



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

REPORT TO THE GOVERNOR AND GENERAL ASSEMBLY
January 2022

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

Act 107 of 2016

Submitted to

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

Submitted by

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

January 15, 2022

Dear Governor Scott and Vermont Legislature:

The Vermont Deaf, Hard of Hearing and DeafBlind (D/HH/DB) Advisory Council was established in Act 107 of 2016 and is required to submit an annual report to the Legislature and Governor's Office. The Council members 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 need services and resources in Vermont. The council is required to identify services and resources which are currently lacking.

Though 2021 continued to be a difficult year for all Vermonters, it was especially difficult for those who are D/HH/DB. The Covid-19 pandemic continued to disrupt the lives of Vermonters. Even with a glimpse of the end of the tunnel during the summer after a successful vaccine rollout, the virus came roaring back in the form of the Delta variant which coincided with the start of the new school year. It continues to impact all areas of our state, especially as new variants emerge. As noted last year, in the early days of the pandemic the D/HH/DB population were left stranded, unable to get the necessary medical information and critical state COVID-19 updates due to communication barriers. Additionally, there was no emergency crisis plan specific to these populations and their unique communication needs. While we have made successful strides in remedying some of these issues, gaps continue to remain, and the D/HH/DB populations continue to struggle through the ongoing pandemic.

The Council can proudly announce that all its work to create and hire a State Director for D/HH/DB Services culminated in the hiring of a well-qualified individual in March. The Director, Laura Siegel, previously served on the council and thus was able to immediately step into the role and start to address the gaps in services mentioned above. You will read about the work the Director has undertaken later in this report, which has been done so in concert and with the support of the Council. We once again thank the Administration and Legislature for their continued support of this critical position.

While the Director will start to help those who are D/HH/DB from falling through the cracks, she cannot do it alone and cannot do it without support. The simple fact is that the quality of life, and overall health of the D/HH/DB Vermonters continues to lag, due in part because of a lack of

the necessary supports, resources, and funding. While the Director is a centralized point for resources, information, and education, it's disingenuous to expect her to solve the individual problems of every D/HH/DB Vermonter. Expectations need to be realistic and a shift in this thinking needs to occur while implementing widespread policy changes that will enable and empower D/HH/DB individuals. In doing so we will add contributing members to our communities as a whole and affecting the Vermont economy in a positive way.

Earlier this winter, a subgroup of the council met to start to think about how organizations, advocacy groups, and state agencies could utilize the influx of home and community-based services (HCBS) enhanced Federal Medical Assistance Percentage (FMAP) and American Rescue Plan Act (ARPA) funding. This subgroup brainstormed major policy themes and started to think about specific pilots, projects, or models that could be initiated (or replicated from other states) that would benefit and help D/HH/DB Vermonters. Specifically, the subgroup on behalf of the council, is making recommendations that will be outlined in more detail later in this report, but that focus broadly on following:

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

As many are aware, during the summer of 2021, the Agency of Education (AOE) selected a new vendor to provide technical assistance and consultation around educational services to D/HH/DB students in Vermont. The grant covers education services for children ages 3 through 22. Historically this grant was awarded to Nine East Network. Nine East Network had been the recipient of the AOE grant since the closing of the Vermont Center for Deaf and Hard of Hearing in part because there were no other vendors or organizations that provided the necessary educational consultant services school districts and D/HH/DB students broadly and equitably across the State. Nine East Network also provided additional services including early intervention (the Parent Infant Program (PIP)), direct instruction and ASL/Bilingual services to school age students which often times required other sources of funding. Nine East Network did not submit a grant proposal for 2021/2022 and eventually decided to cease all operations. As a result, a new vendor, The Center on Disability and Community Inclusion (CDCI) CARES at the University of Vermont was selected and would focus on providing technical assistance and consultation services for D/HH/DB students from age 3 through 22. This meant that the additional services noted above that were historically covered by Nine East Network as part of a broader all-inclusive offering which ensured equity and access to all DHHDB children, would need to be provided through another avenue. The VTEHDI program, under the umbrella of the UVM Health Network, stepped in to provide the early intervention (PIP), ASL/Bilingual Services (includes sign instruction) and Direct Instruction Services to the children. CDCI CARES continues to focus on Technical Assistance and Consultation Services to the School

Districts and their D/HH/DB students. An overview of these two new organizations and their work is provided later in this report.

With the closure of Nine East Networks, and the subsequent assumption of services by the two organizations noted above, there was, understandably, confusion, fear, anger, and apprehension among parents with D/HH/DB children, the D/HH/DB community members, the school districts, and the service providers themselves. This was compounded by the uncertainty of how the 2021 school year would start given the ongoing pandemic and whether schools would be in-person or remote, or some combination of both. The Co-Chairs of the Council, with the Director of D/HH/DB services and the Agency of Education, worked to host two community forums to address questions and concerns around the closing of Nine East Network and the shift of services to two new organizations. Written materials including Frequently Asked Questions and a Matrix of the Various Service Provider (see appendix) that provided an overview of their organizations was also created. The two organizations, while assuming these new roles, continue to collaborate to ensure that there remains transparency and continuity of services across the full spectrum for children who are D/HH/DB and so that children would not have gaps in services or fall through the cracks during the transition. The council is making recommendations regarding education services for D/HH/DB students that are outlined in more detail later in this report that focuses largely on a complete re-examination of the D/HH/DB Educational Services AOE grant process.

As we know, our state population continues to age, and with aging comes the increasing likelihood that individuals will develop some level of hearing loss. It is a public health crisis and one that the Council continues to examine how to address, working in concert with the Department of Disabilities, Aging and Independent and their State Unit on Aging, developing an even more coordinated approach across state government agencies, health providers and community service providers.

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

Sincerely,

Spenser Wepler, Chair

William Pendlebury, Vice Chair

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

Deaf, Hard of Hearing, and DeafBlind Advisory Council
Annual Report
January 2022

The Advisory Council continued to meet remotely by Zoom for the entire year. We had meetings in January, March, May, July, September, and November of 2021. This annual report is a culmination of background and demographic information, overview of organizations and agencies that serve the D/HH/DB, accomplishments over the past year and recommendations for analysis or action to improve the services across the spectrum of service providers for individuals who are Deaf, Hard of Hearing and DeafBlind. Please see the Appendix for a list of the current Council members and their affiliations as well as supporting documentation.

Background:

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

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

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

The cost of hearing aids, their exclusion from most health insurance plans, and racial and socioeconomic disparities are barriers to being able to hear. Sixty-four percent of people with severe hearing loss reported that they could not afford a hearing aid and over 75% identified financial factors as a barrier (Kochkin 2007). White and higher socioeconomic individuals (Bainbridge 2010) are more likely to wear hearing aids, even when Black individuals were more likely to have had a recent hearing test (Neiman 2016). Adults in rural communities cite lack of easy access to hearing healthcare, in addition to lack of insurance coverage and high cost of hearing aids (Powell 2019). Heightening the problem, people with untreated hearing loss earn as much as \$30,000 less annually than do people with normal hearing. There is a \$14,100 income

differential between people with mild and severe hearing loss (Kochkin 2007). People with untreated hearing loss have lower rates of graduating from high school and college, being employed and making wages above poverty levels. The negative employment and wage impacts are worse for women. The use of hearing aids has been shown to mitigate the impact of income loss by 90%-100% for those with milder hearing losses and from 65%-77% for those with severe to moderate hearing loss.

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

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

Current research shows:

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

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

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

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

History:

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

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

Demographics:

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

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

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

- Social Isolation and withdrawal
- Depression
- Frustration, exhaustion, and poor self esteem

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

Entities across the state exist to support the needs of individuals who are D/HH/DB. Beginning with infants and children, they extend through connections to children in school and finally into adult organizations. Traditionally, services and supports tend to be more robust for school-aged children, working in concert with Individualized Educational plans (IEP) and leveraging mandated instruction. As individuals age, services tend to be targeted at specific issues but are more limited in scope and depth. The following is a brief synopsis of entities across the state that support the D/HH/DB communities.

Children:

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

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

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

2021 Accomplishments:

- HRSA Grant – VTEHDI is currently in year 2 of a 4-year grant (\$235,000 annually). The HRSA Grant supports the VTEHDI Staff and projects related to national goals, quality improvement initiatives, early intervention, and family-to-family support.
- CDC Grant - VTEHDI program is currently in year 2 of the 4-year cooperative agreement \$160,000 per year that supports the VTEHDI database enhancements and staffing.
- 2020 Birth data submitted to CDC in October of 2021- 4953 births. In October of 2021 VTEHDI submitted the first de-identified patient level data set to the CDC. This is a new requirement by the CDC to improve comparisons nationally. Prior to the 2021 submission all data collected was aggregate across the US and Territories. The Vermont birth rate continues to decrease annually, however here in Vermont in 2021:
 1. Thirty-nine infants were referred for diagnostic evaluation.
 2. Six infants were diagnosed with permanent hearing loss.
 3. Four infants identified were in the mild to moderate range, one infant undetermined severity

4. One infant with a severe to profound hearing loss in 2020.
 5. All infants identified were referred to early intervention. Four of the six infants are currently enrolled in early intervention.
- VTEHDI Program Director attended bimonthly meetings with the Federal and National Partners regarding COVID-19, EHDI and exploring partnerships between EHDI and Office of Special Education (OSEP). (Federal/National Initiative)
 - VTEHDI Staff were deployed to the Vermont Department of Health Emergency Team during the first half of 2021.
 - Covid-19 Pandemic and The University of Vermont Medical Center cyberattack presented many challenges for VTEHDI. The partnerships with primary care providers, hospitals, home birth midwives, audiologists and early intervention providers were critical again this year. Together we made a difference for the infants and families we served during this challenging and unprecedented time.
 - VTEHDI collaborated with the North Carolina Organization, The Care Project to sponsor “Care Connect” for families of children who are Deaf, Hard of Hearing or DeafBlind nationwide. Topics include family engagement, multiple disabilities, technology, DeafBlind awareness, CMV (Cytomegalovirus) and late onset hearing loss. The CARE Project is a national organization that supports families of children who are Deaf, Hard of Hearing or DeafBlind by hosting retreats, educational opportunities and workshops for parents and professionals
 - VTEHDI was selected as a state to participate in the Hospital Virtual Site Visit (VSV) project by the National Center for Hearing Assessment and Management (NCHAM). As a result of the COVID-19 pandemic, in-person hospital visits and meetings were not feasible. NCHAM developed the VSV and the pilot project was highly successful. VTEHDI will be introducing virtual site visits statewide.

2. University of Vermont Medical Center/VTEHDI: Deaf, Hard of Hearing and DeafBlind Educational Services Program (D/HH/DB Educational Services Program)

As noted at the beginning of this report, during the summer of 2021 the Agency of Education awarded the D/HH/DB school age program funding to a new vendor that left some services under the previous agency, Nine East Network, without a home. As a result of the changes, the University of Vermont Medical Center/VTEHDI welcomed the other programs under its umbrella to ensure that all students who are D/HH/DB received services. The Deaf, Hard of Hearing and DeafBlind Educational Services Program (D/HH/DB Educational Services Program) houses the early intervention Parent Infant Program, SLP evaluation and services for Early Intervention, ASL/Bilingual Services, Hearing Assistive Technology Services, Direct Instruction (language, literacy, academics and self-advocacy) and Consultation services. To date 31 staff (most from the previous agency Nine East Network) have been hired to fulfill the needs of children and students statewide.

2021 Accomplishments:

- Hiring of 31 staff members to serve D/HH/DB students statewide. The program’s service providers include: Seven teachers of the Deaf, one educational audiologist, two speech

language pathologists, ten communication facilitators, three educational interpreters, five sign language instructors and two program supervisors.

- Services: In 2021, 103 students/children received services through the D/HH/DB Educational Services Program (35 have multiple services through the program as well).
- The program has two staff members who will complete the course work required to earn their endorsement as a Teacher of the Deaf by June. There continues to be a nationwide shortage of Teachers of the Deaf.
- Expanding direct instruction by Teachers of the Deaf to D/HH/DB students across the state who have more intensive academic needs.

2021 Challenges:

- Changes in the agency that receives the funding to serve D/HH/DB students in the summer of 2021.
 - Moving programs and services under VTEHDI that were previously provided by Nine East Network but would not be provided by the new vendor that received the AOE grant. In particular D/HH/DB students who utilize ASL, sign instruction and direct services for students who use ASL/sign instruction (i.e. academics, language and literacy).
 - Challenges in sharing of information between the two agencies when serving the same student/children.
- Need for increased funding of Birth to 3 programs. In 2021 there were 22 children who received services from the Parent Infant Program (PIP). Medicaid reimbursement does not cover the costs of these services. The program needs a sustainable source of funding. PIP represents the foundation of language, literacy and learning for children and their families who are D/HH/DB. VTEHDI and Children's Integrated Services are working together to identify funding options. Increased Medicaid reimbursement rates and State funding annually for the program would ensure sustainable services for Vermont's birth to 3-year old's who are D/HH/DB.
- Continued Impact of COVID 19 across the school districts and for families receiving in-home services.
- Difficulty in finding qualified staff to provide services to D/HH/DB children (permanent and substitute positions).

3. *The University of Vermont Center on Disability and Community Inclusion (CDCI) CARES Team*

The CDCI CARES team stands for and provides Consultation for Access, Resources, and Equipment Support for Students who are D/HH/DB and their educational teams through a partnership with the University of Vermont and CDCI, and other opportunities for relationships that provide for resource sharing. 2021-22 CARES Team services are covered by grant funds from the AOE.

CARES Team consultants work with Vermont public schools to build capacity for student success in communication and language, individualized educational outcomes, and transition to adulthood. To meet this goal, the CARES Team program has three primary areas of focus: no-charge technical assistance (consultation) for school teams from professionals with specialized training and experience in supporting students who are D/HH/DB; hosting collaborative meetings every other month with Vermont providers to support resource sharing, the creation of resources, best/promising practice discussions and to identifying/addressing the needs of school teams supporting students who are D/HH/DB; and, beginning to collect data on public school students age 3-22 who are D/HH/DB, in order to make informed decisions on programming and comply with national guidelines.

CARES Team consultants use the National Association of State Directors of Special Education (NASDSE) 2018 guidelines for students who are Deaf or Hard of Hearing as a roadmap for the consultation work being done both as a CDCI project and as a guide for schools we work with. The 10 members of the CARES program strive to support school teams and families with children who are D/HH/DB without bias around communication modes or methodology. Based on the unique needs of the student and their educational teams, schools have technical assistance provided through a collaborative service delivery model with consultation provided by one or more of the following professionals:

- Teachers for students who are deaf or hard of hearing (TFSDHH/TOD)
- Educational Audiologists
- Speech-Language Pathologists
- American Sign Language Instructors

Remote and in-person technical assistance includes, but is not limited to attendance at team meetings; instructional strategies; clinical audiology to school communication support; self-advocacy skill curriculum; in-service trainings; ASL instruction and bilingual (ASL and English) education consultation; hearing assistive technology services; transition planning; observations; classroom acoustic surveys; functional listening evaluations; accommodation recommendations; assessment and communication access resources; support understanding the impact of COVID-19 safety protocols and their educational impact (masks and distancing); and, support with understanding services available in Vermont for students who are D/HH/DB and how to access them.

As of December 27, 2021, CARES Team consultants are supporting 375 students (age 3-22) who have qualifying hearing levels or auditory processing deficits and their school teams. Technical assistance levels provided to each student team varies depending on the individual student's hearing levels, academic and language progress, personal hearing equipment, and school hearing assistive technology use with most student teams receiving between 4 and 25 hours/year of consultation.

2021 Accomplishments:

- Initiated a collaborative leadership model within the consultant program to ensure representation from multiple areas of expertise for students who are D/HH/DB. The co-directors have backgrounds in special education and educational audiology while the

consultant coordinator/mentor has a background as a teacher for students who are deaf or hard of hearing.

- Established an advisory committee that meets quarterly to increase transparency, to help guide consultation services, and to ensure students, school staff, parents, and community stakeholders have opportunities to guide these services.
- Established a statewide working group that meets every-other-month to facilitate collaborative communication and resources sharing amongst school-age providers across the state, regardless of their employer.
- Provide no-charge consultation to public school districts and their teams.

2021 Challenges:

- Ramping up programming quickly and connecting teams to services given the late start of the grant period.
- Ongoing COVID-19 schedule disruptions for school staff and students (increased absences and last-minute changes) across the state.

4. Department for Children and Families- 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, Early Hearing, Detection, and Intervention, and Vermont Association for the Blind and Visually Impaired.

5. Vermont Hands and Voices:

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

Adults and Older Vermonters:

1. Vermont Vocational Rehabilitation (Hireability):

VocRehab Vermont, in the Department of Disabilities, Aging and Independent Living, offers **free, flexible services** to any Vermonter or employer dealing with a disability that affects employment. We partner with human service providers and employers across Vermont to help people with disabilities realize their full potential. Our name change, starting January 2022, **Hireability** reflects our commitment to creating more opportunities for focused career development leading to sustainability such as: skill development through education and short-term trainings, workshops on how to be an effective advocate, and On-the-Job supports through work experiences and On-the-Job trainings (OJTs).

2. Vermont Center for Independent Living:

The Vermont Center for Independent Living (VCIL), a nonprofit organization directed and staffed by individuals with disabilities, works to promote the dignity, independence, and civil rights of Vermonters with disabilities. Like other independent living centers across the country, VCIL is committed to cross-disability services, the promotion of active citizenship and working with others to create services that support self-determination and full participation in community life. Founded in 1979, VCIL is the only center for independent living (CIL) in Vermont and was the first organization in the state with a majority of board and staff with disabilities. All members of the board and 95 percent of VCIL staff were individuals having personal experience with disabilities. VCIL also employs a Deaf Peer Counselor who is available for support within the community when it comes to independent living. Also, VCIL has the RISE program which helps pay for hearing aids and other assistive technology. Lastly, VCIL continues to oversee the VT EDP program which provides telecommunication support to Vermonters with hearing loss.

3. Vermont Association for the Deaf:

The Vermont Association of the Deaf (VTAD) is a membership organization and a partnership among individuals who are deaf, members of the deaf community, including parents of deaf children, and professionals working in various deaf-related fields and endeavors, organizations of, for, and by the deaf, and businesses at large.

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

4. Hearing Loss Association of America, VT Chapter:

The Hearing Loss Association of America (HLAA) was established in 1979 and is a national organization that provides information, advocacy and support for the over 48 million Americans with hearing loss. (www.hearingloss.org) It hosts national virtual meetings, educational webinars, chat forums for several communities such as students and young adults with hearing loss, parents, employees, patients and a virtual Chapter for Veterans with hearing loss. This year a three day virtual convention was held open to the public covering areas of technology, research and service delivery. It was well attended. In June 2022 an onsite convention is being planned in Tampa, Florida. There is an active Vermont Chapter.

The Vermont Chapter of HLAA established in 2012 continues to operate virtually. There is a Steering Committee. The Chairs maintain and monitor a Facebook page. The Communications Officer monitors a separately designated email address. This individual maintains an email list of members and responds to all inquiries and/or refers questions to other members of the steering committee. Advocacy, education, support, encouragement, and referral to resources is provided on an individual basis. Information and supports are offered for local access issues. People are also referred to the national HLAA organization webpage, webinars etc. The Vermont Chapter is involved in a number of projects and initiatives:

- Strives to make the public, organizations, and government agencies aware of the prevalence and adverse impact of hearing loss on the health and quality of life of hard of hearing Vermonters.
- Advocates for insurance coverage for hearing aids.
- Work with local news media to ensure captioning is available. Maintains and regularly sends out an 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.
- Posts an email contact address where individuals can seek help. (vthlaa@yahoo.com)
- Provides consultation to individuals or organizations via email or phone to troubleshoot hearing loss or technical issues.
- Advocates for equal accessibility through ADA compliance for hard of hearing people. 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 (such as the Older Vermonters Act H611)
- Explores resources for mental health services with practitioners who are knowledgeable in the unique needs of those who are hard of hearing.
- Network and collaborates with VT Association for the Deaf, and the Hear Hear Coalition (Comprised of COVE, DRVT, SILC, VCIL, Vermont Hears, VT Hands and Voices) to advocate for various policy issues related to the D/HH/DB.

5. Deaf Vermonters Advocacy Services (DVAS):

Deaf Vermonters Advocacy Services (DVAS) is an agency that was officially established in 2000. It is an advocacy agency which is culturally & linguistically designed to meet the specific

needs of Deaf, DeafBlind and Hard of Hearing people in a variety of situations, especially those who are victims of domestic violence and sexual assault. DVAS provides direct services & support to clients and victims; offers training to professionals, organizations, and State entities; educates the Deaf and hearing communities about Deaf Culture, Deaf Awareness and Accessibility; and collaborates with local agencies. DVAS works in partnership with Vermont Network against Domestic and Sexual Violence.

Challenges Identified by the Council (Pandemic Related and Ongoing):

Pandemic Related:

1. Accessibility of the Governor's COVID19 updates was initially an issue due to lack of live captioning and American Sign Language interpretation coverage. However, the Governor and his team have done an excellent job of establishing access by providing on-going interpreting services and live captioning during press conferences. It has allowed the Deaf, Hard of Hearing and DeafBlind communities to be well informed. However, access issues remain in such area's updates provided via social media platforms, not just by state agencies but outside organizations, and news organizations now always including the interpreter in the screen while press conferences are being held.
2. Masks present a difficult challenge for D/HH/DB people who rely on lip-reading and/or facial expressions to help understand what is being said. Masks muffle speech sounds and prevent lip reading. While clear masks can help, they are not frequently used, and the quality of clear masks can often times be an issue as they tend to fog up. VT HLAA has been recommending that people download live captioning apps on their smartphones instead of forgoing masks and relying on lip-reading.
3. Those that are Hard of Hearing and who do not know American Sign Language continue to report that in medical settings they are offered remote interpreting services. This is just one example and likely expands across multiple populations that also speak different languages. Continued emphasis is needed on educating the medical field on recognizing and understanding what and when different communication modes need to be utilized to help care for patients. Specifically for the D/HH/DB population this means recognizing when appropriate interpreting services or communication aid alternatives are needed, removal of masks at a distance (when in person) when speaking provision of appropriate captioning services, access to specific telephone technology such as amplified phones, Captioned Phones, or videophones and utilizing smartphone captioning apps, or other alternative assistive technology options. These issues are now becoming widespread for other daily acts of living including for example, grocery shopping or visiting the bank.
4. The pandemic has exacerbated the isolation and stress that comes with living with hearing loss. The need for mental health professionals who understand the unique psychological impact of hearing loss is even more crucial.

Non-Pandemic Related:

1. Hearing loss in the Hard of Hearing population is invisible so it is often neither recognized for its hindrance or as a serious issue. This is particularly problematic with elderly people where confusion, isolation and depression caused by hearing loss can

- be misdiagnosed as dementia and not treated appropriately.
2. The use of the common term: “Deaf and Hard of Hearing” causes confusion when arrangements are being made for communication accommodations. Most people who are Hard of Hearing (97%) do not know sign language. While ASL interpreters are widely recognized by the public and organizations, the requirements for Hard of Hearing communication access (FM Loop systems, captioning and CART) are not well understood and too often refused in favor of interpreting services. This is a violation of American with Disabilities Act (ADA). Advocacy for and the needs of the Deaf, for the Hard of Hearing and for the DeafBlind needs to be clearly differentiated.
 3. Our state continues to lack any meaningful data and information pertaining the D/HH/DB population and communities in Vermont.
 4. The procurement and awarding of the AOE Grant for Education Services for the D/HH/DB students’ as well as the actual grant length (annually) proved to be problematic this past year and warrants a re-evaluation of the entire process.
 5. Workforce Development and training for those who are D/HH/DB themselves and those who provide services to the D/HH/DB. As noted at the beginning of this report, Vermont continues to age, which means a large portion of Vermonters will age out of the workforce and this includes Interpreters as well. D/HH/DB who are of working age are able and willing to work but often find themselves without the necessary resources or training to be successful in the workplace.
 6. Vermont lacks adequate access to professional ASL interpreter services for Deaf and DeafBlind citizens to fully participate in their communities and important programs such as Alcoholics Anonymous and Narcotics Anonymous. Not only is the pool of interpreters not adequate to meet Vermonters’ needs, but the average citizen is not able to afford the cost of ASL interpreter services, and the funds available for general public use through the VT Association of the Deaf and Vancro are limited.

Accomplishments and Recommendations:

Accomplishments:

As noted above the past year saw a major accomplishment which was the culmination of many years of work by council members advocating for the creation of a state position that would be the Director of Deaf/Hard of Hearing/DeafBlind Services. While this position was created and funded during the first half of the 2019 Legislative Biennium, the arrival of pandemic in March of 2020 severely hampered the ability to hire and fill the director’s role. We can now happily say that position was filled in March of 2021, by Laura Siegel, MBA, who herself previously sat on the D/HH/DB Council as a representative for the Vermont Association of the Deaf. Her familiarity with the Council, over the past 7 years allowed her to easily transition into the role and quickly hit the ground running. Working closely with the council while based at DAIL as allowed for many duties and projects to be undertaken and fulfilled which otherwise would not have taken place due to the limits and time constraints of the council’s time and resources.

1. After successfully rolling out the Deaf/Hard of Hearing driver’s Visor Card last year, the DMV subsequently took the initiative on the own to purchase 11 UbiDuos to accommodate for those who can read and understand English.

2. A new web page was created to provide information about D/HH/DB services in Vermont.
3. Work has continued with the Vermont Department of Health and the D/HH/DB Director on creating guidelines around when COVID clinics should make use of clear masks. Vermont Department of Health (VDH) continue to create ASL videos on COVID-related context. All information can be found under VDH's Resources for Deaf and Hard of Hearing page.
4. The D/HH/DB Director continues to work on making sure interpreters remain visible on camera and captioning are enabled at the Governor's press conferences and information from his administration continue to be accessible going forward.

Additionally the new Director has been diligently working to form working relationships over the past nine months across various State Agencies such as: The Division of Vocational Rehabilitation (DVR), The Adult Services Division (ASD), Division for the Blind and Visual Impaired (DBVI), Department of Fish and Wildlife, The Agency of Human Services (AHS) Accessibility Committee, The Department of Motor Vehicles (DMV), The Vermont Department of Health (VDH), and The Department of Mental Health (DMH). The Director has been working with various agencies and spending time focusing on trainings for employees from these agencies with the goal of increasing accessibility for the D/HH/DB population for the services these agencies provide including in-person instruction as well as written materials that are accessible. The Director has also been working with agencies to implement data collection which will assist in having better understanding of the D/HH/DB demographics in Vermont. The Director has also been providing trainings to organizations outside state government include the Vermont Association of Hospitals and Health Systems, Vermont Area of Agencies on Aging, the Howard Center, the Vermont Library Association and the Burlington Airport.

Recommendations:

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

1. Workforce Development and Training

As noted above, and much like the rest of Vermont, workforce development and training is becoming a critical piece in keeping and attracting a pool of service providers, ranging from interpreters to Teachers of the deaf. It is even more critical because many of the interpreters currently residing in Vermont will likely be retiring in the next 3-5 years thereby greatly reducing the numbers and availability of interpreters to use in the state. Additionally training and resources are need for those who are D/HH/DB to enable them to be able to be successful in the workplace and contribute to Vermont's economy. A subcommittee of the council recommends the use of FMAP funding and highlighted the following areas of focus to consider:

- a. *Increasing pool of VT based interpreters*
 - i. Trainings and certification programs
 - ii. Joint program for Interpreting (VANCRO, VTRID partner with UVM to create a mentor/shadow program)
 - iii. Expansion of ASL Language programs at UVM
 - iv. School outreach, college fairs, career fairs
 - v. State Licensing Standards for interpreters
- b. *Financial incentives to bring in or retain in VT interpreters*
 - i. Financial incentives (loan, certification repayments)
 - ii. Fellowships/Residencies
 - iii. Incentive funding for local programs to provide interpreting and services
- c. *Training for Vermonters who are D/HH/DB*
 - i. Outreach and supports to D/HH/DB community to encourage working even if just part time.
 - ii. Personal and Business Tax credits (businesses get tax credit for hiring persons with disability(s)).
 - iii. Focus on hiring individuals in medical and support facilities who are trained in D/HH/DB communication i.e., hospitals, Nursing homes, adult day centers, AAA's, assisted living facilities

2. Hearing Health and Support Services

As noted above, D/HH/DB have had an immensely difficult time throughout the pandemic with regards to seeking and receiving healthcare services across the full spectrum of providers ranging from a simple drive through COVID test, to having an appointment with their primary care provider, to receiving the emotional and mental health support services they desperately need due to the increased isolation that has come with the pandemic. Healthcare for the D/HH/DB and more importantly hearing health is very much a health equity issue, just as it is for the Black, Indigenous and People of Color (BIPOC), the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) as well as many other disabled and disadvantaged populations. The Council is in full support of the work being undertaken by the newly created Vermont Health Equity Advisory Committee whose purpose is to promote health equity and eradicate health disparities among Vermonters.

Hearing health care equity also means access to affordable assistive technologies including hearing aids that are covered by insurance and available to those without insurance. Improved hearing aid access would directly impact quality of life, communication access, education, and employment of Vermonters. Currently, Vermont is the only state in New England that has not passed legislation requiring some sort of hearing aid coverage for commercial insurance plans for its residents. The council is fully supportive of the current work that is being undertaken by the Department of Financial Regulation re-examining the benefits that would be included in the Essential Health Benefit package under Qualified Health Plans. We urge DFR to

include hearing aid coverage as part of their study recommendations to the Legislature and will continue supporting more broad coverage outside of just the Qualified Health Plans.

The subcommittee focusing on HCBS enhanced FMAP funding have also suggested the following ideas to be explored to help promote access while also creating additional support services for the D/HH/DB:

- a) Aural rehabilitation programs particularly for newly diagnosed hearing loss and for sudden abrupt changes in hearing.
- b) Building up resources for Deaf and HOH who struggle with substance abuse, need access to accessible mental health services—therapy and AA, NA, ALNON support groups
- c) Community Vans (led by state agencies or outside organization) to provide transportation to audiologist for appointments or other appointments with an interpreter riding along.
- d) Piloting and implementing annual Geriatric Hearing Screenings in family practices
- e) Mobile hearing screening van/truck with referrals to audiologists for follow-ups
- f) Training modules (certification) for all staff working with elderly people in programs and/or nursing homes. Focus on recognizing hearing loss, communication strategies, adaptive equipment, accessibility and accommodation and basic sign language.
- g) Mental Health Professional registry who are trained to effectively provide mental health services for D/HH/DB and who may be able to communicate directly utilizing ASL if needed

3. Educational

As noted at the beginning of this report, this past summer, D/HH/DB students, their parents, school districts, and service providers themselves were faced with a newfound challenge, one that has never occurred in Vermont since the closing of the Vermont Center for the Deaf and Hard of Hearing. Until two years ago there had only been one organization that provided educational consulting services to the school districts. This organization annually bid for the AOE School Based Services Grant for the D/HH/DB students and because no other organization provide the services statewide, was always the vendor selected. This is a grant that is roughly \$1.4 million dollars which is awarded through competitive bid process annually and the scope of work covers consultative services, technical assistance, sign instruction and direct services for upwards of 400 students statewide across all school districts. When Nine East Network decided not to apply for the grant they cited multiple reasons, with one of them being that the procurement process itself had become cumbersome and the need to have to reapply for the grant each year. Additionally, there were concerns that the grant process and bid review itself could have been more transparent and inclusive of D/HH/DB stakeholder input. It has become clear that a re-examination of how educational services for D/HH/DB students in Vermont is provided and paid for is a priority.

In the time since the grant has been awarded, the D/HH/DB Council Chair, The Director of D/HH/DB Services, The Deputy Commissioner of DAIL and representatives from the AOE have been meeting monthly to work collaboratively and to brainstorm on how to improve the process of funding educational services for the D/HH/DB that is inclusive of stakeholder input in the development and review of any proposals. To that end the council is recommending two things.

- i. A more robust and transparent stakeholder input process needs to occur preferably starting in the near future. This stakeholder input process would be led by the AOE with technical assistance provided by the Council and the D/HH/DB Director. It will be important that AOE consider feedback from all interested stakeholders mentioned previously on what the process should like going forward and ultimately how best to provide these education services.
- ii. A serious reconsideration on how these education services are funded moving forward, specifically whether having an annual competitive bid process for the grant, where there is a very real possibility that vendors could change year to year, is really in the best interest of the roughly 400 D/HH/DB students that are being served by this funding. Using stakeholder input, determine whether there are alternative ways these services can be provided and funded for that is not an annual competitive bid process and is done so in a way that allows school districts to retain the freedom of working with services providers of their choosing and with the best interest of their students in mind. At a bare minimum if the grant process is to remain, then the grant length needs to be extended to minimum of 3 years, as allowable by State procurement rules.

Additional recommendations from the subgroup around education were:

- a) School District Vans for transportation needs around special education and appointments
- b) Sustainable and designated funding of early intervention programs (Parent infant Program) which are not subject to annual Medicaid rate adjustments. The program has been operating at a loss more than 10 years.
- c) Universal hearing screening in schools and updated technology for school districts

4. Technological Access

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

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

Conclusion:

2021 has proven yet again to be challenging year for all Vermonters but more specifically those who are children, who are minorities and especially those who are Deaf, Hard of Hearing and DeafBlind. While we try and patiently wait for the end of the current pandemic, which at times, seems never-ending, Vermonters continue to push forward with their lives and all of its difficulties. It is quite realistic that it will be quite some time before life in Vermont returns to normal. Our Council will continue to collaborate closely with the Director of D/HH/DB Services to ensure D/HH/DB Vermonters continued to be advocated and provided for. We will continue to meet remotely until its safe, we will continue to learn more about the ongoing issues, and we will monitor the landscape of Vermont over the next year as it pertains to those D/HH/DB Vermonters to do all we can to ensure their continuing needs are being met and provided for.

It remains abundantly clear however, that in order to meet the ongoing and future needs of individuals who are D/HH/DB, it will require a shift in thinking about how services and access is provided for D/HH/DB Vermonters as we emerge from the Pandemic. Are the ways of the past, necessarily the ways of the future? Here in Vermont, we will need to leverage all existing and potentially available resources such as FMAP Funding, as well as various policy levers (Hearing Aid Coverage, and Educational Services Funding) to enact meaningful change that will ease the burden on Vermonters who are D/HH/DB and enable them to be meaningful contributors to Vermont's economy and community fabric.

Appendix and References

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

Last	First	Association
Baker	Deb	Hearing Loss Association of America VT Chapter
Briggs	Amelia	Parent DeafBlind Child Member
Chalmers	Rebecca	Parent Member
Gallo	Ralph	Deaf Community Member
Lalanne	Rebecca	Deaf Community Member
Hazard	Linda	VTEHDI Program Director
Henry	Sharon	Parent Member
Howes	Danielle	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
Langevin	Alex	AOE Designee
Sousa	Sherry	Superintendent
Pendlebury	Will	DeafBlind Community Member

Shapiro	Elena	Vermont Association of the Deaf
Vacant		Special Educator
Porter	Julie	Audiologist
Vacant		Hard of Hearing Community Member
Hinck	Tracy	Deaf Education Specialist
Vacant		Deaf Education Specialist
Weppler	Spenser	Hard of Hearing Community Member
Decker	Kelly	Professional Interpreter

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Vermont Deaf/Hard of Hearing/DeafBlind Services Programs

Introduction

This is a comparison of programs serving Deaf, Hard of Hearing, and DeafBlind (D/HH/DB) Vermonters 0 to 22 years. Each program provided information about who they serve, their services, and how to reach them.

Definition of Service Delivery Approaches

Direct Services are specially designed instruction and/or supplementary instruction provided directly to a child by a special education teacher or related services professional. Direct service can be provided to an individual child or to a small group of children with similar needs. Direct instruction and services are provided to help a child meet the goals and objectives on the child's Individualized Education Program (IEP). For example, a special education teacher could provide direct service in written language instruction to address a goal for written language.

Indirect/Consultation Services are not provided directly to a child. A special education teacher or related service professional provides these services to others who are working directly with a child. Indirect services may include activities such as:

- Staff consultation with a regular education teacher or other school staff on situations resulting from a child's disability
- Modifying curriculum or environment for a child
- Observing a child
- Monitoring a child's progress in a specific area
- Monitoring equipment or assistive technology used by a child
- Coaching a provider to implement a specific instructional strategy

Technical Assistance Services (TA) involves assistance to local or state agencies/programs (rather than to individuals) and generally involves problem solving and collaboration to achieve a mutually agreed upon goal. Technical assistance may involve multiple contacts and interactions over an extended period of time. TA is a form of consulting and may also include coaching.

Training/Professional Development Services (webinars, workshops/conferences, learning communities) is designed to teach, present or guide individuals in order to impart knowledge, skills and competencies. In some cases, training may be a component of TA, a part of the process to improve performance, resolve problems, and/or increase capacity.

Contracts are either made at the district/Supervisory Union (SU) level, by the director of student supports/special education, or at the building/school level by the 504 coordinators (often the principal) for students on 504 plans.

Parent Organization	UVMCMC/EHDI ⁱ		UVM-CDCI ⁱⁱ			NEC ⁱⁱⁱ	VABVI ^{iv}
Group	Early Intervention & Parent Infant Program (PIP)	Deaf, Hard of Hearing, DeafBlind Educational Services Program	I-Team Early Intervention	I-Team	Deaf, Hard-of-Hearing, & DeafBlind School-Age Services		
Ages served	0 to 3 years	3 to 22 years	0 to 3 years	3 to 22 years	3 to 22 years	0 to 22 years	All ages
Number of children and students served	On average, 27 at any point in time	Approximately 65 students	Approximately 12-15 annually	Approximately 180 annually	Approximately 400	Approximately 30-40 annually	Approximately 300 annually
Focus of services	Children who are Deaf, Hard of Hearing, and DeafBlind (D/HH/DB)	Students who are D/HH/DB	Infants and toddlers with complex medical and developmental needs which may or may not include D/HH/DB	Students with complex support needs, which may or may not include D/HH/DB	Students who are D/HH/DB	Children who are DeafBlind	Children and adults who are blind or visually impaired

<p>Program Purpose</p>	<p>Provide specialized Early Intervention services, information, and support for families with children (age 0 to 3) who are D/HH/DB.</p>	<p>Provide specialized consultation, direct instruction or interpreting services to educational teams working with students using ASL or a combination of spoken English and sign.</p> <p>Provide additional services to students as requested by LEAs^v.</p>	<p>Increase provider and family knowledge and skill in working with infants and toddlers (0-3) with complex medical and developmental needs, which may or may not include children who are D/HH/DB.</p>	<p>Consultative services for teams serving students with complex support needs, which may or may not include students who are D/HH/DB.</p>	<p>Provide local education teams' the capacity to implement research-based interventions and current best practices in the field of education for students who are D/HH/DB.</p> <p>Collect data on student needs and services provided in accordance with NASDSE^{vi} guidelines.</p> <p>Convene a statewide Deaf and Hard-of-Hearing Provider Workgroup to discuss statewide procedures, initiatives, unmet needs.¹</p>	<p>Maintain census of all VT children with deafblindness to report annually</p> <p>Provide consultation & training to families and service providers around the unique needs of individuals with combined vision and hearing loss (deafblindness)</p>	<p>Provide services to individuals of all ages (birth to death)</p> <p>Provide direct, consultation and training services to students, schools, and families.</p> <p>Maintain the APH^{vii} census of all children with a visual impairment in VT to obtain federal quota funds for materials specific to the visually impaired</p>
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¹ One of the changes to the AOE's RFP this year is the development/oversight of this collaborative group. UVM-CDCI are now offering this bimonthly (every other month) meeting. It became a new requirement of the RFP. The goal of this program is to work towards statewide collaboration, regardless of where the D/HH/DB provider is housed/employed, and this collaboration is a key goal of the UVM program. It is estimated that up to 25% of students are served by D/HH/DB providers outside of those working under the main/grant funded program.

<p>Eligibility</p>	<p>Children 0-3 with: - Permanent conductive - Sensorineural hearing loss - Fluctuating conductive hearing loss lasting 6 months or longer</p>	<p>Students 3-22 with a documented hearing loss or a need for a visual/manual language to supplement their communication, enrolled in Vermont public schools or publicly placed in independent schools and referred by the responsible LEA.</p>	<p>Children 0-3 referred to, or receiving, services through Part C Early Intervention. Must have a complex profile of medical and/or developmental needs that significantly impacts participation in daily activities and routines. Must require significant individualized supports to access their home and community environments.</p>	<p>Students 3-22 receiving services through an IEP and has a disability which significantly impacts learning, cognitive functioning, and adaptive behavior. Requires intensive individualized instruction and significant supports to access the general education curriculum.</p>	<p>Students 3-22 with documented 25 decibel HL threshold (ANSI, 69)^{viii} or worse for one or more of the frequencies 250-8000Hz^{ix}, in one or both ears, as determined by an audiologist, otologist, or otolaryngologist .</p>	<p>Children and students 0-22 with a documented combined vision and hearing loss or be at risk. Children do not need a 504 or an IEP to access services. All children with any level of combined vision and hearing loss should be reported to NEC to reflect accurate numbers on the VT Deafblind Census</p>	<p>Students 0-22 with a visual acuity^x of 20/70 or worse in the better eye, or a progressive eye disease or a field loss of 20 degrees or less.</p>
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<p style="text-align: center;">Services Offered</p>	<p>Support and facilitate connections to other parents and resources</p> <p>Coach caregivers about listening and visual strategies that support communication and language within daily routines</p> <p>Share accommodations that will increase children's access to language</p> <p>Provide unbiased information and lead discussions relating to language and communication options</p> <p>Share information about type, degree, and impact of child's specific hearing loss</p> <p>Provide information about language acquisition and brain development</p> <p>Provide support about the use and</p>	<p>Sign instruction (families, students, or educational team staff members)</p> <p>Contract for communication facilitators</p> <p>Contract for Educational Interpreters</p> <p>Provide Intensive (daily) direct services from a teacher of the deaf (TOD)</p> <p>Provide ASL evaluations (outside contractor)</p> <p>Deliver ongoing direct instruction with D/HH/DB children as requested</p> <p>Provide consultation with educational teams</p>	<p>Technical Assistance (Consultation) and Training- local, regional, or statewide</p>	<p>Technical Assistance (Consultation), Training- local, regional, or statewide, and available ISE^{xii} courses</p> <p>Please visit "Request I-Team Services" tab of our website</p>	<p>Technical assistance (consultation) to schools and families to facilitate access to classroom curriculum and instruction.</p> <p>Technical assistance (consultation) to schools and families around child-specific amplification systems; hearing assistive technology (FM/DM^{xiii} /remote microphone systems; cochlear implants; and student/family audiology services support.</p> <p>Direct instruction to students focused on self-advocacy skill development and hearing assistive technology use.²</p>	<p>Technical Assistance (Consultation & Training) available to teams and agencies serving children with combined vision and hearing needs or at risk.</p>	<p>Direct 1:1, consultation, and training services weekly, monthly or annually statewide to support the core curriculum and the...</p> <p>9 Expanded Core Curriculum areas:</p> <ul style="list-style-type: none"> Braille Instruction Orientation & Mobility Assistive Technology Social Skills Career Education Recreation & Leisure Sensory Awareness Independent Living Self-determination <p>Booklet: Educating Students with Visual Impairments in Vermont</p>
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	<p>care of hearing technology</p> <p>Provide progress monitoring to ensure children reach language milestones</p> <p>Empower parents to become advocates for their child</p> <p>Support families through the transition from Part C to Part B</p> <p>Collaborate with other EI^{xi} providers and professionals</p> <p>Beginning sign Instruction</p>				<p>Training (In-service) to school teams regarding individual students and general information regarding hearing loss and noise in the environment.</p> <p>Additional Services, and service coordination related to: Speech-Language Evaluations; Audiological Evaluations; Annual Monitoring, Summer Services, Residential/Day Program Consultation, and Sign Language Instruction.</p>		
Website	Early Hearing Detection and Intervention Website	I-Team Early Intervention Website	I-Team Website	Deaf, Hard of Hearing, DeafBlind Consulting Project Website	New England Consortium on Deafblindness Website	Vermont Association for the Blind and Visually Impaired Website	

² This is direct instruction with a licensed consultant working directly with a student. The setting varies depending on the student, their school, and their team (and now their covid protocols). This has been provided by consultants for over 20 years and is not changing. The instruction is focused on self-advocacy and hearing assistive technology use that is based on the expanded core curriculum for students who are D/HH/DB and formalized self-advocacy competency checklists.

Informational Contact	Camilla Strauss Camilla.Strauss@uvmhealth.org	Jen Bostwick Jennifer.Bostwick@uvmhealth.org	Pamela Cummings Pamela.Cummings@uvm.edu	Darren McIntyre 802-656-1132 Darren.McIntyre@uvm.edu	Darren McIntyre and Margaret Overman D/HH/DB@uvm.edu	Tracy Evans Luiselli (617) 972-7517 Tracy.Luiselli@perkins.org	Stephanie Bissonette SBissonette@vabvi.org 800-639-5861 ext. 225
How to Refer	For Audiologists: please fax to: (802) 951-1218 Attn: Linda Hazard For CIS ^{xiv} -EI: Complete Electronic Referral Form	Complete D/HH/DB Educational Services Program Referral Form	Please see instructions on website	Please see website for electronic referral process	Referrals may be faxed to: (844) 775-7283. Please see the website for referral process	See instructions on website to make a referral	VABVI application is on our website Or contact Stephanie Bissonette

<p style="text-align: center;">Fee</p>	<p style="text-align: center;">No charge to families</p>	<p style="text-align: center;">Services are billed to the school district depending on level (hours) of service.^{xv}</p>	<p style="text-align: center;">No charge to families</p>	<p style="text-align: center;">Current annual fee for up to 25 hours of consultation is \$1250</p>	<p>Consultation Services: No charge for 2021-22 School-Year - covered by state contract from the Agency of Education (AOE).</p> <p>Additional Services and Service Coordination as resources permit: Fee for service based on the identified need and level of service as agreed upon by the school team, LEA, and program Director(s).³</p>	<p style="text-align: center;">No charge - covered by federal funding from the Office of Special Education Programs (OSEP)</p>	<p style="text-align: center;">VABVI bills Medicaid or private insurances for services for students ages 0-2.11. VABVI bills school districts for services for students ages 3-22 depending on the level (hours) of service.</p>
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³ This also has been a standard of service within the consulting program in the past. As school teams identify needs and they align with our staff skill set and availability, we may develop individual contracts for additional services. In our proposal on Page 8 (top) here is what we wrote: “FFS contracts are developed with the district based on the individual needs of the student and professionals working with that student.

○ A range of expanded consult or direct services is offered including hearing and auditory processing assessments; education program development; recommendations for materials and programs; input regarding assessments; direct instruction to improve listening and/or speaking; networking; support with overseeing mandated school hearing screening programs; developing protocols, tracking outcomes, supporting screening for children who are difficult to test; recommending and training staff on equipment purchases for screening programs; hearing conservation/prevention programming; and creation and administration of programs for the prevention of hearing loss.”

The addition to our services, after the proposal, now that we recognize the impact of the closing of Nine East Network and how this impacted our proposal/services, is now the addition of American Sign Language instruction and service coordination/referrals for ASL instruction, referring to EHDI and other independent contractors as well.

<p>Funding</p>	<p>Medicaid reimbursement (CIS-EI)</p> <p>Children's Integrated Services – CIS EI training grant</p> <p>Vermont Department of Health/ Early Hearing Detection and Intervention (EHDI) grant</p>	<p>Local Education Agencies - contracts, fee for service</p> <p>Medicaid reimbursement</p>	<p>Funded by Vermont Child Health Improvement Program (VCHIP) and Medicaid</p> <p>Consultative services to teams including families</p>	<p>Funding by Vermont State Appropriation and Fee-for-Service provided by local school districts</p> <p>Annual scope of work reviewed and approved by Vermont Agency of Education</p>	<p>Consultant Services Funded by Vermont State Appropriation through AOE Grant</p> <p>Fee-for-service provided by local school districts for additional services as resources permit.</p>	<p>Funded by the Office of Special Education Programs (OSEP)</p>	<p>Birth to 2.11 services funded from Medicaid CIS-EI.</p> <p>Funding for students ages 3-22 by Vermont State Appropriation and Fee-for-Service provided by local school districts</p> <p>Schools can bill Medicaid for our TVI and COMS^{vi} direct services for 3-22</p>
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Vermont Family Network (VFN):

As part of the IDEA, each State is required to have a designated Parent Training and Information Center to support parents, guardians, and families who have students with disabilities. In Vermont, our PTIC is Vermont Family Network. For more information on how VFN can help, please visit their website:

<https://www.vermontfamilynetwork.org/what-we-do/family-support/>

Special Education Advisory Panel (SEAP):

As part of the IDEA, each State is required to have a Special Education Advisory Panel comprised of no less than 51% of parent members. The Panel advises the AOE on matters of special education, including unmet needs of children and youth in Vermont. To attend meetings or apply for membership to this Panel, please visit their webpage for agendas, meeting dates and locations, meeting minutes, and resources: <https://education.vermont.gov/state-board-councils/special-education-advisory-panel>

AOE Special Education Website:

Families are invited to explore the Resources for Families section on our Special Education website, in addition to pages dedicated to recent events, news, guidance, and requirements. The AOE Special Education Team is open to feedback on what you would like to see represented so families can consider this a useful tool that meets their needs. <https://education.vermont.gov/student-support/vermont-special-education>

Agency of Education:

For any questions or concerns related to special education, the Individualized Education Program (IEP) process, or the provision of IEP services please contact The Agency of Education's Special Education Technical Assistance line. It is available 24 hours/day through the general email and voicemail system. These methods of communication are monitored regularly during business hours and a response is generally provided within 1 business

day: AOE.SpecialEd@vermont.gov or [\(802\) 828-1256](tel:802-828-1256).

Department of Disabilities, Aging and Independent Living:

For any questions or concerns related regarding to services through any state agencies, contact Laura Siegel. Her email address is: Laura.Siegel@Vermont.gov.

Her videophone number is: [802-560-5170](tel:802-560-5170). Her cell phone number is: 802-904-3241. Her cell phone number is only used for text messages.

ⁱ UVMMC/EHDI stands for University of Vermont Medical Center/Early Hearing Detection and Intervention.

ⁱⁱ UVM-CDCI stands for University of Vermont-Center on Disability and Community Inclusion.

ⁱⁱⁱ NEC stands for New England Consortium on DeafBlindness.

^{iv} VABVI stands for Vermont Association for the Blind and Visually Impaired.

^v LEAs stands for local education agencies.

^{vi} NASDE stands for National Association of State Directors of Special Education.

^{vii} APH stands for American Printing House for the Blind.

^{viii} ANSI stands for American National Standards Institute.

^{ix} For further understanding of an audiogram, click here: <https://www.babyhearing.org/what-is-an-audiogram>

^x For further understanding of a visual acuity, click here: <https://www.aoa.org/healthy-eyes/vision-and-vision-correction/visual-acuity?sso=y>

^{xi} EI stands for early intervention.

^{xii} ISE stands for Institute for Special Education.

^{xiii} FM/DM stands for frequency modulation/digital modulation.

^{xiv} CIS stands for Children Integrated Services.

^{xv} Contracts are either made at the district/SU level, by the director of student supports/special education, or at the building/school level by the 504 coordinators (often the Principal) for students on 504 plans.

^{xvi} TVI stands for Teachers of Visually Impaired, and COMS stands for Certified Orientation and Mobility Specialist.