments for FY2017 and 2016 were \$6.2M and \$6.5M respectively. This

decline in revenue is expected to continue as demand for assessible services declines (i.e. residential telephone). In addition, a new federal law passed this year, the Wireless Telecommunications Tax and Fee Fairness Act, places new limits on the ability of states to assess fees on prepaid wireless services. The unrestricted ending balance in the VUSF at the end of FY18 was \$407,000, and the ending unrestricted balance is expected to be lower at the end of FY2019, due in part to this new federal law. Likewise, expenses are slated to increase in FY2020 for E911. In light of these trends, the fiscal agent has recommended that no money be allocated to the Connectivity Fund this year, which leaves no new revenue for broadband in FY2019. While the VUSF may have capacity to support a CF Program in a limited way today, the Fund may not be able support any additional activities if revenues and expenses stay on their current trajectory. Rather than fund ongoing operations, the VUSF may be better suited to provide one-time grants as part of a larger state-wide effort to establish a CF or SSP program.