

Vermont Deaf/Hard of Hearing/DeafBlind Services Programs

Introduction

This is a comparison of programs serving Deaf, Hard of Hearing, and DeafBlind (DHHDB) 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	UVMMC/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 (DHHDB)	Students who are DHHDB	Infants and toddlers with complex medical and developmental needs which may or may not include DHHDB	Students with complex support needs, which may or may not include DHHDB	Students who are DHHDB	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 DHHDB.</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 DHHDB.</p>	<p>Consultative services for teams serving students with complex support needs, which may or may not include students who are DHHDB.</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 DHHDB.</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 DHHDB 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 DHHDB providers outside of those working under the main/grant funded program.

<p>Eligibility</p>	<p>Children 0-3 with:</p> <ul style="list-style-type: none"> - Permanent conductive - Sensorineural hearing loss - - Fluctuating conductive hearing loss lasting 6 months or longer 	<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.</p> <p>Must have a complex profile of medical and/or developmental needs that significantly impacts participation in daily activities and routines.</p> <p>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.</p> <p>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.</p> <p>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>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>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 DHHDB 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> <p>Braille Instruction</p> <p>Orientation & Mobility</p> <p>Assistive Technology</p> <p>Social Skills</p> <p>Career Education</p> <p>Recreation & Leisure</p> <p>Sensory Awareness</p> <p>Independent Living</p> <p>Self-determination</p> <p>Booklet: Educating Students with Visual Impairments in Vermont</p>
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	<p>Provide support about the use and 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>		
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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 DHHDB and formalized self-advocacy competency checklists.

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
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 dhhdb@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 DHHDB 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^{xvi} 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.