



COLORADO

Department of Human Services

**Colorado Commission for the
Deaf and Hard of Hearing
Annual Report
October 23, 2015**



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COLORADO
Department of Human Services

October 23, 2015

The Governor and Members of the Colorado General Assembly
c/o the Office of Legislative Legal Services
State Capitol Building
Denver, Colorado 80203

Dear Governor Hicklenlooper and Members of the General Assembly:

In accordance with the statutory responsibility established through 26-21-106 (e), C.R.S., the Colorado Commission for the Deaf and Hard of Hearing (CCDHH) is pleased to submit our first-ever annual report. CCDHH is mandated to assess the needs of the deaf and hard of hearing community and report to the Governor and the General Assembly “any recommendations for legislation or administrative changes that may facilitate or streamline the provision of general government services to the deaf and hard of hearing community”.

Through hard work, dedication, and commitment by the CCDHH staff and many of our stakeholders, we were able to complete this report outlining the critical services and community projects that were conducted prior to and during FY 2015. The community stakeholders, including commissioners, were involved in the recommendation process and take ownership of many issues outlined in this proposal.

This report is in the following sections:

1. Background, including legislation and history of CCDHH
2. Programs and services CCDHH operated as mandated by the State Legislature
3. Community projects and issues on which CCDHH collaborated with constituents
4. Summary of recommendations for your consideration
5. Pending issues that the community may address during FY 2016
6. Appendices of documents relevant to this report


True to our mission -- *To be an agent of change for a sustainable statewide network of resources dedicated to cultural and linguistic equality* -- CCDHH is an effective and valuable state commission dedicated to resolving issues facing our deaf, hard-of-hearing, and deaf-blind citizens.

Our vision -- *We envision a barrier-free Colorado* -- meets the intent of the fair-minded residents and legislators of our beautiful state.

Should you have questions or need additional information, please contact me at cliff.moers@state.co.us or 720-747-9462.

We thank you for the opportunity to serve.

Respectfully,

A handwritten signature in black ink, appearing to read "Cliff Moers", with a long horizontal flourish extending to the right.

Cliff Moers
Administrator
Colorado Commission for the Deaf and Hard of Hearing

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Background

The Colorado Commission for the Deaf and Hard of Hearing (CCDHH) under the Department of Human Services (DHS) was created in 2000 by Senate Bill 00-194 (SB 00-194). Before the Commission was created, the state provided the following services to the deaf and hard-of-hearing population:

- State courts, licensing, regulatory, and law enforcement agencies were required to provide qualified sign language interpreters to deaf and hard-of-hearing people in legal settings.
- The State established telecommunications relay services (TRS) to serve deaf, hard-of-hearing, and speech-impaired people in order to comply with the federal Americans with Disabilities Act of 1990 (ADA). This TRS program is housed within the Public Utilities Commission (PUC) and is funded through a telephone surcharge known as the Disabled Telephone Users Fund (DTUF).

The General Assembly created CCDHH in order to fulfill the federal requirement to ensure equal access to deaf and hard-of-hearing people and to provide a point of access for individuals in need of services. It also authorized an appropriation from the DTUF to establish CCDHH.

Under the federal “Americans with Disabilities Act of 1990,” 42 U.S.C. Sec. 12101, Colorado has a duty to provide deaf, hard of hearing, or deaf-blind individuals access to governmental services. This duty requires state departments and agencies to provide interpreters, telecommunications equipment, and other auxiliary services and aids.

In 2002, the General Assembly adopted House Bill 02-1180 (HB 02-1180) establishing a program to distribute telecommunications equipment such as teletypewriters, amplified telephones, and wireless phones to deaf and hard-of-hearing people who meet certain income criteria.

In 2006, the program began providing interpreters for deaf and hard-of-hearing people in legal settings, which was moved from the Division of Vocational Rehabilitation services to CCDHH. Senate Bill 06-218 (SB 06-216) also clarified that the state must provide a range of auxiliary services, recognizing that some deaf and hard-of-hearing people might benefit more from assistive listening devices that amplified sound, or from a Communication Access Real-Time Translation (CART) provider than from a sign language interpreter. The bill also required the state to provide interpreters and auxiliary services not only to deaf and hard-of-hearing people who are parties to a case, but also to deaf and hard-of-hearing who are witnesses and potential jurors and for those in court-ordered treatment.

In 2009, the General Assembly adopted Senate Bill 09-144 (SB 09-144), which, among other things, established a grant program to address the needs of deaf and hard-of-hearing people. SB 09-144 transferred responsibility in coordinating qualified

interpreters, CART providers, assistive listening devices, or other means of providing information to deaf and hard-of-hearing individuals for the state court system to the Commission. Senate Bill 09-144 also created a system navigator specialist, which is now called an outreach consultant, position to improve and ensure equal access to communication in critical state and local government agencies, private agencies, and other entities.

In 2015, CCDHH underwent a sunset review and was continued for nine years, until 2024, per Senate Bill 15-178 (SB 15-178). Including the nine-year extension, additional changes were made:

- Amended the reporting requirement to require the Commission to submit a report to the Governor and the General Assembly by September 1 each year.
- Limited commissioners to two consecutive terms of four years.
- Repealed the requirement for the Senate to approve the appointment of commissioners.
- Clarified that the Commission serves people who are deaf-blind.
- Repealed the requirement for a member of the public to serve on the Commission and add a deaf-blind person to the Commission's membership.
- Made technical amendments to the Act.

Programs and Services

Telecommunications Equipment Distribution Program

The Telecommunications Equipment Distribution Program (TEDP) runs three programs serving the deaf, hard-of-hearing and deaf-blind Colorado residents, as well as provides resources and education to the community at large on such equipment and telecommunications services. Qualifications for these programs may include proof of income, residency and telecommunications service.

The first program offers telecommunications equipment, such as amplified and captioned phones, ring signalers alerting a person the phone is ringing by a light flashing, a loud ringer or a personal wearable device, and amplified accessories, such as a headset or neck loop, to those who qualify.

TEDP's wireless program provides residents with smartphones, such as an iPhone or Droid, while the consumer is responsible for the monthly service through Sprint, which offers an unlimited data plan for email, text and video phone communication.

This program also manages the National Deaf-Blind Equipment Distribution Program (NDBEDP), also known as iCanConnect (ICC). This is a Federal grant in its fourth pilot year that provides numerous telecommunications equipment for Colorado residents who are deaf or hard-of-hearing AND blind. This program allows deaf-blind individuals to receive telecommunications equipment, such as an iPad, Braille device, screen reader, magnifier, etc., at no charge if they qualify. A deaf-blind qualified applicant receives a personalized assessment of his/her telecommunications skills and needs, customized equipment to meet those needs and training on such equipment. This also includes providing any communication support, such as sign language and foreign language interpreters.

The TEDP coordinator performs all outreach and indirect work for these three programs, including event participation, marketing to State of Colorado's residents, collaborating with other state departments, non-profit entities, senior and low income groups and educating the community at large as well as managing vendors, independent contractors and all financial management, such as contracts, purchase orders and invoices.

FY15 Equipment Distributed, Inquiries and Outreach Activities

Captioned Telephones: 64

Amplified Telephones: 64

Ring Signalers: 158

Amplified Accessories: 70

Wireless Devices: 18

Deaf-Blind Equipment: 129

Inquiries: 1,815

Outreach Activities: 205

Auxiliary Services for the State Court System

Legal Auxiliary Services (LAS) was established in 2006 and provides auxiliary services (sign language interpreters and Communication Access Real-time Translation-CART) to the Colorado State Courts, probation and for court ordered treatment. LAS provides the oversight and credentialing of the service providers as well as outreach and training. LAS is staffed by one full-time Manager and one full-time Coordinator.

The fiscal year 2015 statistics are shown in the table below. They reflect an overall increase of services of 10% from fiscal year 2014. LAS has shown a steady increase in service provision since 2006. The areas that saw the greatest gains were the use of Communication Access Real-time Translation (CART), Certified Deaf Interpreters (CDIs) and Video Remote Interpreting (VRI).

CART, which can be provided remotely or on-site, is a word-for-word speech-to-text translation service for people who are deaf or hard of hearing. The deaf or hard-of-hearing party is provided a laptop and is able to read everything that is being said. The provision of CART services saw an increase of 32% from fiscal year 2014. The assumption is that this is due to the increasing hard-of-hearing population in general, as well as the increased awareness of the availability of this service.

CDIs are individuals who are deaf or hard of hearing and who have received national certification from the Registry of Interpreters for the Deaf (RID) as an interpreter. The following definition is from the RID Standard Practice Paper regarding the use of CDIs. “Due to specialized training and experience, CDIs bring added expertise into both routine and uniquely difficult interactions to help meet special communication challenges such as the use of idiosyncratic non-standard signs, use a foreign sign language, have minimal or limited communication skills, have mental health issues, are deaf-blind or deaf with limited vision, or have characteristics reflective of deaf culture not familiar to hearing interpreters.”

LAS is striving to increase the use of legally-qualified CDIs to ensure the provision of effective communication access to all deaf and hard-of-hearing and deaf-blind parties. CDI use increased by 125% in fiscal year 2015 compared to 2014. Currently, there is only one legally qualified CDI in Colorado, so LAS is collaborating with other entities to expand this pool of highly skilled service providers to be able to meet this increasing demand.

VRI is the provision of sign language interpreting services via videoconferencing technology. The deaf or hard-of-hearing party is present while the interpreter is off-site. Due to the lack of certified and legally-qualified service providers in rural areas, video technology is rapidly expanding in Colorado judicial buildings to save travel costs to those areas. However, very few situations are appropriate for VRI. LAS determines the appropriateness of this type of accommodation on a case-by-case basis. Some determining factors are: hearing is less than 30 minutes in duration; an urgent or unexpected situation arises and an in-person interpreter is not reasonably available; or for a non-emergent matter and more fiscally responsible to use VRI than an in-person

interpreter. Fiscal year 2015 was the first year for LAS to pilot the limited use of VRI in the courts and twenty-one (21) hearings in rural courts, were deemed to be appropriate. LAS will continue to work closely with on-site judicial staff and interpreters to gather data on the effectiveness of this accommodation.

Service Provided	Total # of Requests	Total # of Service Hours
Sign Language Interpreter	3,211	8,600
Communication Access Real-time Translation (CART)	127	433.5
Certified Deaf Interpreter (CDI)	54	113
Video Remote Interpreter (VRI)	21	31.5
TOTALS	3,413	9,178
AVERAGE PER MONTH	284.5	765

Outreach and Consultative Services

Consultation and outreach services are provided to all levels of Colorado government, private non-profit organizations and businesses. Services include:

1. communication access assessments of policies, procedures, facilities, programs, services, and activities;
2. professional development opportunities for personnel to learn how to provide culturally affirmative services to individuals who are deaf, hard of hearing and deaf-blind, through the provision of reasonable accommodations and recognition of how cultural differences may lead to culture conflict; and
3. consultation and/or professional development regarding how to be in compliance with major federal and state regulations that mandate equal access to communication. Professional development workshops are customized to address communication accessibility in government, the workplace, medical and health facilities, legal systems, emergency response services, senior residential communities, schools, and other settings.

The Outreach and Consultative Services have facilitated education for some of Colorado’s governmental agencies in FY 2015; i.e., Department of Labor and Employment, Department of Human Services for their summer planning tour, the State Unit on Aging, Vocational Rehabilitation, and state courts for improved quality control, thus increased the quality of governmental services while increasing access to those services by individuals who are deaf, hard of hearing, or deaf-blind.

Outreach also provides consultations and trainings to individuals who are deaf, hard of hearing or deaf-blind.

The outreach team promotes compliance with federal, state and local accessibility laws and regulations through collaboration and policy development efforts with consumers, public and private entities, and other stakeholders for equity in communication access to communication to programs, services and activities.

2015 Outreach Strategies

- Provide and expand provision of technical assistance to stakeholders including public and private entities and community organizations.
- Develop and implement training modules available on the Commission website.
- Develop and implement a stakeholder contact database, and a bank of resources and trainings that can be used for system navigation, and provide access to electronic-based consultations and trainings for consumers.
- Increase staff capacity to provide efficient services, and to provide one-on-one assistance for equivalent access to communication within systems.
- Maintain and expand use of Communication Access Assessments.
- Hold community forums to discuss a variety of the stakeholder issues and needs.

The outreach team currently consists of two experts who provide Outreach and Consultative Services for all individuals or entities within the State of Colorado with information. Outreach stakeholders include persons who are deaf, hard of hearing, deaf-blind, parents and community members, as well as state and local governmental agencies, private businesses, and other organizations that have a point of contact with individuals who request reasonable accommodations for access to communication.

CCDHH Outreach and Consultative Services provide technical assistance and referral to all of the stakeholders listed above. Our technical assistance is provided through various delivery methods such as telephonically (through voice, or sign language), face-to-face communications, meetings, trainings, or outreach/community events. To expedite the referral process, a resource directory is available on the CCDHH website and provides contact information for interpreter services, Communication Access Real-Time Translation (CART) captioning services, attorneys, filing complaints, hearing aid resources, legal resources and other community resources.

During Fiscal Year 2015, CCDHH had conducted 1,027 individual technical assistance activities. This is approximately a 40% increase in outreach and consultation services from the previous reporting year with the same amount of outreach personnel.

TECHNICAL ASSISTANCE PROVIDED BY OUTREACH CONSULTANTS IN RESPONSE TO STAKEHOLDER INQUIRIES DURING FY 2015.

Target Areas	Number of Inquiries				
	I	GE	PE	CO	PrE
Total: 1,027	402	186	4	92	191

I = Individual; GE= Government Entities e.g. Police Dept; PE = Public Entities e.g. Library; CO = Community Organizations e.g. CAD, HLAA; PrE = Private Entities e.g. Doctor's office

Type of Activity	Number of Events
Consultation and development activities for organizations	30
Communication Access Assessment for organizations	17
Trainings	25
Misc outreach events (meetings or community events)	80

During outreach and consultation activities many questions from CCDHH stakeholders emerge, including questions regarding communication technology such as hearing assistive technology (FM or loop systems), telecommunications equipment (video phones, captioned phones, or amplified phones) alerting devices (flashing light for a doorbell, telephone, or fire alarm). CCDHH outreach and consultative services also address the legal mandates to make these auxiliary aids available to a qualified individual while recognizing their civil right to have access to these types of reasonable accommodations. Outreach also provided stakeholders information pertinent to the legal requirements under laws such as the Americans with Disabilities Act and how these devices can meet or exceed the minimum standard requirements under such laws, information on installation, and information on best practices for implementing the use of these devices. For example, many entities asked about how to best install loop systems. CCDHH was able to refer these clients to various resources as well as provided ADA guidance on when FM/loop systems were required, and the minimum number of receivers.

Many individuals who are hard of hearing asked about acquiring hearing aids. The CCDHH website has a resource directory on hearing aid assistance programs. Medicaid/Medicare does not pay for adult hearing aids, so many individuals who could benefit from hearing aids are unable to gain access to them due to lack of financial resources. This directory gives state and national resources to assist individuals who might qualify for financial assistance.

Video Remote Interpreting (VRI) technology, which is a technology that uses video displays, cameras, and an internet connection to provide an interpreter from a remote location, has been widely used by medical providers within the state of Colorado. The deaf community has reported that this technology is not ideal for medical settings and is unreliable due to technical errors, unqualified interpreters, and lack of training of the part of the medical providers. Thus, the outreach and consultative services has provided technical assistance to individuals who needed to file a formal complaint. In addition, private attorneys have also started contacting CCDHH to ask for information on the ADA requirements for VRI, in order to pursue private lawsuits against medical providers that do not comply with the effective communication requirements of the ADA due to lack of accessible technology, or knowledgeable staff. In addition, CCDHH has helped various providers test equipment and create or update VRI policies and procedures.

In May 2015, CCDHH received an email from a student who had problems with a state university's willingness to provide CART services to access the classroom. The student indicated that the consultations with outreach made a difference, and she will be graduating in May. She indicated that she would not have known what to do without consultation from CCDHH's outreach personnel and that she will always remember the help she received. CCDHH often receives complimentary feedback about its outreach work.

Many stakeholders inquire about legal rights and responsibilities under civil rights laws. For those questions, the outreach personnel provide direct technical assistance and may also provide additional referrals to enforcement agencies such as the U.S. Department of Justice (DOJ) or the Equal Employment Opportunity Commission (EEOC). Outreach also provides stakeholders who are requesting reasonable accommodations, strategies for self-advocacy. For example, a deaf individual wanted to attend a field trip at her daughter's school. Other parents who could hear were also invited to go on the field trip. The school, a state-funded program, informed the individual that she would have to attend the field trip with her daughter without an interpreter. The school erroneously made this determination based on old case law that has since been superseded by updated regulations. Outreach provided the individual the information she needed to self-advocate including the updated ADA language that stated that she had the civil right to effective communication under the "companion" clause of the ADA. The school was provided the updated information and they provided her an interpreter. This gave the individual communication access and saved the local governmental entity from potential litigation.

Outreach and consultative services serve other state agencies throughout the state of Colorado through Communication Access Assessment. These assessments evaluate policies and procedures, facilities, websites, and training procedures of entities, and offer solutions to promote greater communication access. In the past year CCDHH has conducted 17 assessments and has provided guidance to the Denver Center for the Performing Arts, the Colorado Department of Labor and Employment, the Department of Human Services, the Office of Aging, Vocational Rehabilitation, and other state agencies.

Consulting with individuals and training staff are significant components of outreach and consultative services. All trainings within this fiscal year have been face-to-face training events. Through the Equal Access to the Justice System (EAJS) workgroup of members from the Access Coalition for Equity (a group of organizations that provides technical assistance and direct services to persons who are deaf, hard of hearing, or deaf-blind), over 10 trainings have been provided on culturally affirmative services, and the legal rights of individuals who are deaf, hard of hearing or deaf-blind. CCDHH teamed up with the Division of Vocational Rehabilitation (DVR), the Rocky Mountain ADA Center and the Equal Employment Opportunity Commission to provide self-advocacy training to DVR clients who are searching for employment. These clients were given information on how to ask for accommodations and where to get additional information if they face employment barriers.

Outreach and consultative services also addresses working directly with the deaf community. Outreach has presented a number of community-level workshops; i.e., *Lateral Violence: Instead of Pushing Each Other Down, Let's Lift Each Other Up*. The theme of the workshop was centered on lateral violence, which is displaced violence directed against one's peers rather than one's true adversaries. CCDHH presenters dialogued with workshop participants to explore the ways that lateral violence occurs in the deaf community. The interactive discussion examined what deaf individuals can do to break the cycle of lateral violence against members of their own community and the significance of staying positive with each other as a way to strengthen the community. Other formal workshops with the community had been conducted in collaboration with,

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1. the Equal Employment Commission for community training on self-advocacy,
 2. Deaf Overcoming Violence through Empowerment (DOVE) a direct advocacy service for victims who are deaf, hard of hearing or deaf blind, the Rocky Mountain ADA Center for personnel training on the Criminal Justice System's interactions with individuals who are deaf, hard of hearing or deaf-blind, and
 3. Vocational Rehabilitation for client training on self-advocacy, and
 4. the Mental Health Center of Denver for training on how Law Enforcement will remain compliant with ADA regulations during interactions with CCDHH stakeholders who had requested reasonable accommodations.

Outreach consultants also have less formal workshops with the community; i.e., the outreach consultants joined Paul Simmons and Maggie Sims from the Rocky Mountain ADA Center to visit with the citizens of Pueblo, Colorado. Approximately 15 members of the Pueblo deaf community participated in an open discussion regarding accessibility.

The outreach consultants attend various events throughout the state to promote the overall mission of CCDHH. Both consultants have attended 80 various outreach events including advisory board meetings, hearings, emergency planning meetings, etc.

With the added emphasis on serving deaf-blind individuals and the increase of litigation efforts made by various independent law firms and advocacy organizations, demands on the outreach and consultative services staff are expected to continue to increase. In the future it is CCDHH's aim to provide more resources for online trainings with the .3 FTE Online Training/Video Log Producer whom will implement web-based online trainings and information sharing (with videos produced in American Sign Language) when possible. The online trainings will help outreach to use their already stretched time and resources more efficiently. Two more full-time Outreach Consultants with one focusing on the deaf issues while the other consultant focusing on the deaf-blind issues, and an additional of .7 FTE for then Online Training/Video Log Producer is inevitable. Stakeholders have proposed the addition of satellite offices to better address the statewide need for outreach services in less populated areas.

Grant Program

A total of \$50,000 was available for applications; however, each applicant cannot apply for more than \$10,000. A total of seven (7) applications for a total of \$58,260 were considered. The five (5) applications were approved for funding for a total of \$38,260.

Name: Aspen Camp of the Deaf and Hard of Hearing
Amount: \$9,000
Project: Project Side by Side

This project is designated to create a sustainable programming for deaf, hard of hearing, autistic, blind, and physically challenged children between 8 and 18 years of age. The new opportunities will be created to allow them to learn new skills, develop more confidence, efficacy and an increased positive self-image as well as to provide

families valuable strategies to provide support and create independence to these children.

Consultation to Aspen Camp in regards to programming that is tailored to these populations and curriculum development are the core of this project.

Name: Disabled Resource Services - Ft. Collins
Amount: \$10,000
Project: Distribution of home alerting technology

Personal signaling and alerting systems (that are considered "personal use" items under the ADA or the Fair Housing Act) will be made available to individuals or families living below poverty line. This project will enable about 30-50 consumers in the Larimer and Jackson counties to obtain and use doorbell signalers, smoke alarm signalers, and other notification systems inside their living quarters. The equipment will be purchased and installed for those who meet the criteria.

Name: Hearing Loss Association of America - Western Colorado Chapter
Amount: \$1,260
Project: Remote CART for HLAA WCO chapter meetings

The Western Colorado Chapter of HLAA, a non-profit organization in Grand Junction, was granted recognition as a chapter by the national headquarters in the spring of 2011. The chapter has held meetings and educational programs since then and all programs are free and open to the public.

This very moderate grant will enable them, as a third-year organization, to provide remote CART service at eight HLAA WCO educational chapter meetings during the fiscal year and meet their objective of providing communication access to deaf and hard of hearing people attending meetings.

Name: Helen Keller National Center
Amount: \$10,000
Project: Support Service Providers

Sustaining and using a pool of Support Service Providers is the most pressing issue for Coloradans who are deaf-blind. Currently, there is not a formal agency formally offering this accommodation in the state. SSPs are trained professionals who offer visual and environment information along with human guide services so that deaf-blind individuals can perform essential errands.

This project intends to continue to operate HKNC's SSP pilot project while it studies for long-term funding and partnerships in order to turn the SSP pilot project into an official Colorado SSP program.

Name: **The Independence Center**
Amount: **\$10,000**
Project: **Emergency Preparedness Programming**

This programming will develop a Deaf and Hard of Hearing Emergency Communication Alliance (DHHECA), which will be based at The Independence Center in Colorado Springs. The DHHECA will connect with other agencies and emergency response personnel throughout the state. The funding will be to kick-off this expansion and conduct an Emergency American Sign Language/English Interpreter Training, which will begin to assure efficient communication during an emergency. In addition, this programming will work to build alliance and understanding with local and state emergency personnel on access needed by the deaf and hard of hearing communities during the disaster life-cycle.

Community Project Updates and Issues

Advocacy Coalition for Equality (Allied organizations)

Advocacy Coalition for Equality (ACE) was formed to be a professional resource network serving deaf, hard-of-hearing, and deaf-blind Coloradans. The goal of ACE, currently consisted of 9 organizational members, is to improve technical assistance for consumers through collaboration. They convene at three Summits per fiscal year to:

1. cross-train on what partners (organizational members) are developing, share concerns, and develop services together; and
2. advise on the work happening in each work group between each summit.

ACE identified specific gaps in services to consumers:

1. Follow-up with individuals who have received information
2. Advocacy for victims of crimes
3. Specialist/services for deaf and developmental disabilities
4. Access to lawyers
5. Training in self-advocacy
6. More technology assistance

ACE also identified these gaps in services to organizations working with deaf, hard-of-hearing, and deaf-blind consumers:

1. Coordination/information sharing to keep up with changing services
2. Overlap/clarity of who provides which trainings to which audiences
3. Collaborate with training advocacy and ADA requirements

It was the previous sets of gaps that helped the group narrow down to ACE's 3 focus areas as follows:

- information sharing,
- one-on-one advocacy, and
- equal access for consumers in the justice system.

INFORMATION SHARING WORK GROUP

Development of an ongoing mechanism for information sharing among technical assistance providers for deaf, hard-of-hearing, and deaf-blind consumers, in order to increase collaboration and coordination. The outcome is easy access to information across providers, and better collaboration (e.g. leveraging each other's services, decreasing duplication, being more efficient with collective resources), leading to better access to services for the consumer.

Summary of Current Action Plan:

1. Develop membership criteria and one-page membership application for new agencies to join ACE.
2. Develop definitions that are applicable to ACE's work for technical assistance and direct communication.
3. Develop a letter for acceptance/denial of ACE membership.
4. Develop a logo for ACE.
5. Collaborate with CCDHH for the development of a ACE page on the CCDHH website.
6. Develop access to attorneys and complaint process information.
7. Coordinate trainings.

ONE-ON-ONE ADVOCACY WORK GROUP

ACE has defined one-on-one advocacy as engaging in activities that empower the person to navigate systems to access desired resources and services without barriers. This includes activities such as:

1. Advocating on behalf of a single individual - in legal, medical, or other settings.
2. Arranging interpreters or other communication access for meetings, hearings, etc.
3. Going with a client to meetings, appointments, hearings, court dates, etc. (to help the client understand what's happening at the meeting, and/or to provide moral support, but not advocating on behalf of the client or interpreting for them).

We recognize that one-on-one advocacy falls on a continuum of services ranging from only providing information and referral, to guiding the through the systems by the consumer's side, navigating systems with the consumer.

Summary of Current Action Plan

1. ACE members present at the ADA 2016 Symposium in Denver.
2. ACE members attend/present at the ADARA Breakout Conference on March 16-19, 2016. ADARA is a professional network for excellence in service delivery with consumers who are deaf or hard of hearing.
3. Develop and provide trainings on advocacy.
4. Identify ways that ACE members may collaborate with each other.
5. ACE sponsor its own statewide conference in the future for service providers who want to share what they are doing and their goals for advocacy.
6. Conduct a Fiscal Scan to identify grants that are available for advocacy work.
7. Evaluate how the CCDHH Communication Access Assessment tool can be used to educate stakeholders.

EQUAL ACCESS IN THE JUSTICE SYSTEM (EAJS) WORK GROUP

Development of technical assistance to ensure deaf and hard of hearing individuals have equal access in the criminal and juvenile justice systems. The intended outcomes are:

1. Increased consumer access to attorneys.
2. Increased consumer access to communication in justice settings, including auxiliary services and videophone/CapTel access in jails.
3. Outcomes improved for consumers, including more appropriate settings for those involved with justice system.
4. Better informed justice system personnel including law enforcement, dispatch, court systems, and Department of Corrections.

Summary of Current Action Plan:

1. Develop online trainings on ADA compliance regarding equitable access to communication for the Justice System with law enforcement, department of corrections, and the judicial branch.
2. Develop resources; i.e., presentation formats, and workbooks for trainings on the ADA.
3. Collaborate with the Rocky Mountain ADA Center on use of CCDHH's Communication Access Assessment tool for conducting communication access audits to provide recommendations for communication access with timelines and accountability

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4. Communication access to attorneys and collaborate with the Communication Access Fund Task Force to establish a sustainable fund for communication access to legal counsel when not in court (*see Communication Access Fund for Legal Counsel below*).

Aging Services and Residential Facilities

Late in FY 2014, CCDHH, the Division of Aging and Adults Services in the Department of Human Services, and Disability Law Colorado agreed to conduct a needs assessments regarding nursing facilities and assisted living residences and their elder deaf, hard-of-hearing, and deaf-blind residents. Purpose of the needs assessments are:

1. To identify number of residents who are visual language users, mainly deaf or deaf-blind who use American Sign Language (ASL)
2. To identify nursing facilities and assisted living residences in which those residents reside
3. To identify which facilities and residences need to provide auxiliary services and aids for communication access, i.e., sign language interpreters or hearing assistive technology (Communication Access Real-time Translation, FM system, loop, one-on-one communicator) for one-on-one meetings or during group activities
4. To identify residents who feel isolated
5. To identify if residents would prefer residing in a facility or residence that is deaf and deaf-blind-centered
6. To identify the degree of need to appoint a statewide ombudsman who is fluent in ASL

To identify how technology could be used to improve access, CCDHH's communication access assessment would be made available should a facility wish to take it. Such technology would include telecommunications equipment, captioned televisions, notification system (LED scrolling message boards), visual and amplified alerting system, built-in audio communication system, etc. The needs assessment process includes:

1. An email distributed to all ombudsmen asking for:
 - a partnership and collaboration on improving communication access for deaf, hard-of-hearing, deaf-blind, and non-deaf individuals within nursing facilities and assisted living residences;
 - feedback and trends that the ombudsmen may have observed through complaints from individuals who are visual language users or have residual hearing;
 - observations of isolation among deaf or deaf-blind persons; and

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- support for needs assessments.
2. Development of two needs assessments to include:
 - a census of facilities and residences that house residents who are visual language users, and to indicate the availability of auxiliary services and aids; and
 - identification of deaf and deaf-blind residents to determine the current status of communication access and to identify isolation issues.
 3. A list of facilities and residences that the ombudsmen have identified as having deaf and deaf-blind resident(s).
 4. A needs assessment for the participating facilities and residences.
 5. Statistical data on the number of deaf and deaf-blind individuals, and information regarding accessibility within these facilities and residences.
 6. An individual needs assessment for deaf and deaf-blind residents in participating residences and facilities.
 7. Statistical data and information that identifies isolation, accessibility issues, and need for a fluent ASL ombudsman.

An assessment of nursing facilities and deaf or deaf-blind residents who live in these facilities will be conducted first. The second priority, an assessment of assisted living residences and their residents will be conducted in the next fiscal year, if possible.

After reaching out to long-term care facilities, our contracted researcher was able to conduct a face-to-face, basic survey with seven residents in nursing facilities who responded with deaf residents. The results are:

- Everyone used American Sign Language (ASL) prior to moving to their residence;
- Five residents usually communicate with the staff or others in their facilities; two residents seldom communicate with the staff;
- Four residents use written notes to communicate with the staff, while two other residents speak to the staff; only one person uses sign language a little to communicate with the staff;
- Five residents reported they've never received sign language interpreting service from their facility, while one occasionally received the service; one resident does not know whether or not they provide the service;
- Four of the residents never received interpreting service for any of the functions, while three of the residents received interpreting service for their doctor appointments only;

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- Five of the residents don't have access to a teletypewriter (TTY; an obsolete phone equipment) while two residents have their own TTYS, but they are not working;
 - Only one resident has a videophone, but it is in a work room;
 - Four residents prefer to live with deaf residents, while three residents prefer to live with non-deaf residents; and
 - Four residents did not know there is an ombudsman available to them if they have significant issues with the facility or its staff.

Although this survey is basic and preliminary and with a few number of long-term residents, it is clear that most of the facilities and their staff are not equipped to accommodate the residents with their communication access preference and that there is a strong preference that they live with other residents who could communicate with them.

In addition, CCDHH has agreed to collaborate with the newly formed Colorado Deaf Seniors Coalition, whose mission is to build the deaf, hard-of-hearing, and deaf-blind residents an independent, assisted living center. Resources will be provided to the Coalition when available. Implementation will begin when resources are available.

Communication Access Fund for Legal Counsel

The CCDHH Communication Access Fund (CAF) Task Force had been established to resolve barriers that deaf, hard-of-hearing and deaf-blind individuals had typically encountered when receiving legal services outside of the State Court System. A survey had been conducted in March 2013 to identify consumer access to communication needs with attorneys. The results of the survey showed that eighty-two percent (82%) of the respondents (deaf, hard of hearing and deaf-blind) indicated that when they sought legal services, there was a general lack of willingness on the part of attorneys to provide the requested auxiliary service, i.e. interpreters or CART services. The survey identified stakeholder need for communication access while seeking legal counsel.

After survey results were shared with the CAF Task Force, they achieved consensus on the creation of an ideal way to address this need. CAF recommended a centrally funded, sustainable system that is available at anytime, anywhere in the state. The task force made recommendations for a course of action.

At that point, Administrator Moers had taken the recommendations made by the task force and by the Advocacy Coalition for Equality's (ACE), Equal Access to the Justice System (EAJS) workgroup, and submitted a letter to the Colorado Supreme Court Regulation Counsel. In response, James Coyle, Attorney for the Regulation Counsel, advised Administrator Moers that "attorney registration fees collected pursuant to Colorado Rule of Civil Procedure 227 are only designated to defray the costs of disciplinary administration and enforcement, the costs incurred with respect to unauthorized practice law matters, and expenses incurred in the administration of attorney registration procedures and that funding for other pursuits, such as the

proposed Communication Access Fund, falls under the jurisdiction of the Colorado legislature.”

CCDHH contacted Jamie Sudler of the Supreme Court Regulation Counsel on May 20, 2015, to discuss the establishment of a funding mechanism for CAF through the attorneys’ annual registration fee. Counsel Sudler advised CCDHH that;

1. it is a political issue because it could be argued that this is a compliance issue rather than something that needs to be funded through the attorneys annual registration fees [CCDHH explained that the consumers have not been able to get an attorney to sue another attorney, so nothing changes];
2. once a legal fund has been established, it may jeopardize CCDHH funding [CCDHH explained how CCDHH’s Legal Auxiliary Services program had been established by the legislature to provide interpreter and CART services for State and County courts, but there were no mandates to provide this for attorneys, so there is no connection between CCDHH providing services for courts versus attorneys and that setting up a CAF fund for attorneys would not jeopardize CCDHH’s current operation]; and
3. Counsel questioned how the funds for CAF would be administered [CCDHH outlined LAS’s current function, and suggested that LAS could administer the program’s funds—as previously explained to Coyle].

Then Counsel Sudler indicated that he had talked to Coyle and they had decided they couldn’t support the request. The rationale being that because they increased the registration fee last year, they are certain the court wouldn’t agree to another registration fee increase at this time. CCDHH was advised to go directly to the Supreme Court to explore this matter, because they know the Regulation Counsel’s budget. The Counsel feels that attorneys pay for a lot of things through their attorney fee, which includes client protection and this is the only thing that is funded by registration fees. The Board of Trustees has oversight on these funds, which may only be used for victims of dishonest attorneys pursuant to the rules of the Client Protection Fund. CCDHH asked if noncompliance with ADA could be considered under the Client Protection Fund, and the answer was no, because it was not dishonestly taking money from clients. CCDHH asked how Counsel would feel if he were denied access to effectively communicate with legal counsel for court-related matters and if that would be considered less than honest. Counselor Sudler felt that even though denying equity in access to communication was not in compliance with ADA, it was not related to dishonesty, as intended by the Client Protection Fund.

As a short-term, inadequate solution, stakeholders who have inquired about access to attorneys have been informed by the CCDHH Outreach Consultants that:

1. The Colorado Bar Association (CBA) reimburses bar members for interpreter/CART expenses up to \$250 per client once in a lifetime. Consumers are referred to the CBA website to find an attorney who specializes in whatever

they need addressed, and then to make an appointment with the selected attorney and at the same time ask for an interpreter or CART services using CBA funds for that purpose. The Bar Association makes these reimbursements via its general funds, so the attorney will need to request reimbursement.

2. Attorneys are also referred to IRS Access Credit form 8826 for a federal tax incentive which allows a 50% tax credit for expenses incurred in providing access to qualified individuals.

However, membership in the Bar Association is voluntary for attorneys, and thus the problem. Currently there are limited funds available for communication access (\$250 once in a lifetime from CBA). Colorado's current option for stakeholders is inadequate and unsustainable as there is no guarantee that CBA will continue to provide funds for the provision of interpreter or CART services, and as a result, people who are deaf, hard of hearing, or deaf-blind will continue to encounter significant communication barriers when attempting to obtain private legal services, regardless of the Americans with Disabilities Act of 1990 (ADA), and DOJ's 2011 updated regulations for Title II and III on effective communication. The ADA requires Title III entities, such as attorneys who are engaged in private practice to provide equal access to their services by providing auxiliary services and aids that are necessary to ensure effective communication between individuals who are deaf and their attorneys. Such auxiliary aids and services include, but are not limited to, qualified sign language interpreters, real-time captioning, and assistive listening systems/devices (hereafter "communication access services").

Many private attorneys may be unfamiliar with their obligations under the ADA. Others may be unwilling to incur the costs to provide the necessary communication access services. As a result, many deaf people are unable to retain private attorneys for critical legal matters including, but not limited to, criminal law proceedings, family law issues, probate, and employment law matters.

As a final note, the National Association of the Deaf (NAD) advocates for the establishment of a state-based communication access fund (CAF) in each state to facilitate and ensure the provision of communication access services. The CAF would cover the expenses for communication access services to ensure effective communication between private attorneys and deaf individuals. Expenses eligible for coverage would include qualified sign language interpreters, real time captioning, or any other auxiliary service or aid used to ensure effective communication between the attorney and a deaf individual. CAF would remove the cost of providing communication access as a barrier to private attorneys accepting deaf clients. Assessing a small annual fee to be paid by each practicing attorney licensed in Colorado could generate the revenue source for each state's CAF. Through the CAF, each attorney would incur a small annual fee rather than the full cost of communication access.

Recommendation from CAF Task Force and Advocacy Coalition for Equality Regarding Communication Access Fund is as follows:

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1. The CAF should reimburse the full cost of providing auxiliary aids and services without a cap. Except for Maine and Texas, these CAFs cap reimbursement at levels that may fall below the full cost incurred. Without full coverage, attorneys and deaf individuals will continue to face the same problems existing now.
 2. The CAF should be funded in a manner that is readily renewable, rather than from grants that have no guarantee of renewal. Currently, with the exception of Maine's fund, this draws from the state treasury and is required by state law. All existing CAFs rely significantly on grants with no guarantee of renewal.
 3. The CAF should cover any necessary communication access service. With the exception of CAFs in Maine, Pennsylvania, and Texas, existing CAFs offer reimbursement for American Sign Language interpreters only. However, not all deaf individuals use American Sign Language. Therefore, CAFs should cover other services such as real-time captioning services to accommodate non-signing deaf people.

The NAD urges adoption of the CAF concept and recommends that state bar associations and/or licensing agencies establish CAF with five crucial elements:

1. CAFs should cover 100 percent of expenses for the provision of auxiliary aids and services to ensure effective communication between private attorneys and all people who are deaf, including prospective clients, clients, witnesses, and others with whom the attorney may communicate.
2. CAFs should be administered by the fee-collecting agency in each state. In some states, that agency is the state bar association. In other states, it is the licensing board. Statewide coverage ensures that every private attorney licensed in the state contributes to and has access to the fund.
3. To ensure the longevity of the CAF, the fee-collecting agency should require each licensed attorney to pay a nominal amount of dues to generate revenues for the CAF. This approach fully spreads the cost of providing auxiliary aids and services among all attorneys in a state. In addition, this approach comports with the spirit and letter of the ADA, which requires the public accommodation to be responsible for effective communication and equal access to their services. Alternatively, the state may enact state legislation requiring a CAF as Maine has done.
4. CAFs should cover all auxiliary services and aids necessary to meet the diverse needs of the deaf community. These CAFs may ensure coverage of appropriate auxiliary aids and services in one of three ways. The administering agency may provide a "one-stop shop" where attorneys place requests for accommodations and the agency arranges for the provision of auxiliary aids and services. Alternatively, the agency may ask attorneys to arrange for the accommodations directly with the service provider and have the bill sent to the agency for

payment. Finally, the agency may request that attorneys arrange, provide, and pay for communication access services and seek reimbursement later from CAF. At all times, the attorney and the administering agency need to ensure that the auxiliary aids and services provided are appropriate and effective for the individual being served.

5. The administering agency should couple the CAF with information educating attorneys about ADA requirements and how to work with people who are deaf. Even when costs are not a consideration, some attorneys may decline to accept deaf clients on the basis of misconceptions or stereotypes about deaf people.

According to the American Bar Association (“ABA”), “The protection of communications between client and lawyer, as embodied in the attorney-client privilege, has been a bedrock principle of our justice system for hundreds of years. The privilege is designed to permit the full and frank exchange of information as a necessary measure to ensure effective legal representation and protection of civil liberties. It enables the attorney to provide informed and more effective advice to the client in fulfilling the client’s legal obligations” (*Task Force on Attorney Client Privilege*, ABA, <http://www.abanet.org/buslaw/attorneyclient/>)

Despite the high value the ABA places on developing trust and unfettered discourse between their professional members and consumers, the vast majority of lawyers do not consider communication access for people with disabilities as important. Twenty years of federal mandates for communication access have not resulted in widespread use of sign language interpreters or other alternative means of communications between these professionals and consumers who are deaf or hard of hearing. A solution to access reasonable accommodations for clients who are seeking legal counsel will be implemented after the establishment of a communication access fund.

See Recommendation #4 in the “Summary of Recommendations” section.

Colorado Daylight Partnership: Behavioral Health Services

See Appendix C for the Colorado Daylight Partnership report.

Deaf-Blind Task Force

See Appendix B for the Deaf-Blind Task Force update.

Also, see Recommendation #3 in the “Summary of Recommendations” section.

Disabled Telephone Users Fund

See Recommendation #1 in the “Summary of Recommendations” section.

Education: The Seven Agreements

See Appendix A.

Also, see Recommendation #2 in the “Summary of Recommendations” section.

Summary of Recommendations

Recommendation #1 – Amendment to C.R.S. 40-17-3 (TRS/DTUF)

Dilemma

The Disabled Telephone Users Fund (DTUF), which is cash fund, was created by the Colorado General Assembly and placed under the administration of the Public Utilities Commission (PUC) for provision of the Telecommunications Relay Services (TRS). Subsequently, the General Assembly amended the TRS statute to fund the following state-sponsored programs:

1. Reading Service for the Blind, and
2. Colorado Commission for the Deaf and Hard of Hearing.

The DTUF is facing a steady decline of TRS surcharge revenues in the DTUF due to decreases in Colorado landline telephone subscribers.

The TRS monthly surcharge, by state statute, is solely imposed upon Colorado landline telephone subscribers.

However, the TRS surcharge is not imposed upon wireless telephone and Voice over Internet Protocol (VoIP) customers.

Background

To conform to Section 401 of the federal "Americans with Disabilities Act of 1990," 47 U.S.C. Sec. 225, legislation was passed to implement TRS prior to July 1, 1992. The PUC was assigned the responsibility to contract with a TRS provider, monitor the provider and manage the DTUF, C.R.S. 40-17-(101-104).

TRS uses operators (communications assistants) to facilitate telephone conversations between individuals who are deaf, hard of hearing, late-deafened, deaf-blind and speech-disabled and individuals who are non-deaf or non-speech-disabled. Sprint is currently the TRS provider for the state of Colorado.

DTUF was established as a fund for surcharges from landline telephone customers. The monthly surcharge is imposed upon and collected from each individual telephone access line provided by a local exchange company. DTUF reimburses Sprint for their service based on minutes of actual service (when both parties are connected). Authority is also given to PUC to recover its administrative costs.

Since 1992, amendments were made to C.R.S. 40-17-104 to ensure funding for the Reading Service for the Blind and Colorado Commission for the Deaf and Hard of Hearing. The General Assembly makes annual appropriations from the DTUF to cover expenses of these programs.

The Audio Information Network of Colorado (AINC) is the recipient of the DTUF funds for their reading services. AINC, previously the Radio Reading Service of the Rockies, was founded in 1990 and is a 501(c) 3 non-profit, volunteer-based, broadcast and audio information service for Colorado's blind, visually-impaired and print- disadvantaged residents. AINC's services provide access to otherwise inaccessible ink print materials.

The Colorado Commission for the Deaf and Hard of Hearing (2000) was established as a Type 2 agency under the Department of Human Services to address the needs and concerns of Colorado's deaf and hard-of-hearing populations.

The PUC is responsible for administering this fund and for annually reviewing the surcharge rate, and if necessary, adjusting the surcharge rate to balance the DTUF. The current rate is five (5) cents per landline for the total amount of all program costs.

In July 2014, the Center for Disease Control's (CDC) National Center for Health Statistics reported that in the second half of 2013, 41% of U.S. households relied solely on wireless phone, up from 38.2% in the second half of 2012. (<http://tinyurl.com/ofdgke3>, <http://tinyurl.com/n9hv2o8>) And according to The Wall Street Journal, in 2013 more than a quarter of U.S. households have done away with their landline phones. "Just 71% of households had landlines in 2011, down from a little more than 96% 15 years ago. Cellphone ownership reached 89%, up from 36% in 1998, the first year the survey asked about the devices." (<http://tinyurl.com/nnl2d4j>) Consequently, this has resulted in a steady decline in the TRS surcharge collection. Periodic adjustment to increase the TRS surcharge based on the decreasing number of landline telephone customers has occurred and will continue.

This decrease in residential and business telephone lines has also affected customers with other Colorado Local Exchange Carriers. What, in effect, has occurred is the Colorado landline telephone customers, with a majority of them residing in the rural areas, are solely incurring increases in the TRS surcharges, without relief.

At the same time, the TRS surcharge is not imposed upon wireless and VoIP customers.

Should the TRS surcharge be imposed upon wireless and VoIP customers, then **relief would be granted to landline telephone customers**. A more equitable distribution of the surcharge burden by all Colorado telephone customers would be ensured. **The current surcharge will not increase and it will likely decrease.**

Model Amendment and Rationale

It is recommended that a small amendment be made to the pertinent language in the statute, under Title 40, Article 17, Section 103, 3 (a & b), which would read as follows:

- (3) The commission shall, through the promulgation of rules, develop and implement a mechanism to recover its costs and the cost to local exchange companies in implementing and administering telecommunications relay services required by this article. The mechanism shall, at a minimum, provide for the following:

(a) The assessment of a monthly surcharge on each telephone access line, WIRELESS NETWORK, AND INDIVIDUAL ACCESS TO INTERNET, which surcharge may be adjusted by the commission in accordance with paragraph (d) of this subsection (3). The monthly surcharge shall be an amount sufficient to reimburse the commission for its costs in developing, implementing, and administering telecommunications relay services, which administrative costs shall not exceed three percent of the total costs, to reimburse local exchange companies for their administrative costs in imposing and collecting the surcharge, and to cover the costs of providers in rendering the service.

(b) A requirement that the monthly surcharge be imposed upon and collected from each individual telephone access line, INDIVIDUAL ACCESS TO WIRELESS NETWORK, AND INDIVIDUAL ACCESS TO INTERNET provided by a local exchange company;

(c) A requirement the surcharge be listed as a separate item that appears on each customer's monthly billing statement;

(d) An annual adjustment to the surcharge by the commission when necessary to accurately reflect a change in the cost of providing telecommunications relay services;

(e) The authority of a local exchange company to deduct and retain as reimbursement for its administrative costs an amount not to exceed three-quarters of one percent of the amount of total monthly surcharges collected by such local exchange company. In addition, the mechanism shall include a requirement that any remaining amount of moneys be transmitted to the state treasurer who shall credit the same to the "Colorado Disabled Telephone Users Fund" created by section 40-17-104.

(f) A requirement that each local exchange company maintain a record of the monthly surcharge imposed on each customer and collected by the local exchange company. The record of any monthly surcharge imposed and collected shall be maintained for three years from the date of billing. The commission may require an audit of a local exchange company's records, which audit shall be at the commission's expense.

A majority of the states have legislation which includes wireless technology and/or VoIP surcharge. These surcharges generally go to the state's TRS fund for the provision of TRS, telecommunications equipment distribution programs and other state-supported programs.

An amendment to C.R.S. 40-17-103 is recommended for reasons stated above should the General Assembly be approached by the concerned community stakeholders in the 2016 legislative session or in the future.

Recommendation #2 - Deaf Education Steering Committee with a permanent, full-time coordinator

Educators have long been aware that programs for deaf and hard of hearing children have been woefully inadequate, producing graduates who were not achieving their cognitive potential. With the movement toward Standards Based Education in the 90s came increased emphasis on academic achievement and accountability measures. Colorado attempted to address these concerns when a statewide plan for delivery of educational services to children who are hearing impaired/deaf or visually impaired/blind was established by the Colorado Department of Education and the Colorado School for the Deaf and the Blind was established on June 30, 1990. In spite of this attempt to address concerns of academic achievement and accountability measures, the issues remained. By the year 2000, 75% of deaf and hard-of-hearing students in Colorado were found to be performing at unsatisfactory or partially proficient levels on the Colorado Student Assessment Program (CSAP) and it was determined that because current methods had failed to bring about substantive improvements in student outcomes, dramatic change was imminent and necessary.

As a result of the failure of current methods, the Colorado Department of Education established a statewide Deaf Education Reform Task Force which met regularly from 2000 to 2002 to:

- Analyze the changing demographics and needs of children who are deaf and hard of hearing in the state of Colorado,
- Improve educational outcomes for deaf and hard-of-hearing children, and
- Recommend an effective communication-based service delivery system for deaf and hard-of-hearing children in Colorado.

The Task Force invited Lawrence Siegel, founder and Director of the National Deaf Education Project (NDEP), to provide guidance. The NDEP was a four-year project funded by the Milken Family Foundation with the central goal of establishing broad standards and quality programs placing communication development and access at the core of deaf education. The Task Force studied NDEP's new vision for deaf education embodied in the "California Report: Communication Access and Quality Education for Deaf and Hard-of-Hearing Children" (California Department of Education, 1999) and collaborated with deaf education consultants from Arizona.

After two years of intensive work, the Colorado Deaf Education Reform Task Force completed Phase I activities and published its report, *A Blueprint for Closing the Gap: Developing a Statewide System of Service Improvements for Students who are Deaf and Hard of Hearing* (Colorado Department of Education, 2002). As a result of the evidence collected, analyzed, and discussed in this document, the Task Force made the following recommendations:

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1. Colorado should implement a coordinated statewide regional education system as an educational option that will effectively and efficiently meet the needs of deaf and hard-of-hearing children.
 2. Deaf and hard-of-hearing students should have access to quality academic and extracurricular programs that are communication-driven. Criteria for establishing these programs should be implemented.
 3. Communication-driven programs serving deaf and hard-of-hearing students should be subject to on-going assessment to assure full access, student achievement, and high standards.
 4. On-going training, mentoring, and a full spectrum of professional development activities should be implemented statewide to support and improve proficiency for specialty providers, general educators, administrators, and families.
 5. The Colorado Department of Education should collaborate with national and state agencies and higher education programs to recruit, train, and encourage retention of staff providing services to deaf and hard-of-hearing students.
 6. A system of community and parent education that leads to meaningful involvement and that will result in full access and collaboration so that each child will have opportunities to maximize potential and achieve high standards should be implemented.
 7. Colorado should develop and implement a funding system that will provide sufficient resources for a quality education for deaf and hard-of-hearing children.

In May of 2003, Governor Owens signed Senate Bill 03-53 into law giving the Colorado School for the Deaf and the Blind (CSDB) authority to operate regional programs and thus opened the door for restructuring deaf education in the state of Colorado. During the summer of 2003 the Task Force on Deaf Education Reform began Phase II activities for implementation. This phase set into motion three strategic projects focused on development of:

1. a plan for governance and funding structures for regional service plans;
2. an accountability and assessment plan for regional services; and
3. standards of practice and service guidelines.

The Standards Work Group developed Colorado Quality Standards for Children and Youth who are Deaf and Hard of Hearing. At that time, it was the workgroup's belief that improved outcomes, systemic program and service change would be possible once these standards were implemented. The standards were adopted, but the education of children who are deaf and hard of hearing is unique and highly complex. The relatively low numbers of students who are deaf or hard of hearing enrolled in special education

in Colorado's school system, combined with a variety of options for student communication modes/languages require distinct and varied programming. This creates a substantial challenge for Colorado's public school system. Unfortunately, even though Colorado's Department of Education, Exceptional Student Services Colorado Quality Standards for programs and services for students who are deaf and hard of hearing, Standard 19 specifies "Deaf and hard of hearing children and youth, birth through age twenty-one, including those with multiple disabilities and blindness, are instructed by early intervention providers and teachers who are specifically trained and/or licensed to teach these individuals," local educational agencies do not have the staff with expertise or the resources to adequately address individual student needs when they are a part of a low incidence population. The result is this comparatively small number of students is not a priority in local district initiatives. The current practice by local school districts is to conduct an Individualized Education Plan (IEP) with the parents. The plan is intended to identify the unique educational needs of the child, which ultimately leads to the choice of placement. However, local school districts' IEP meetings tend to focus on where the child will be placed, and typically, a determination is made that the child be placed at the local school on the basis of convenience and cost.

"As with other students receiving their education through special education, a 'one size fits all' approach cannot be used to determine a deaf or hard of hearing child's Individualized Education Program (IEP) goals or subsequent placement. Each child's unique strengths and needs must drive these. Every child must have an education and learning environment that goes beyond mere physical inclusion - it must provide accessible language development and interaction opportunities so that the child is a true member of the school community. IDEA requires a continuum of alternative placements to be available, as any single placement cannot be the least restrictive environment (LRE) for all students. Because LRE varies by student - a setting that meets the needs of one may not necessarily meet the needs of another - all placements on the continuum, including specialized programs and schools, are equally valid and necessary. When local school district have discussions with parents about what is considered the most LRE and when that discussion focuses solely on location without taking into account the quality of education, support services and social interactions a child experiences in that environment, the parents are misguided" (retrieved from <http://www.ceasd.org/child-first/statement-of-principles> on 09/17/2015).

"Inclusion is a good idea, but it's not always a good idea for all of our students who are deaf, and it (placement) really needs to be decided on a very individual basis" (Ruth Mathers, Principal Consultant in Deaf Education for the Colorado Department of Education interview with CCDHH in February of 2014). Students who are deaf or hard of hearing are failing to thrive educationally, in part, because school systems have not fulfilled Standard 20: "Each program has qualified professionals, including support personnel, who have the skills necessary to provide instruction and services that meet the academic, communication, social, emotional, and transition needs of deaf and hard of hearing children and youth."

Ruth Mathers presented the following information regarding the quality of school personnel who work with deaf students during the Inspiring Change Part 1 Conference on February 12, 2013:

“Another thing that I hope to take a closer look at in the next year or two is qualifications for interpreters. We know that Colorado law currently specifies that all of our educational interpreters need to pass the education interpreter performance assessment (EIPA) with a minimum of 3.5. That’s 3.5 out of a score of 5. Brenda Schick (professor of Speech, Language, and Hearing Sciences at the University of Colorado Boulder) has done some work at the University of Colorado that has really highlighted that the distance between 3.5 and 4.0 rating. It makes a world of difference to a deaf individual when they’re watching an interpreter. The rating between 3.5 and 4.0 is called a ‘domain,’ and that particular domain has to do with something that transmits the message more clearly, it called ‘discourse and cohesion,’ but suffice to say to say that is what makes the difference between clear interpretation and adequate interpretation. I often use the example, if you can imagine an middle school interpreter that only has a 3.4 or a 3.5 rating, and is still struggling to master the domain that helps them be able to get up to a 4.0 rating, and the deaf student is a boy in algebra class who is distracted by a cute girl sitting next to him, he is not paying much attention to the interpreter. He is probably paying more attention to the girl, and he’s probably not much interested in Algebra. Based on my teaching experience, I would say this is typical of 9th grade boys. If his interpreter is not signing very clearly and is not making all the information accessible to him, that student is not going to get more than 60 to maybe 70% of the information. The TCAP scores on math here in Colorado show that these students are having problems. I am not blaming interpreters for their low performance scores on the TCAP; we have to look at all the pieces that may impact poor performance. We have to look at interpreters, teachers of the deaf, and who supervises teachers of the deaf. . . Frequently in areas where the numbers of deaf students are small, there may be just one teacher of the deaf who has limited options for receiving mentoring from a colleague or administrator” (02/28/2014).

Thus, Standard 22: “the program provides ongoing training and mentoring for all staff to enhance achievement of deaf and hard of hearing children and youth,” and Standard 23: “the program provides training to general education personnel serving its deaf and hard of hearing children and youth regarding accommodations, modifications of the curriculum, and understanding of the impact of hearing loss on development and learning, which has not been achieved by all school systems. The Blueprint Revisioning Core Team (Colorado Association of the Deaf, Rocky Mountain School for the Deaf, and Colorado’s parent group Hands and Voices addressed this in The Seven Agreements, Agreement 6: “The Colorado Department of Education and all stakeholders should collaborate and contribute with national and state agencies and higher education programs to recruit, train, and encourage retention of staff providing services to deaf students” (p.35).

However, it should be noted that Mathers did not feel that the Seven Agreements for Closing Colorado's Gap in Deaf Education is realistic, because "authentic collaboration cannot be mandated" (The Seven Agreements p.7). The Revisionist task force recognizes the difficulty of mandating collaboration between independent school districts, but does not feel that the proposed solution to problem can simply be trivialized as unrealistic, because we know how vital collaboration is to closing the gap in the education of deaf and hard of hearing children. In addition, Christine Yoshinaga-Itano, U of C Boulder Professor, agreed that true collaboration cannot be mandated; but went on to say that "systemic supports that assure the development of a state plan that includes an action plan would be a step in the right direction and would begin to assure that another decade does not pass by without the accomplishment of these goals" (The Seven Agreements, p.11). Furthermore, Professor Yoshinaga-Itano "wholeheartedly supports the Seven Agreements document and believes that it is an appropriate plan to assure that children who are deaf or hard of hearing and their families receive appropriate education" (The Seven Agreements, p. 11).

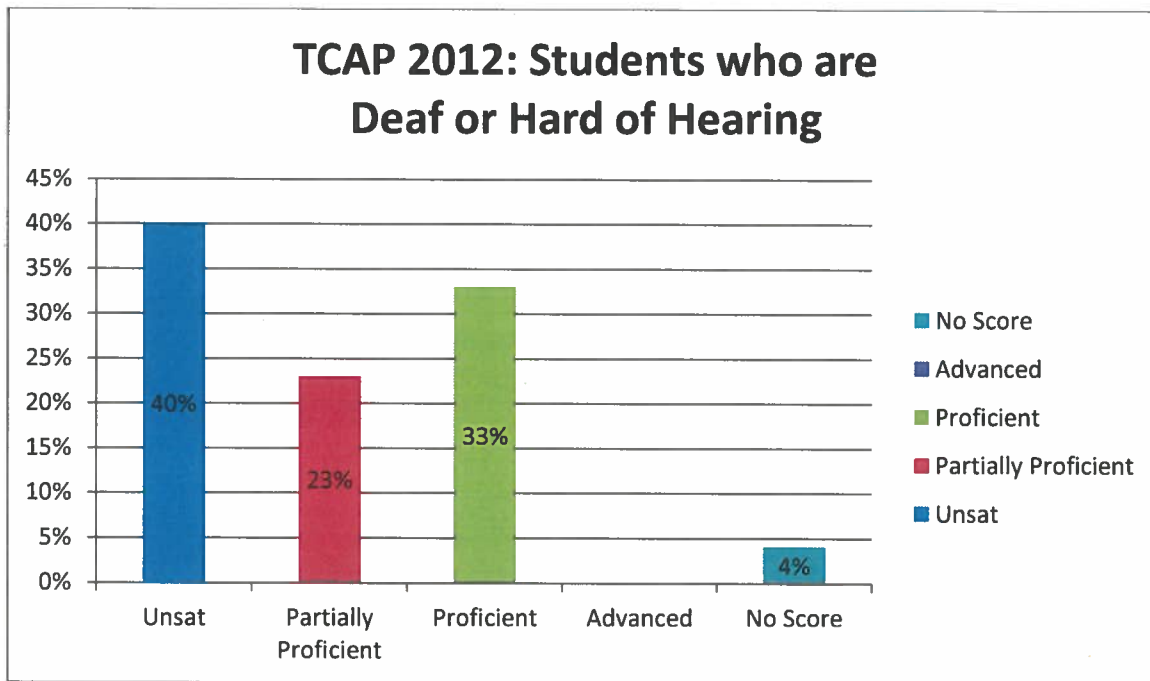
In an effort to improve educational outcomes for all students, including those who are deaf or hard of hearing, the federal government has implemented laws (i.e., the Individuals With Disabilities Education Improvement Act of 2004 [P.L. 108-446] and the No Child Left Behind Act of 2001, or NCLB [P.L. 107-110]) to ensure that all students have opportunities to meet challenging state academic achievement standards. One of the major objectives of NCLB is to improve reading outcomes for all students. Educators are required to demonstrate that all students are reading at or above grade level by the end of the third grade, and that they continue to make adequate annual progress in subsequent years.

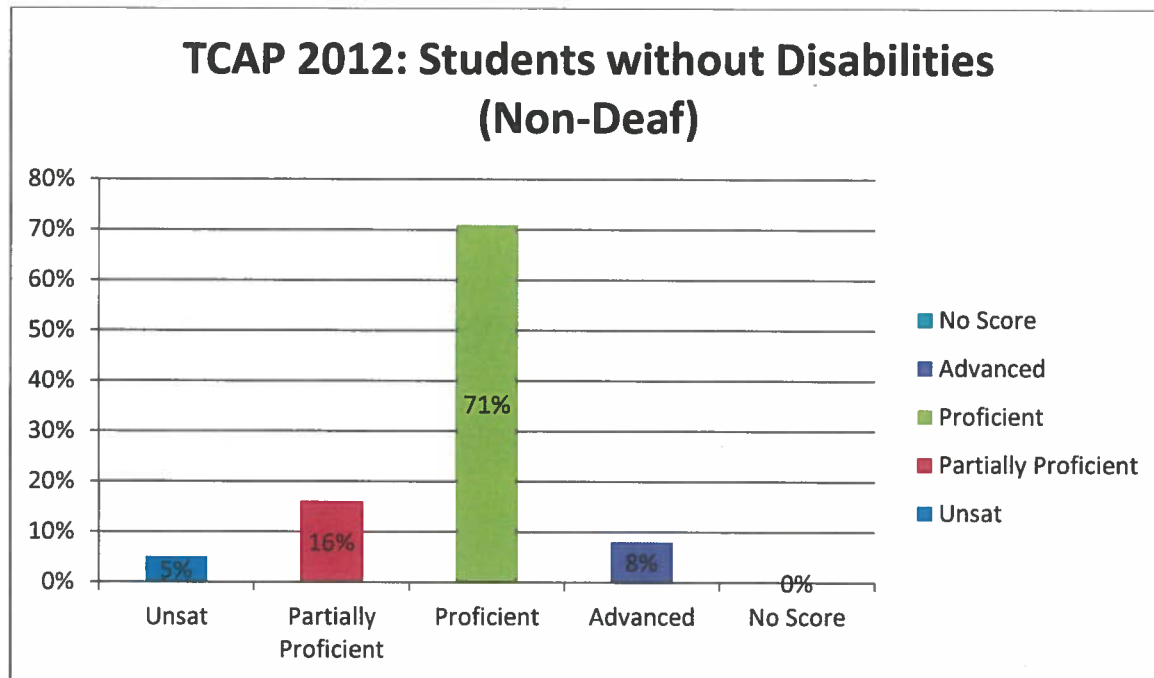
Colorado's Department of Education, Exceptional Student Services has published Colorado Quality Standards for programs and services for students who are deaf and hard of hearing. Unfortunately, the TCAP scores do not demonstrate that quality standards have been met. In 2013 the Colorado Department of Education Principal Consultant on Deaf Education reported the 2012 TCAP scores of deaf and hard of hearing students. It was found that; 1) only 28% of deaf and hard of hearing elementary school students who took the reading portion of the TCAP are proficient or advanced; 2) only 30% of deaf and hard of hearing students taking the reading portion of the 2012 TCAP are proficient or advanced; 3) only 28% of deaf and hard of hearing high students taking the reading portion of the 2012 TCAP are proficient or advanced. Altogether, only 29% of the total test results of deaf and hard of hearing students taking the reading portion of the 2012 TCAP are proficient or advanced.

Being able to read is more important than ever. It is essential for achieving in school, being an informed citizen, succeeding in one's career, and experiencing personal fulfillment. It has also been reported that individuals who read a lot tend to be smarter than their peers who do not read much (A. E. Cunningham & Stanovich, 1998), and that individuals who read well are healthier than those with low reading ability (American Medical Association, 1999; Berkman et al., 2004). The American Federation of Teachers (1999), noted that "Learning to read is not natural or easy for most children" (p. 16).

Reading comprehension is considered the essence of reading (Durkin, 1993)—“the very heart and soul of reading” (Reutzel & Cooter, 2004, p. 155). Undoubtedly, it is the central purpose of reading. It has been defined as “the active process of constructing meaning from text; it involves accessing previous knowledge, understanding vocabulary and concepts, making inferences, and linking key ideas” (Vaughn & Linan-Thompson, 2004, pp. 98-99) (retrieved from <http://muse.jhu.edu/journals/aad/summary/v153/153.1.luckner.html> on 09/17/2015). However, the total number of Colorado’s students who are deaf or hard of hearing and who were considered advanced or proficient in the 2012 TCAP scores for reading was only 29%, writing was 19%, and mathematics was 24%. The following table represents their 2012 TCAP reading scores:

This data pertains to 2012 TCAP test results for reading scores only:





The American Federation of teachers (1999) has stated that “the most fundamental responsibility of schools is teaching students to read” (American Federation of Teachers. (1999). teaching reading is rocket science: What expert teachers of reading should know and be able to do. Washington, DC: p. 7). The central purpose of reading is comprehension—constructing meaning from text.

Mather indicated that the following strategies have not worked to improve student performance:

- large professional development trainings with no observable implementation in the classroom,
- full inclusion in general education with little regard for the individual student’s needs,
- lack of administrative knowledge of deafness to support and evaluate the Teacher of the Deaf and related support services,
- lack of parent involvement - most observable at the middle and high school levels, and
- State laws supporting highly qualified teachers that often eliminate student access to the expertise of a trained teacher of the deaf.

Key Findings on Reading Research and Deaf Children:

- Early diagnosis and intervention support better reading outcomes.

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- A strong language foundation (regardless of the language or modality) is important for reading success.
 - Parental fluency in the language or communication mode of the child is critical.
 - Parental involvement in the child's academic environment is important for academic success.
 - In order to read, a child must develop word recognition, and there are multiple routes for relating print to meaning.
 - In developing advanced reading skills, phonology appears to be important for some, but not all, deaf children.
 - Phonological coding and awareness skills are a low-to-moderate predictor of reading achievement in deaf individuals.
 - Deaf children with deaf parents tend to have an enriched language environment. In consequence, deaf children of deaf parents tend to read better, but given consistent and rich language access, deaf children from hearing parents can catch up (Visual Language and Visual Learning Science of Learning Center. (2011, June). Reading Research and Deaf Children (Research Brief No. 4). Washington, DC: Donna Morere.

There is a growing movement for states to develop coordinated state systems of collaboration for children who are deaf or hard of hearing. On-going access to language and communication is taken for granted for every hearing child and is essential for healthy cognitive functioning and development. Without such access, deaf and hard of hearing children lose the opportunity to become thinking, literate, self-sufficient individuals. Instead, they experience disadvantages and delays that can become impossible to erase. It is diminished exposure to language and communication - not being deaf or hard of hearing per se - that disables a deaf or hard of hearing child. Educational programs must ensure that deaf and hard of hearing children have opportunities for language development, on-going interactive access, and age-appropriate use of language. Language and communication are central to the educational progress of deaf and hard of hearing children. Early identification provides direction for school personnel to address language development. Colorado has led the nation with respect to a system developed after the establishment of universal newborn hearing screening and, as a result, the developmental outcomes of children who are deaf or hard of hearing in Colorado are effectively monitored and the system prior to entering the K-12 educational system is of exceptional quality. The primary purpose of the universal newborn hearing screen is to prevent the significant educational, cognitive and social-emotional delays that are the result of language deprivation.

Colorado's Department of Education, Colorado Quality Standard 13 addresses the need for deaf education programs to have a written policy on the central role of language

and communication as it relates to the cognitive, academic, social, and emotional development of deaf and hard of hearing children and youth. However, after early intervention, this system of support and oversight halts completely once the children enter the K-12 education system, rendering all of the benefits of the universal newborn hearing screening ineffective. The Conference of Educational Administrators of Schools and Programs for the Deaf (CEASD) President Ron Stern declared that “The lack of convergence between word and action; research and practice; what truly works and what does not; and perception and reality has long plagued the deaf/hard of hearing child’s prospects for a quality, humane education and whole person development. Although the intent of IDEA is timeless, the low incidence populations of deaf and visually impaired children often have not been understood or well served.”

There is no system for coordination of the K-12 education system for children who are deaf or hard of hearing. Coordination is extremely challenging because it requires collaboration between the state department of health, the state department of education, and part C (early intervention) agencies. It also necessarily includes collaboration between schools for the deaf, local educational agencies, and state department of education administrators. This challenge has been recognized for years and in 2002, a blueprint for reforming education for Colorado students who are deaf or hard of hearing was drafted. Standard 15 addresses regional and cooperative programs “Programs and services are provided through or coordinated with regional and/or cooperative programs to more effectively serve deaf and hard of hearing children and youth.” Also, Standard 16 states “Each regional program provides access to a full continuum of placement, program, service, and communication options. The program collaborates with local and state education authorities, institutions of higher education, and other agencies to ensure provision of appropriate services for deaf and hard of hearing children and youth.” Over the last 25 years, efforts have been made to accomplish this collaboration voluntarily, but the challenges are so great that it has been unsuccessful. The result is that little progress toward meeting the goals in the 2002 blueprint has occurred and the challenges that deaf and hard of hearing students face are as insurmountable as they were in 1990 (more than two decades ago). At least three “deaf education” investigations to address issues relative to the education of deaf and hard of hearing children have taken place since 1990.

The Seven Agreements for Closing Colorado’s Gap in Deaf Education is the product of discussions amongst a revisioning task force, which was created in order address this tremendous challenge. The rationale behind the Seven Agreements is indisputable.

Rationale

1. Communication access is a fundamental human right.
2. Every deaf and hard-of-hearing child must have full access to all educational services and school sponsored activities.
3. Families are paramount in a child’s success and must be involved in their children’s education programs.

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4. A child's needs determine service delivery; needs must be monitored as they are continually changing.
 5. Deaf and hard-of-hearing children must have the opportunity to maximize their potential, including graduate from high school ready for college or further career preparation.
 6. Deaf and hard-of-hearing children must have opportunities to interact directly with their peers and with adults.
 7. Deaf and hard-of-hearing students must develop age-appropriate self-advocacy skills.
 8. Least Restrictive Environment is communication-driven and reflected in accessible, language-rich surroundings.

The revisioning task force produced Seven Agreements that they believe can make a measurable difference in the educational outcomes for the next generation of Colorado's deaf or hard of hearing students. Education reform for Colorado's deaf and hard-of-hearing students will result in communication-driven educational programming that meets the state's high academic standards and support the social and emotional development of deaf and hard-of-hearing students. **However, before any steps can be taken to accomplish the goals of this plan, it is essential that conversation and collaboration amongst stakeholders who have expertise and experience in the area of education for children who are deaf or hard of hearing and can address a wide variety of placements to continue in order to implement inevitable changes in the system.** The first of the seven agreements reflects that recommended course of action. The task force members seek a legislatively mandated Deaf Education Steering committee to carry forward and implement agreements from the 'Blueprint for Closing the Gap Revisioning Task Force,' including developing and implementing a comprehensive state plan for deaf education.

CCDHH supports this effort wholeheartedly. A permanent, full-time (1.0 FTE) Coordinator of Educational Advancement and Partnerships position (General Professional IV) in the Commission for the Deaf and the Hard of Hearing or another state agency to support the Deaf Education Steering Committee is needed. The coordinator would be the catalyst in fulfilling strategic plans for improving deaf education for the first time in 25 years and be instrumental in establishing collaborative partnerships with the K-12 education system for children who are deaf or hard of hearing. This coordinator will need to have the authority to coordinate collaboration between the state department of health, the state department of education, and part C (early intervention) agencies. The coordinator should also have the authority to facilitate collaboration between schools for the deaf and local educational agencies. The coordinator should bring to the position;

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1. the expertise to engage the different entities on how to collaborate and to bring differences into the open in order to reach agreements;
 2. first-hand experience with the education of deaf and hard-of-hearing children, and possess technical knowledge of auxiliary services (interpreting and Communication Access Real-time Captioning services) and hearing assistive technology; and
 3. the ability to see and report on problems from a wider context of addressing educational needs that are not met because of bureaucratic roadblocks or territorial issues related to local or agency control.

Without a legislative mandate for a coordinator to work with the Deaf Education Steering Committee to spearhead achievement of the seven agreements for closing Colorado's gap in the education of deaf and hard of hearing children, it is evident that collaboration will not be achieved. Also, without collaboration, it is evident that Colorado's students who are deaf or hard of hearing will continue to fall through the cracks of our state's education system. **Quality education is an essential factor for Colorado's deaf or hard-of-hearing children to have the opportunity for a quality life and meaningful employment.** At the present time, it has been documented that quality education is lacking for this population of students, and for that reason CCDHH collaborated with professionals in deaf education, parents, and community members to develop Seven Agreements for Closing Colorado's Gap in Deaf Education. Implementation will begin upon approval by the General Assembly.

Once the position has been filled, the coordinator will work with the steering committee and collaborate with the different entities to adopt the Seven Agreements as a comprehensive state plan and define it with specific action items, priorities and timeline if feasible. The outcomes can include, but not limited to, increased proficiency in reading and writing among deaf and hard of hearing students, a greater continuum of school placement options that meet individual students' educational needs, opportunities for assessments of the educational programs, improved recruitment and retention of highly skilled, specialized staff that provide services, increased collaboration among educational partners, and many other measurable assessments.

Staffing and Other Costs

1.0 FTE Educational Advancement and Partnerships Coordinator (GP IV)

Fiscal Year 2017 (1.0 FTE) Costs		1.0 FTE Costs after the First Year	
\$57,168	Minimum salary	\$57,168	Minimum salary
\$6,631	Benefits (PERA, health insurance, etc.)	\$6,631	Benefits (PERA, health insurance, etc.)
\$500	Supplies	\$500	Supplies
\$450	Telecommunications base	\$450	Telecommunications base
\$1,230	Computer hardware and software	\$6,670	Auxiliary Services (Interpreting & CART services)
\$2,225	Office equipment/furniture		
\$6,670	Auxiliary Services (interpreting & CART services) for steering committee meetings*		
\$61,362	Total	\$57,937	Total

**This estimate for auxiliary services costs are based on \$65 per hour for interpreting services and \$90 per hour for CART services per hour. There will be six three-hour steering committee meeting per year (Interpreting services: 6 meetings x 3 interpreters x 3 hours x \$65; CART services: 6 meetings x 1 CART provider x 3 hours x \$90 plus travel time).*

See Appendix A for The Seven Agreements.

Recommendation #3 - Funding for the Deaf-Blind Services

Many deaf-blind people in Colorado live isolated, dependent lives. Finding jobs, getting around the community safely or independently, finding housing and employment, and communicating with other people are all activities where deaf-blind people encounter barriers. Deaf-blind interactions with law enforcement and the courts often result in negative outcomes, such as when an individual who is not able to hear, see, or verbalize their needs, it is misperceived as the person being dangerous or mentally incapacitated simply because of the lack of a mutually intelligible mode of communication.

Deaf-blind people are severely under-employed and earn significantly lower than average incomes than their hearing and sighted peers. They are more likely to live at or near the poverty level. Accurate data on the incidence of deaf-blindness is not currently gathered at the state or national level. In fact, CCDHH has identified the need to gather hard data on deaf-blindness in Colorado. However, using 2000-2014 Community Inclusion Data at the low end, and Helen Keller National Center and 2010 US Census estimates at the high end, we conservatively estimate that there are 5,000

Deaf-Blind people in Colorado, rising to a more probable 21,000 people (when including adults who have lost their vision and hearing due to aging).

There are four important services that deaf-blind people need to be independent in their daily lives:

1. Assistive technology for communication with others and safe interaction with the environment;
2. Interpreters and Support Service Providers (SSPs) to enable communication with other people and to navigate physical and social environments;
3. Orientation and Mobility training so that deaf-blind people can get where they need to go on their own; and
4. Accommodations in Employment and Housing such as skills training, reasonable accommodation in the workplace, assistance finding and keeping appropriate housing, and in home assistive technologies.

Colorado currently has a limited array of services available for deaf-blind people, such as assistive technology through the federally funded National Deaf-Blind Equipment Distribution Program, and limited employment and housing services for deaf-blind people who qualify for those services. However, deaf-blind people in Colorado may not know these services, or they are not tailored for the unique needs of deaf-blind people, or they are insufficiently funded for deaf-blind people to access them to the degree that would enable independence.

Through its latest sunset review process, the mandate of CCDHH was explicitly broadened to serve the interests of the deaf-blind community and to add a deaf-blind representative to the Commission itself. However, the needs of the deaf-blind community remain unfulfilled, CCDHH recommends to the legislature that one full-time and one part-time employees be added to the CCDHH staff to engage in the following activities:

A 1.0 FTE Outreach Consultant (General Professional III) to provide:

- Outreach to find and identify Colorado's deaf-blind people and resources for them;
- Technical assistance (information, education, and referrals) to connect deaf-blind people to those services that exist or vice versa;
- Technical assistance (consultation, information, education, and referrals) to private and public entities relevant policies, procedures, guidelines and other governmental mandates to ensure that the unique needs of deaf-blind people are met wherever they access services.

A 0.5 FTE Deaf-Blind Services Coordinator (General Professional II) will provide:

- Organization, administration, and effective coordination of a statewide program concerning provision of deaf-blind services. The services will include a Support Service Provider program, Orientation and Mobility training as well as transportation assistance, and other needed programs.

Staffing Costs

1.0 FTE Outreach Consultant for Deaf-Blind (GP III)

Fiscal Year 2017 (1.0 FTE) Costs	
\$46,008	Minimum salary
\$4,279	Benefits (PERA, health insurance, etc.)
\$500	Supplies
\$450	Telecommunications base
\$1,230	Computer hardware and software
\$2,225	Office equipment/furniture
\$54,692	Total

1.0 FTE Costs after the First Year	
\$46,008	Minimum salary
\$4,279	Benefits (PERA, health insurance, etc.)
\$500	Supplies
\$450	Telecommunications base
\$51,237	Total

0.5 FTE Deaf-Blind Services Coordinator (GP II)

Fiscal Year 2017 (0.5 FTE) Costs	
\$19,908	Minimum salary
\$2,310	Benefits (PERA, health insurance, etc.)
\$500	Supplies
\$450	Telecommunications base
\$1,230	Computer hardware and software
\$2,225	Office equipment/furniture
\$26,623	Total

0.5 FTE Costs after the First Year	
\$19,908	Minimum salary
\$2,310	Benefits (PERA, health insurance, etc.)
500	Supplies
450	Telecommunications base
\$23,168	Total

The first year total staffing cost will be **\$81,315** (\$54,692 + \$26,623). Subsequent year total staffing costs will be **\$74,405** (\$51,237 + \$23,168).

SSP Service Costs

Qualified SSPs will be paid at an hourly rate of \$25 per hour. The Deaf-Blind Services Coordinator will handle all recruitment, scheduling, and contracting with SSPs.

A program start-up phase of four months is required; thus the SSP service will not begin until November 2016.

Cost	Detail
\$36,000	Fiscal Year 2017 SSP services for up to 15 individuals for up to 12 hours per month, for 8 months x \$25 per hour, for the period of November 1, 2016 through June 30, 2017.
\$120,000	Fiscal Year 2018 (after first year) SSP services for up to 25 individuals for up to 16 hours per month, for 12 months x \$25.

O & M Specialist Costs

Qualified O & M specialists will be paid at an hourly rate of \$60 per hour. Deaf-Blind people in Colorado would receive one initial up-to-12 hour Orientation and Mobility Training (length based on individual need) plus up to 15 hours of ongoing consultation on route planning, orientation skill building, etc.

A program start-up phase of four months is required; thus the O & M program will not begin until November 2017.

Cost	Detail
7,200 9,000 <u>\$16,200</u>	Fiscal Year 2017 Initial 12 hour one-on-one Orientation and Mobility Training for up to 10 individuals, x \$60 per hour plus 15 hours per year of ongoing as-needed consultation for up to 10 individuals (at \$60 per hour) for the period of November 1, 2016 through June 30, 2017.
14,400 27,000 <u>\$41,400</u>	Fiscal Year 2018 (after first year) Initial 12 hour one-on-one Orientation and Mobility Training for up to 20 individuals, x \$60 per hour plus 15 hours per year of ongoing consultation for up to 30 individuals.

Miscellaneous Costs

The SSP and O&M programs will also require some training and travel costs, including lodging and per diem, to train new SSPs and O&M specialists. Six trainings a year will be conducted; however, because of the start-up phase of the programs, only four trainings will take place during Fiscal Year 2017.

SSP Miscellaneous Costs	
\$7,920	<p>Fiscal Year 2017 Cost: Trainings for SSPs</p> <ul style="list-style-type: none"> • One 8-hour training and three 4-hour trainings will be held in first year. • New SSPs will be required to attend a 8-hour training and any two of the 4-hour trainings in their first year. More experienced SSPs will be required to attend any two 4-hour trainings every year after their first year. • Two Deaf-Blind volunteers are needed at every training; these volunteers would be paid a \$25 per hour stipend for their time (\$800). • The SSP trainer will be paid at the rate of \$50 per hour (\$1,200). • Two interpreters of \$65 per hour per training will be arranged (\$3,120) <p>Travel for SSPs: An estimated travel expense of up to \$200 per participant over all the trainings they attend, for a maximum of 8 participants (\$1,600).</p>
\$9,760	<p>Fiscal Year 2018 Cost (after first year): Training for SSPs</p> <ul style="list-style-type: none"> • Two 8-hour training and four 4-hour trainings will be held in first year. • New SSPs will be required to attend a 8-hour training and any two of the 4-hour trainings in their first year. More experienced SSPs will be required to attend any two 4-hour trainings every year after their first year. • Two Deaf-Blind volunteers are needed at every training; these volunteers would be paid a \$25 per hour stipend for their time (\$1,600). • The SSP trainer will be paid at the rate of \$50 per hour (\$1,600). • Two interpreters of \$65 per hour per training will be arranged (\$4,160) <p>Travel for SSPs: An estimated travel expense of up to \$200 per participant over all the trainings they attend, for a maximum of 12 participants (\$2,400).</p>

O & M Miscellaneous Costs	
\$13,600	<p>Fiscal Year 2017 Cost: Trainings for O & M specialist It is anticipated that one O & M specialist will be needed in the first year, and that this person will be qualified in both ASL and tactile ASL communication. Since the O & M training skill set is highly specialized, an O & M specialist hired from out of state until a local O & M specialist is trained will have to be considered.</p> <ul style="list-style-type: none"> • If the O & M specialist is from out of state is hired, he/she will be required to attend 24 hours of paid trainings on Colorado transportation. \$60 x 24 hours = \$1,440. • Training a local O & M specialist will cost \$60 per hour as well; \$1,440. • The person who trains the O & M specialist in Colorado transportation will also be paid at the rate of \$60 per hour for two specialists for a total cost of \$2,880. • Two interpreters for these trainings may be needed. \$65 per hour per interpreter for a total cost of \$6,240. <p>Travel for O&M trainings (for the deaf-blind users): An estimated travel expense of up to \$200 will be covered for 8 Deaf-Blind O&M training participants (\$200 x 8; \$1,600)</p>
\$2,400	<p style="text-align: center;">Fiscal Year 2018 Cost (after first year) - O&M</p> <p>It is anticipated that one O & M specialist will be needed in subsequent years as well, and that this person will be qualified in both ASL and tactile ASL communication. Since the O & M specialist will already be trained in Colorado transportation (if that was needed), there are no training costs for the O&M trainer in subsequent years.</p> <p>Travel for O&M trainings (for the DB users): An estimated travel expense of up to \$200 will be covered for 12 deaf-blind O & M training participants (\$200 x 12; \$2,400)</p>

Cost Summary

Fiscal Year 2017 Cost	Second Year Cost	Detail
\$54,692	\$51,237	1.0 FTE Outreach Consultant for Deaf-Blind (GP III)
\$26,623	\$23,168	0.5 FTE Deaf-Blind Services Coordinator (GP II)
\$36,000	\$120,000	SSP Service Cost
\$16,200	\$41,400	O&M Service Cost
\$7,920	\$9,760	Miscellaneous Costs: Trainings for SSPs
\$13,600	\$2,400	Miscellaneous Costs: Trainings for O & M specialists
\$155,035	\$247,965	Total

CCDHH is committed to serving deaf-blind Coloradans so that they can access opportunities to live self-sufficient and productive lives.

See Appendix B for an update on the Deaf-Blind Task Force.

Recommendation #4 – Creation of the Communication Access Fund

CCDHH requests that a legislative action to create a Communication Access Fund for legal counsel be considered. The CAF Task Force has exhausted all of the options to create this fund unless rule-making to Colorado Rule and Civil Procedure 227 is feasible.

The availability of statewide Communication Access Fund (CAF) for legal counsel would remove a significant barrier for people seeking assistance and communication access from the legal profession. The statewide CAF would also help ease the financial responsibility attorneys and law firms bear in order to meet their obligations under the ADA to ensure effective communication with people who are deaf. The development of statewide CAF makes both financial and practical sense, and ensures effective communication mandated by the ADA with attorneys carrying the cost for access.

1 Title III of the ADA, 42 U.S.C. §§ 12181-89, provides people with disabilities the right to equal access to public accommodations. Both Title III of the ADA, and the regulations issued by the U.S. Department of Justice pursuant to Title III, 28 C.F.R. Part 36, specifically include the offices of lawyers in the definition of public accommodations. 42 U.S.C. § 12181; 28 C.F.R. § 36.104.

See Communication Access Fund for Legal Counsel in the “Community Project Updates and Issues” section for more information.

Recommendation #5 – Additional FTE for CCDHH staffing

CCDHH is requesting authorization to increase the staff with 1.7 FTE to address the significant unmet needs of deaf, hard-of-hearing, deaf-blind, and community stakeholders.

Purpose

An increase of 1.7 FTE to the Outreach and Consultative Services (OCS) staff is critical to the provision of timely, consistent, high quality services to the stakeholders it serves. The OCS staff is unable to adequately meet the needs of stakeholders, with current resources, as the requests significantly exceed the resources available for a statewide service. The additional FTE will allow the CCDHH to meet their statutory mandate of “increasing access to government” for these stakeholders.

The Outreach and Consultative Services consist of staff of one Outreach Consultant and one Manager. One has been managing the program, while providing outreach services. This person was promoted from outreach consultant specializing in serving deaf individuals to a managerial position. The other staff member has been an Outreach Consultant focusing exclusively on hard of hearing issues. **Staffing is needed for deaf**

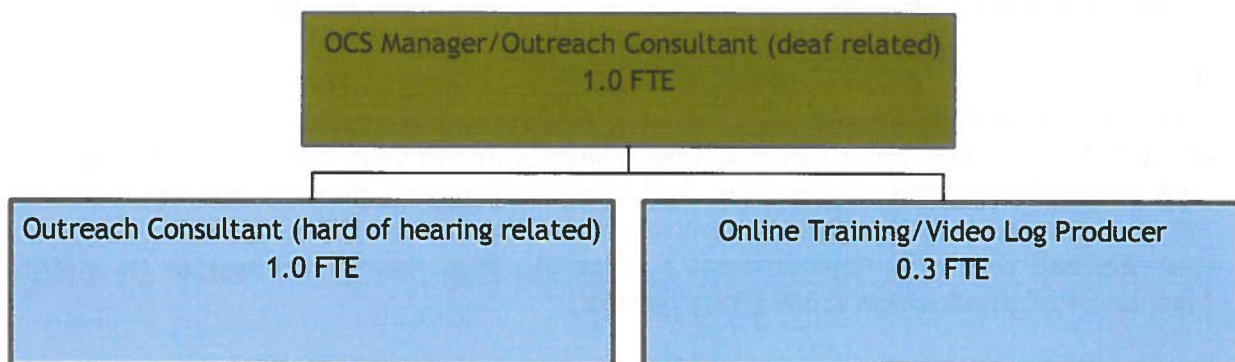
issues that will free the Manager to focus on OCS as an overall program and external stakeholder organizations for varying collaborative projects.

While the 0.3 FTE Online Training/Video Log Producer has been able to produce only six video logs about the CCDHH programs, a video log on an interpreter title protection law (FAQs), and two incomplete online trainings in the past four years. Because of the lack of position's time supporting CCDHH's development plan, it has been difficult to retain the same contractor or temporary state employee with specialized skills. **CCDHH has realized that with the current FTE of 0.3 it is nearly impossible to maintain a high level of production from this position.**

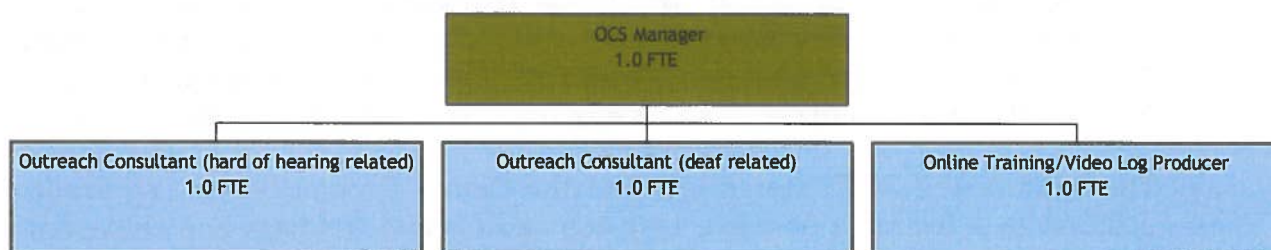
Outcomes from the additional staffing:

- **1.0 FTE Outreach Consultant will serve the deaf community. This position will be responsible for technical assistance (consultation), including planning, developing and coordinating activities and programs that enhance services of state and local governmental agencies, community organizations, and support these communities specifically related to deaf issues and needs.**
- **The additional 0.7 FTE would increase the Online Training/Video Log Producer position to a full-time position. Enhance and expand trainings and resources on the CCDHH website through print or video logs for the public's use. The online trainings will be available for state and local governmental agencies, community organizations, and deaf, hard-of-hearing, and deaf-blind individuals through the work of the Online Training/Video Log Producer position that is currently funded at a 0.3 FTE.**
- **Additional focus on providing communication access assessments for the state and local governmental agencies. This tool will enable agencies to build their capacities to accommodate their deaf, hard-of-hearing or deaf-blind employees or to better serve their clients/consumers who are deaf, hard of hearing or deaf-blind.**
- **Increase focus on assisting the governmental agencies and community stakeholders with collaborative projects; e.g., Advocacy Coalition for Equality, Communication Access Fund.**

With the current OCS staffing (2.3 FTE):



With the 1.7 additional FTE for the OCS staffing for a total of 4.0 FTE:



In 2012, nearly 20% of the population or an estimated 926,264 Colorado citizens are deaf, hard of hearing, or deaf-blind. CCDHH as a whole received 1,027 individual requests for resources and assistance in FY 2015, well under 1% of the population. CCDHH only has enough staff to respond to the most urgent needs and must prioritize requests accordingly. CCDHH is only reaching a very small number of deaf, hard-of-hearing, and deaf-blind communities, and organizations or agencies that interact with CCDHH stakeholders.

The Outreach and Consultative Services consist of staff of one Outreach Consultant and one Manager. One has been managing the program, while providing outreach services. This person was promoted from outreach consultant specializing in serving deaf individuals to a managerial position. The other staff member has been an Outreach Consultant focusing exclusively on hard of hearing issues. Staffing is needed for deaf issues that will free the Manager to focus on OCS as an overall program and external stakeholder organizations for varying collaborative projects.

While the 0.3 FTE Online Training/Video Log Producer has been able to produce only six video logs about the CCDHH programs, a video log on an interpreter title protection law (FAQs), and two incomplete online trainings in the past four years. Because of the lack of position's time supporting CCDHH's development plan, it has been difficult to retain the same contractor or temporary state employee with specialized skills. CCDHH has realized that with the current FTE of 0.3 it is nearly impossible to maintain a high level of production from this position.

Deaf and deaf-blind people are part of a low-incidence population, and they tend to reside in more populated areas, such as Denver metro. Generally, members of the deaf and deaf-blind communities reside in largely populated areas in order to maintain ties with the deaf and deaf-blind communities. They reside where there is a higher level of awareness regarding communication access and service providers to provide that access, and greater employment opportunities. As a result of prioritizing the greater need, the statewide outreach consultants' services have focused on the more heavily populated areas along the front range, but even that has been inadequate for addressing a general lack of communication access with Title II—State and local governments, and with Title III—Public accommodations; e.g., doctor's offices, and attorneys. Although, the remainder of the state also has been provided services upon request, numerous stakeholders have consistently advised us that many Title II entities have not updated their communication access policies. As a result, many barriers still remain for deaf, deaf/blind and hard of hearing individuals who reside in highly populated and rural areas.

At the present time, the quality of assistance is compromised by the lack of outreach consultants who are available to educate general stakeholders about the provision of communication access. The quality is limited by the reactive nature of our outreach consultant's work; the staff's focus has been with the law enforcement agencies in the state, which have had to respond to large number of lawsuits, due to their failure to provide legally required accommodations. The outreach consultant responds to inquiries to address immediate needs, but there is very limited outreach to educate stakeholders before they establish policies and practices that impact access to communication. As a result, the lack of proactive outreach work results in not preventing or changing systemic barriers to communication, which are difficult to overcome.

The outreach consultants have limited time to be proactive. However, the outreach consultants have nearly triple responses to inquiries, from 495 in FY 2012 to 1,027 in FY 2015. This is coupled with consultations, access assessments, and trainings.

Opportunity

A full-time Online Training/Video Log Producer, which has historically been 0.3 FTE, will result in a more user-friendly website, production of video logs about the CCDHH programs and relevant issues, creation and maintenance of online trainings with universal access, and cost savings. Serving statewide, especially rural stakeholders, through online training will reduce burden on the OCS staff and better address stakeholder needs. OCS outreach consultants providing complicated and legally sensitive trainings primarily on the front range, which requires an abundance of time and travel cost, and as a result neglects the rest of the state.

Both the website and online trainings will be totally accessible to people with varying levels of hearing acuity and deaf-blind people. These high quality productions will include voicing, captioning and American Sign Language.

A full-time Outreach Consultant focusing on the deaf issues will direct the OCS Manager’s time to collaborative community projects such as Advocacy Coalition for Equality, Communication Access Fund, and other. (See the Community Project Updates and Issues section about these projects.) In addition, the OCS Manager would divert his attention to conducting the Communication Access Assessment, which is a tool to build agencies and community organizations’ capacity to serve the deaf, hard-of-hearing, and deaf-blind stakeholders.

With additional staffing, OCS is targeting 50 on-site trainings a year and 24 online trainings within four years. The outcomes will be based on:

1. tracking of the yearly website hits and online trainings,
2. pre/post-test score comparisons,
3. changes in stakeholder policies and procedures, and
4. number of training participants and types of audiences.

In addition, a number of the stakeholder participation in the Communication Access Assessment as well as increase collaboration among the community stakeholders on significant projects will be closely tracked.

Staffing Costs

1.0 FTE Outreach Consultant for Deaf (GP III)

Fiscal Year 2017 (1.0 FTE) Costs	
\$46,008	Minimum salary
\$4,279	Benefits (PERA, health insurance, etc.)
\$500	Supplies
\$450	Telecommunications base
\$1,230	Computer hardware and software
\$2,225	Office equipment/furniture
\$54,692	Total

1.0 FTE Costs after the First Year	
\$46,008	Minimum salary
\$4,279	Benefits (PERA, health insurance, etc.)
\$500	Supplies
\$450	Telecommunications base
\$51,237	Total

0.7 FTE Online Training/Video Log Producer (Tech IV)

Fiscal Year 2017 (0.7 FTE) Costs		0.7 FTE Costs after the First Year	
\$30,157	Minimum salary	\$30,157	Minimum salary
\$3,498	Benefits (PERA, health insurance, etc.)	\$3,598	Benefits (PERA, health insurance, etc.)
\$500	Supplies	500	Supplies
\$450	Telecommunications base	450	Telecommunications base
\$34,705	Total	\$34,705	Total

The first year total staffing cost will be **\$89,397** (\$54,692 + \$34,705). Subsequent year total staffing costs will be **\$85,942** (\$51,237 + \$34,705). Computer hardware and software and office equipment/furniture for the 0.7 FTE Online Training/Video Log Producer position are already covered by the 0.3 FTE Online Training/Video Log Producer position.

Pending Issues

American Sign Language/English Interpreter Licensing

A sign language interpreter facilitates communication between those in the hearing and deaf communities. In other words, a sign language interpreter acts as a communication link between a deaf person and a hearing person. The sign language interpreter relays communication from a hearing person to the deaf person, and vice versa, thereby enabling communication between the two parties. Sign language interpreters must have the ability to quickly translate the spoken word into the appropriate sign language on behalf of the deaf or hard of hearing person as well as translate sign language into the spoken word. This process is known as interpreting if American Sign Language (ASL) is used and transliteration if one of the English based sign systems is used.

Interpreter certification programs afford a level of consumer protection that is lower than a licensing program. These types of programs ensure that only those who are deemed competent may practice and with the addition of C.R.S. 6-1-707, use of title or degree - deceptive trade practice, the public should be alerted to those who may deceptively practice by the title(s) used.

However, licensure as a more restrictive form of regulation provides the greatest level of public protection. Licensing programs typically involve the completion of a prescribed educational program (usually college level or higher) and the passage of an examination that is designed to measure a minimal level of competency. While these requirements can be viewed as barriers to entry, they also afford the highest level of consumer protection in that they ensure that only those who are deemed competent may practice and the public is alerted to those who may practice by the title(s) used. Entry into the profession is now accomplished by obtaining a bachelor's degree and passing a certification test.

Brief History of how Licensure for Interpreters began:

A group of deaf consumers and interpreters started the process in 1997, concerned about the fact that a large number of New Mexico interpreters were not properly trained, not certified, and many not even members of RID, making it impossible to file a complaint against them for poor quality services or ethical violations.

- Town Hall meetings were held throughout the state starting in 2002
- The Signed Language Interpreting Practices Act was passed by the Legislature in 2007
- The original board was appointed by Governor Richardson and began work in 2008
- Licenses began being issued in July 2009

Issuing Agency

Licenses are issued by the Signed Language Interpreting Practice Board (SLIPB) under the Regulation and Licensing Department (RLD). RLD is responsible for licensure of more than 200 professions in the state of New Mexico. The statute, rules, forms and a searchable database of licensed interpreters can be found at the SLIPB website: www.rld.state.nm.us/boards/Signed_Language_Interpreting_Practices.aspx

Sunset Repealed

The Signed Language Interpreting Practice Board (SLIPB) originally had a requirement for a periodic sunset review by the New Mexico Legislature. In 2013, the sunset review was removed due to the passage of SB 163, making the SLIPB a permanent board. No further sunset reviews will be required, and licensure requirements are permanent.

General Requirements

New Mexico requires all signed language interpreters to be licensed. Practicing without a license is a misdemeanor punishable by up to 364 days in jail and/or up to a \$1000 fine. Interpreting is defined as any form of facilitating communication in a visual form, regardless of the individual's job title or position description.

Colorado's History of the Deaf Community's fight for licensure:

In 2009, the Colorado Association for the Deaf (CAD) and Colorado Registry of Interpreters for the Deaf (CRID), through its Colorado Quality Standards for Interpreting (CQSI) Committee, submitted a sunrise application to the Department of Regulatory Agencies (DORA) for review in accordance with the provisions of section 24-34-104.1, Colorado Revised Statutes. The application identifies title protection for sign language interpreters as the appropriate level of regulation to protect the public.

According to the sunrise application, title protection could help to set a state-wide standard for sign language interpreter qualifications. The sunrise application also stated that although the Registry of Interpreters for the Deaf (RID) and the National Association for the Deaf (NAD) have certification programs, membership in the organizations is voluntary and not all sign language interpreters choose to obtain certification. As a result, CAD and CRID had presented examples of how harm had occurred to Colorado consumers, and that licensure of interpreters offered the best approach for ensuring that all sign language interpreters working for hire in Colorado met the appropriate minimum qualification standards for specific types of interpreting situations.

In 1991, CAD submitted a sunrise application requesting regulation of sign language interpreters. In response, DORA conducted a sunrise review and recommended the establishment of a task force to study and determine whether regulation was warranted. The task force recommended that sign language interpreters in Colorado graduate from an Interpreter Preparation Program, which was offered at Front Range Community College and Pikes Peak Community College, or pass an equivalent examination. The task force also recommended that appropriate, continuous training programs be offered throughout the state.

In 1996, following the work of the task force, a subsequent sunrise application was formally submitted to DORA by the Applicant and the Colorado Registry of Interpreters for the Deaf, requesting regulation of sign language interpreters. DORA completed the sunrise review and provided the following recommendations:

- Require the State of Colorado Board of Education to establish standards for sign language interpreters used in public school settings;
- Establish a mandatory sign language interpreter registration program for sign language interpreters modeled after the unlicensed psychotherapist program; and
- Require any individual providing interpreting services for a fee to disclose qualifications and fees in writing prior to accepting an assignment.

In 2006, the Applicant also submitted a sunrise application for sign language interpreters requesting licensure as the appropriate level of regulation to offer protection to consumers. The sunrise review recommended no regulation of sign language interpreters, and as a result consumers of sign language interpreters have often dealt with non-qualified interpreters in legal, medical, educational, and political situations.

The Americans with Disabilities Act (ADA) requires qualified sign language interpreters in places of public accommodation for the deaf and hard of hearing population. A qualified sign language interpreter is defined in Title 28 of the Code of Federal Regulations section 36.104 as a sign language interpreter who is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary. Additionally, the ADA Title III Technical Assistance Manual addresses the issue of qualified sign language interpreters regarding places of public accommodation. Specifically, the Technical Assistance Manual states that signing and interpreting is not the same thing. Being able to sign does not mean that a person can process spoken communication into the proper signs, nor does it mean that he or she possesses the proper skills to observe someone signing and change their signed communication into spoken words. The sign language interpreter must be able to interpret both receptively and expressively.

In terms of harm to the deaf community, harm can occur when sign language interpreters do not effectively and accurately convey information both receptively and expressively to any party involved. The absence of clear communication could be particularly harmful to members of the deaf community in a variety of settings.

Therefore, in order to recommend that a sign language interpreter title protection statute be established in Colorado, a rather particular pattern of harmful behavior by sign language interpreters must be proven. Specifically, the proposition requires proof that sign language interpreters mislead the deaf community by misrepresenting that the sign language interpreter holds credentials that he or she does not hold. Even though the Applicant's proposal only seeks to make illegal the act of stating that one

holds the specific enumerated credentials, two secondary questions surface once that threshold is satisfied. First, was the consumer harmed by the interpretive service? Second, even though the sign language interpreter misrepresented his or her credentials, could the deaf consumer reasonably have protected him or herself by the practice of due diligence in the selection of a sign language interpreter.

It was deemed by DORA, that the proposed regulation (title protection) of sign language interpreters would address the example highlighted above due to the fact that the sign language interpreter misrepresented the title of "Certified Sign Language Interpreter," which under the current proposal, would subject the sign language interpreter to legal action under the "Colorado Consumer Protection Act."

The remaining examples of harm submitted in the sunrise application detailed instances in which members of the deaf community expressed concerns regarding quality of services performed by non-certified sign language interpreters.

It is important to note that many of the examples of harm were previously submitted in the 2006 Interpreters for the Deaf sunrise review. An analysis had already been completed by DORA staff on these examples of harm, and the analysis remained the same. That is, the submissions outlined harm to the deaf community; however, it was not clear whether the harm was attributable to negligence or wrongdoing on the part of the sign language interpreter. In all of the situations, (including the new submissions of harm for this sunrise review) there were three parties involved in the communication process thereby making it impossible to adequately discern who was responsible for the miscommunication.

Miscommunication sometimes occurs between hearing persons. When a third party is added to a communication circle, with respect to interpreting for the deaf community, there is an additional element to the conversation. As a result, the chances for miscommunication increase. However, because communication between three parties is fluid, and typically there is no written documentation of the conversation, it was difficult for DORA to determine who was responsible for communication lapses. This called into question the need for additional regulation of sign language interpreters in Colorado, due to the potential for harm.

Licensure would address sign language interpreters who misrepresent his or her credentials. CCDHH has numerous reports of harm caused by non-qualified sign language interpreters including miscommunications with medical practitioners, landlords and employers—all of which had negative consequences.

Currently under the Consumer Title Protection Act, sign language interpreters who misrepresent the sign language interpreter title are subject to legal action under the "Consumer Protection Act." However, title protection has limitations regarding consumer protection, because it does not limit anyone from practicing as a sign language interpreter in Colorado. Rather, title protection only limits the use of a specific title. As a result, nonqualified practitioners are using titles that do not have the word "interpreter." Titles such as "language facilitator" or "sign language

communicator” are being used, because anyone can still practice as a sign language interpreter in Colorado under the current regulatory guidelines. The public is still just as susceptible to incompetence related to sign language interpreters.

As a result, the creation of a title protection statute has not enhanced consumer protection for deaf and hard of hearing individuals. Given the fact that title protection has little impact on ensuring that qualified, and ultimately certified sign language interpreters are providing professional services in Colorado, CCDHH has opted to bring the need to create licensure for sign language interpreters to the General Assembly’s attention.

Federal law leaves to the individual broad discretion in choosing a sign language interpreter in compliance with the ADA and in defining a qualified sign language interpreter. Currently, ADA defines a qualified interpreter as one who interprets effectively, accurately and impartially both receptively and expressively, while using any necessary vocabulary. However, deaf and hard of hearing individuals sometimes find themselves in situations in which the quality of interpretation does not comply with the ADA definition of a qualified sign language interpreter.

Deaf and hard-of-hearing individuals have reported instances where they have encountered incompetent sign language interpreters and there is no way to prescreen interpreters, which adversely impacts the quality of life of those who use sign language interpreters.

This is a critical point. Without the tools or mechanisms to identify who has attained some level of competency, hiring entities are at a loss on how to satisfy the mandates of ADA in locating/providing “qualified” interpreter services. Licensure will ensure quality control.

Purpose of Interpreter Licensure

Hundreds of professions require practitioners to be licensed in order to protect consumers. Purposes of interpreter licensure include:

- Establish minimum level of quality and ethics for interpreters
- Protect consumers from unqualified or unethical interpreters
- Create accountability for pre-certified interpreters or those who are not members of the Registry of Interpreters for the Deaf (RID) and therefore not under their jurisdiction
- Establish a complaint process that is locally based and accessible

Colorado’s Department of Regulatory Agencies through its division of Professions and Occupations requires licensure for the following professions:

Accountancy, Acupuncture, Addiction Counselors, Architects, Athletic Trainers, Audiologists, Barbers, Cosmetologists, Estheticians, Hairstylists, Nail Technicians, Boxing, Chiropractors, Dental, Direct-Entry Midwives, Electrical, Funeral Home and Crematory, Healthcare Professions Profile Program, Hearing Aid Providers, Landscape Architects, Marriage and Family Therapists, Massage Therapists, Naturopathy, NPATCH, Nursing, Nursing Home Administrators, Occupational Therapy, Optometry, Outfitters, Passenger Tramway, Pharmacy, Physical Therapy, Plumbing, Podiatry, Private Investigators, Professional Counselors, Professional Engineers, Professional Land Surveyors, Psychologists, Registered Psychotherapy, Respiratory Therapy, Social Work, Speech-Language Pathology, Surgical Assistant and Surgical Technologist, and Veterinary.

Sign Language Interpreters work with all of the above professions and if something were misinterpreted for many of the above professions, it could have serious consequences.

Also, due to the serious nature of many types of interpreting assignments, the General Assembly is encouraged to review and raise the bar for educational interpreters to an EIPA rating of 4.0. *See Ruth Mathers', Colorado Department of Education's Deaf Education Consultant, for her comments on page 32 regarding EIPA in the Summary of Recommendations section (Recommendation #2: Deaf Education Steering Committee).*

Centralized Auxiliary Services for the State Agencies

Since fiscal year 2014, CCDHH Legal Auxiliary Services (LAS) has had an intra-agency agreement with the two Colorado Mental Institutes, Fort Logan and Pueblo. CCDHH LAS provides auxiliary services for the state courts, probation and court ordered treatment and worked with both institutes to provide services for their deaf, hard-of-hearing or deaf-blind patients who are held under a court order. Auxiliary services consist of Sign Language Interpreters and Communication Real-time Translation (CART) Providers.

Due to the lengthy stays of several patients at the time, including one patient who is deaf-blind, those services quickly became a heavy burden on LAS program resources. An agreement was made so that effective services were still provided and the burden was shared by both agencies in an equitable manner. It was agreed that CCDHH LAS continue to schedule and pay for the services and the institutes then reimburse, via an intra-agency transfer, for any services that fall outside of treatment specific to the court order, for example, evening, weekend and holiday social activities.

This determination was based on the fact that CCDHH LAS has the expertise and the infra-structure (including staff, web-based scheduling system, certified independent contractors) to provide the appropriate services. This agreement brought forth collaboration between agencies to ensure that the resources of both agencies were being used efficiently. Another CCDHH program, Outreach and Consultative Services, was also brought in to consult with the institutes and provide culturally and

linguistically affirmative information, resources and training to institute staff, who had little or no such training.

The success of this collaboration has been used as a model in discussions with other agencies that have contacted CCDHH Outreach and Consultative Services for policy guidance. Currently, a similar agreement is being discussed with the Colorado Department of Labor and Employment (CDLE) due to a settlement agreement brought about by litigation. Under the settlement agreement, CDLE was required to contact CCDHH for consultative services and policy development. They are mandated to develop policies and procedures for the provision of auxiliary services when it is requested by a deaf, hard of hearing and deaf-blind individual. An interagency agreement for CCDHH LAS to provide those services is being discussed as part of this policy development.

This fall, CCDHH is planning to survey other state agencies to determine the feasibility of providing centralized auxiliary services for deaf, hard-of-hearing, and deaf-blind citizens who struggle to access state programs. Often, requests for auxiliary services are denied because of a lack of understanding of the ADA obligation to provide those services when requested. The centralized provision of services under CCDHH would be an effective solution in terms of infrastructure for auxiliary services coordination and costs, and a proactive measure to avoid the potential for litigation. Implementation will begin upon completion of interagency agreements.

CCDHH: Agency Placement

When the Colorado Department of Human Services (DHS) reorganized in February 2015, it dissolved the Division of Boards and Commissions - “home” of CCDHH - and it placed CCDHH in some kind of limbo.

When CDHH staff, stakeholders, and citizens as well as some members of the General Assembly expressed concern about the placement of CCDHH in the Office of Community Access and Independence, DHS agreed to form the CCDHH “Ad Hoc Placement Committee” (CPC) to review options for an ideal home base.

DHS, through the Deputy Executive Director of Strategic Communications and Legislative Relations, contracted with Lorez Meinhold of Keystone Policy Institute, to facilitate the CPC.

Cliff Moers, CCDHH Administrator, was a member of this planning team; however, he did not have the opportunity of extensive contacts with external stakeholders in regards to the placement strategies except for a meeting with staff members of the Colorado Commission of Indian Affairs.

The members in this CCDHH Placement Committee are: Kirk Neuroth, commissioner of CCDHH; Leslie Ralphe, commissioner of CCDHH; Jennifer Pfau, president of the Colorado Association of the Deaf; Rebecca Herr, coordinator of the Association of Late-Deafened Adults, Boulder chapter; Cynde Vaughn, deaf-blind representative;

Romaine Pacheco, Governor’s Office of Boards and Commissions; Emy Lopez, administrator of Office for Language Access with the Colorado Judicial Department; Jack Wylie, Department of Personnel and Administration; Bruce Eisenhauer, Department of Local Affairs; and Cliff Moers, CCDHH administrator. A representative from the Department of Regulatory Agencies (DORA) was invited, but declined because of DORA’s role as a regulatory agency.

The purpose of this CPC is to identify and review options for placement of CCDHH in State government and to ensure that new placement:

1. Facilitates the legislative mandates and the vision, mission, and purposes of CCDHH:
 - CCDHH has a mandate from the General Assembly of Colorado to educate governmental agencies, private agencies, and other entities so they become more efficient in providing services to deaf, hard-of-hearing, and deaf-blind citizens across the State;
 - The mission of CCDHH is to be “an agent of change for a sustainable statewide network of resources dedicated to cultural and linguistic equality”;
 - The vision of CCDHH is ... "a barrier-free Colorado".
 - The purposes of the CCDHH are:
 - ✓ To disseminate information to deaf, hard-of-hearing, and deaf-blind citizens, and public and private entities that serve them;
 - ✓ To make telecommunications equipment available to qualified consumers;
 - ✓ To arrange essential auxiliary services for the State Court System, including probation and court-ordered treatment;
 - ✓ To serve as a resource and as technical support to all stakeholders.
 - ✓ To fund start-up, and to help sustain existing, public deaf, hard-of-hearing, and deaf-blind programs through its grant program.
 - ✓ To set a state standard for effective communication access in government and community-based agencies.
2. Supports CCDHH to function effectively in all of its responsibilities to individual constituents, to private and public organizations, and to the different branches and agencies of state government; and

-
3. Is sufficiently prominent to facilitate CCDHH's leadership and visibility in statewide policy and programs for citizens who are deaf, hard of hearing, and deaf-blind.

To date, the committee has held two "get acquainted" meetings to educate participants about CCDHH and its functions, the role and responsibilities of other state agencies, especially the Department of Personnel and Administration and the Department of Regulatory Agencies, as well as to discuss relevant issues affecting state agencies' operations of services and management (Type One vs. Type Two authorizations, the legislative process, etc.). DHS as an organization and how it operates was presented, too.

After the second meeting in August, the members of the PC committee wished to learn more about the Department of Local Affairs and the Office of the Lieutenant Governor. We seek a state agency that is comprehensive enough and understanding enough to accommodate CCDHH and its responsibilities. CCDHH, as a multiple disciplinary unit, exists to advance access to public and private services for deaf, hard-of-hearing, and deaf-blind Coloradans, and to educate the general public as well as state and local government employees about the cultural and linguistic uniqueness of this population. CCDHH advises and collaborates with these entities in serving as a clearing house or central source of information and referrals, and administers the Telecommunications Equipment Distribution Program (TEDP), the grant program, the Legal Auxiliary Services program (charged with provision of auxiliary services -- interpreting and CART or Communication Assistive Real-time Translation in legal settings), provides outreach and consultative services, and systems advocacy.

In that regard, CCDHH supports the state of Colorado in providing barrier-free access, equal opportunity, and reasonable accommodation to all who qualify. This is the rule in accordance with the requirements of the Americans with Disabilities Act (ADA) of 1990, and Section 504 and Section 508 of the Rehabilitation Act of 1973, as amended, and other federal and state laws as may be promulgated. As Title III entities, all state agencies must comply with ADA Title I, and the regulations of the US Equal Employment Opportunity Commission.

CCDHH further supports the state in avoiding risk of any discrimination action based on a disability in any term or condition of employment, or in access to programs, facilities, services, or activities. As title III entities, all state agencies must comply with ADA Title I, including the regulations of the US Equal Employment Opportunity Commission.

CCDHH's dual role in serving agencies and individuals creates a paradox as to where it should be placed. Ideally, the placement would be in a department that could address both continued service to constituents and regulatory guidance to state and public agencies for compliance with laws relevant to communication access.

The CCDHH ad hoc placement committee will continue their exploratory process at a meeting in October. It will be an opportunity for the committee to learn whether the Department of Local Affairs or the Office of the Lieutenant Governor be feasible for

CCDHH. The CCDHH administration and staff feel that the Department of Local Affairs mission is too narrow and believe strongly that the Office of the Lieutenant Governor could be an ideal "home base". It has a similar mission as CCDHH which is to "promote collaboration, innovation, and efficiency to serve the greatest good for the people and state of Colorado."

The PC has requested that CCDHH staff members share their thoughts and concerns regarding the possibility of remaining in the DHS.

Appendix A - The Seven Agreements

Seven Agreements for Closing Colorado's Gap in Deaf Education

Recommendations from the Blueprint for Closing the Gap Revisioning Task Force, conducted by the Colorado Association of the Deaf, Colorado Hands & Voices, and Rocky Mountain Deaf School.

A grant from The Colorado Commission for the Deaf and Hard of Hearing, Department of Human Services made this project possible.



A NOTE ABOUT “DEAF” VERSUS “DEAF / HARD OF HEARING”

The Blueprint Revisioning Task Force supports the use of the term “deaf” for all children who have any degree of hearing loss. This choice is, perhaps, surprising.

The current terms in vogue in the Deaf, educational and even the medical community today are “deaf/hard of hearing” and have been since the World Federation of the Deaf voted to use these terms in 1991. The National Association of the Deaf and Gallaudet University use these terms. Support is widespread. So why suggest a different definition?

In our discussions, we have come to think that the use of the dual terms “deaf” and “hard of hearing” reinforces an arbitrary distinction between the two, discounts their shared experiences, and encourages mistaken assumptions about individual students’ needs. While we could separate children who are deaf from those who are hard of hearing, have a unilateral loss, those who have Microtia or a particular syndrome, or those who access the world through visual language from those who listen with cochlear implants, hearing aids, or other technology, all children who are deaf share differences from typically hearing children in how they receive and process linguistic information. While each child certainly has unique needs, this document is designed to outline general principles to meet those needs. When referring to specific issues related to learning with audition, the phrase “hard of hearing” is used. Otherwise, the term “deaf” means deaf, hard of hearing or any degree of hearing loss in this document.



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SUPPORT

THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS AGREE TO SUPPORT THE VISION OF THIS DOCUMENT AND LOOK FORWARD TO EFFORTS TO BRING ABOUT THESE AGREEMENTS FOR OUR STUDENTS WHO ARE DEAF IN COLORADO.

Alain Navartne, Parent of a deaf child
Alisha Pattavina, Parent of a deaf child
Amber Duffy, Parent
Amy Novotny, Deaf representative
Angel Trevino, Teacher of the Deaf
Ann Gavin, Parent of deaf children
Balinda Price, Professional
Barbara Coffan, Interpreter
Bethany Ann Smart-Bolling, Professional
Brenda Elliott, Parent of deaf children
Carmela Roybal, Deaf professional
Cathy Bowles, Professional
Cheryl Johnson, Professional, former CDE Consultant
Chris Dietrich, Parent of deaf children
Christie Yoshinaga-Itano, Professional, Professor and Researcher, CU Boulder
Christopher Martinez, Relative of a deaf child
Chuck Walker, Parent of a deaf child
Cindy Woehle, Teacher of the Deaf
Courtney Williams, Professional
Cruz Martinez, Relative of a deaf child
Cynthia Moore, Parent of a deaf child
Cynthia Stephens, Professional
Danelle Jansen, Professional
Denisse Perez, Parent of a deaf child
Diana Martinez, Parent of a deaf child
Donna Massine, Teacher of the Deaf, Educational Audiologist



Elizabeth Marglin, Parent of a deaf child
Emily Gvestang, Parent of a deaf child
Frank Johns, Parents of a deaf child
Gina Straight, Parent of a deaf child
Hesmelda Amador, Parent of a deaf child
Janet DesGeorges, parent of a deaf child
Jennifer Pfau, Deaf representative, parent of a deaf child
Jennifer Vargas, Relative of a deaf child
Jeremy Duffy, Parent of deaf children
Jerilyn Hutchins, Professional
Jim Collins, Relative of a deaf child
Jodi Dietrich, Parent of deaf children
Karen Carpenter, Professional, audiologist
Kat Olson, Parent of a deaf child
Kathryn Johnson, Teacher of the Deaf
Katrina Kuzmich, Parent of a deaf child
Leigh Newton-Hardin, Parent of a deaf child
Libby Robinson, Parent of a deaf child
Liesel Lancaster Thomas, Parent of deaf children
Lindsey Antle, Professional
Lonnie Burkholder, Parent of a deaf child
Lynne Canales, Teacher of the Deaf
Mah-rya Proper, Professional and parent
Maria Navaratne, Parent of a deaf child
Maria Rodriguez, Parent of a deaf child
Marion Collins, relative of a deaf child
Marissa Rivera, Professional
Martha Fydrich, Parent of a deaf student
Megan Murillo, Parent of a deaf child
Michael A. Thomas, Parent of deaf children, professional
Mindy Mitchell, Parent of a deaf child
Molly McDonald, Deaf professional



Nicki Schroeder, Parent of a deaf child
Pamela Sewell, Parent of a deaf child
Peggy Hecker, Parent of a deaf child
Pippi Howard, Parent of deaf children
Rebecca Novinger, Professional and Deaf adult
Robin Getz, Deaf professional
Sandra Gabbard, Professional
Sara Kennedy, Parent of a deaf child
Sarah Wedekin, Professional
Shana Bokelman, Professional, and deaf adult
Shelley Hanson, Parent of a deaf child
Stacy Claycomb, Audiologist
Stephanie Olson, Deaf professional
Steve Hardin, Parent of a deaf child
Susan Elliott, Teacher of the Deaf, deaf representative
Susie Broderick, Professional
Susie Martinez, Relatives of a deaf child
Tammy Johns, Parent of a deaf child
Tracy McGurran, Parent of a deaf child
Trinity Martinez, Relatives of a deaf child
Valerie Walker, Parent of a deaf child
Vickie Thomson, Professional
Victoria Douglas, Parent of a deaf child

Organizational Letters:

See letters from The Colorado Department of Education, the Commission for Deaf, DeafBlind and Hard of Hearing Minnesotans , Peak Parent Center, University of Colorado at Boulder, Speech, Language and Hearing Sciences, University of Colorado School of Medicine, Department of Otolaryngology, and Cued Speech of Colorado.

Colorado Registry of Interpreters of the Deaf (CRID)

Marion Downs Center



COLORADO
Department of Education

Exceptional Student Services Unit
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Sara Kennedy
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March 17, 2015

To the Core Team of the Revisioning Task Force:

Thank you for the opportunity to participate on the Blueprint for Closing the Gap Revisioning Task Force. I was present for a few of the meetings and appreciated the passion of the attendees for the field of deaf education. I have read the document, *Seven Agreements for Closing Colorado's Gap in Deaf Education* that is a product of the discussions during task force meetings. Please allow me to acknowledge the effort of the Revisioning Task Force in developing this document.

I am sharing with you my thoughts regarding this document at your request. While not able to endorse all of the suggestions in the document, there are specific elements that the Colorado Department of Education (CDE) can fully support. Please see the list below outlining our points of agreement.

- I'm confident that we can agree that deafness is a unique and highly complex field in the education arena. The relatively low numbers of students with hearing loss enrolled in special education in Colorado's school system, coupled with the variety of student communication modes requiring distinct and varied programming methodologies, create a substantial challenge for public school systems. The content of the *Seven Agreements* attempts to address this challenge. I applaud the grassroots effort to brainstorm solutions that will encourage appropriate programming for Colorado's Deaf/Hard of Hearing students.
- The rationale behind the committee's endeavor is indisputable. The eight statements listed on page 8 are tenets of deaf education and offer another point of agreement which we share.
- The CDE agrees that stakeholders represent a variety of perspectives and should have an arena in which to contribute their areas of expertise. As the core committee was informed several months ago, the CDE has formed a Deaf Education Advisory Board to offer recommendations to the department to improve practices for students with hearing loss in Colorado. The CDE concurs that there is a need for continued conversation by members who have training, experience, or interest in the area of deaf education for children in a wide variety of placements. To that end, the CDE's Deaf Education Advisory Board has been created and has met to begin this work.
- A portion of "Agreement 3" is a proposal to update the *Colorado Quality Standards for Programs and Services for Students who are Deaf and Hard of Hearing*. This plan coincides with the CDE's plan to update said document in response to recent requests from school district administrative personnel who are exploring the possibility of establishing regional deaf education programs in their districts to service their geographical area. The project to update the *Quality Standards* document is tasked to the CDE's Deaf Education Advisory Board in direct response to the welcome interest in this information from specific school districts.
- The topic of data and student assessment is discussed in "Agreement 4." Acknowledging the mandate for a statewide instrument that assesses all students with a common evaluation, the CDE also recognizes the need for a test battery that is specific to deaf and hard of hearing students for the purpose of identifying



areas of concern related to children with hearing loss. The CDE is in agreement with the list of ten types of information to be gathered and to which our field needs ready access to appropriately inform IEP goals, design targeted professional development, and drive classroom instruction. To illustrate the CDE's commitment to the same idea mentioned in "Agreement 4," the READ Act Task Force was formed in the late fall of 2014 to address the need for deaf and hard of hearing students to be assessed with a battery of tests which would accurately identify the presence or absence of a significant reading deficiency. This assessment battery will provide more accurate information to educators to assist in designing individualized instruction based on need for students. This is a strong start in addressing appropriate assessments for our students.

While the effort given to community discussion and the creation of the document should be acknowledged as an indication of the passion and interest in the *Agreement* issues, taken as a whole, I believe that the *Seven Agreements for Closing Colorado's Gap in Deaf Education* is not a realistic plan for changing deaf education in Colorado. Authentic collaboration cannot be mandated. Deaf and hard of hearing students cannot and should not be deprived of the rigor and expectations found in general education when appropriate. The academic system exists to educate children to become productive, independent adults - not to promote a culture requiring consistent exposure to adults who are not credentialed educators. Professional development formats should be research-based and designed to change practice - not to provide social interaction among participants or convenience for developers.

As the Consultant for Deaf Education at the Colorado Department of Education, I can support the spirit of this document. I agree that the community should continue to examine the needs of deaf education. I encourage you to be part of the on-going discussion and decision-making by being available to serve on a committee or task force where these issues will continue to be addressed and your voice will be heard.

Sincerely,

Ruth F. Mathers

Ruth F. Mathers M.S.
Principle Consultant for Deaf Education





Letter of Support from Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans

June 1, 2015

To: Revision task force members

From: Anna Paulson: Coordinator of Educational Advancements and Partnerships

Re: Response to your Seven Agreements for Closing the Gap

The "Seven Agreements for Closing the Gap" is truly a gift to the school age children who are deaf and hard of hearing. The task force of authors have put great time and effort in ensuring that all areas of child and student development are represented in this document. I applaud your thorough examination of the on-going barriers to measurable outcomes for students. From a national perspective, this document is aligned with the National Bill of Rights for Deaf Students- with the assurance that the vital stakeholders maintain the spirit of the bill. From the perspective of professionals in Minnesota, it is an admirable step in the right direction. Educating your legislators opens doors for policy change.

As the Coordinator of Educational Advancements and Partnerships with the Minnesota Commission, I can absolutely support the tenants of this document. I would like to note that the legislative mandate for multi-agency collaboration is not in the spirit of true collaboration. I read in your introduction that voluntary collaboration has been tried and has failed. That is very disappointing. Consistently across states, the low-incidence disability group of students who are deaf/hard of hearing is rarely a priority in local district initiatives. The demographic numbers of students with hearing loss are further diminished when they are separated by "degree of hearing loss" and "mode of communication". Without numbers, our students are easily overlooked. Your "Seven Agreements" are a valiant effort to bring the spotlight back to those who deserve a free and appropriate education to ensure that they too can meet their full potential as students and community members.

We support this statement and intend to mirror the tenants within.

Anna R. Paulson

Coordinator of Educational Advancement & Partnerships

Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans (MNCDDH)

Anna.Paulson@state.mn.us

Voice: 651-431-5960

Cell: 651-558-1270

Mailing address: 444 Lafayette Road North, St. Paul, MN 55155-3814

Site address: 85 East 7th Place, Suite 105, St. Paul, MN 55101



Letter of Support from Peak Parent Center



PEAK
PARENT
CENTER

Helping Families Helping Children

611 N. Weber Street, Suite 200
Colorado Springs, CO 80903
719.531.9400
Fax: 719.531.9452
www.PEAKparent.org

To Whom it May Concern,

June 2, 2015

PEAK Parent Center, Colorado's Parent Training and Information Center, supports the Seven Agreements for Closing Colorado's Gap in Deaf Education report. Employment and adult success depends on quality pre-services education programs.

PEAK Parent Center believes that every child with a disability is a quality learner, and PEAK supports the efforts of groups and individuals who share the belief that ALL means ALL in education. Students who are DHH have a unique communication need that impacts their ability to learn. As a state that seeks to lead the nation in education, it is our responsibility to support a statewide strategic plan to include coordinating services so that our students have access to a range of supports of options as the IDEA requires, updating the aged Quality Standards and aligning with pre-service education programs, thoughtful, systemic professional development across disciplines, and considering the unique needs of every child who is deaf or hard of hearing to create communication-driven programs. It is important that communication-driven programs for DHH are available to students across the state and not just available to students in urban areas.

Quality Education is an essential factor for the chance to have a quality life and meaningful employment.

Sincerely,

Barbara E. Buswell,
Executive Director

Shirley Swope
Parent Advisor



Letter of Support from Christine Yoshinaga-Itano, Ph.D., Professor of Speech, Language, & Hearing Sciences, University of Colorado Boulder



May 30, 2015

Sara Kennedy
Hands & Voices
P.O. Box 3093
Boulder, CO 80307

Department of Speech, Language & Hearing Sciences
Building Room Number 301 email:
Christie.Yoshi@colorado.edu
409 UCB
Boulder, Colorado 80309-0409
t 303 492 3050
F 303 492 3274

Dear Sara:

I was involved in the original drafting of the Blueprint for Closing the Gap now over a decade ago and still feel that the principles from that document are as applicable today as they were when they were drafted many years ago. For a variety of reasons, there has not been as much progress towards meeting these goals as we had hoped would occur, especially over the many years that have now transpired.

Colorado has led the nation with respect to the system developed after the establishment of universal newborn hearing screening. The education/habilitation follow-through in the first three years of life after confirmation that the child is deaf or hard of hearing is, in my opinion, the best in the world. It is equitable, offering the same level and quality of service to all families with early-identified children. It is an accountable system, as the developmental outcomes of the children are monitored every six months and it is of exceptional quality because of the training of the Co-Hear coordinators who provide "train the trainer" support to all of the early intervention providers regardless of where they live in the state of Colorado.

Additionally, Colorado is only one of two states with educational audiologists in every local education agency or board of cooperative educational services, assuring that the children have auditory access to the learning environment. This service compliments the work of the teachers of the deaf through the state providing comprehensive services that are unique.

However, even with these systemic characteristics, there have been some significant challenges. The primary purpose of universal newborn hearing screening has been to prevent the significant educational, cognitive and social-emotional delays that were common among children who were deaf or hard of hearing prior to early identification in the newborn period. However, the special education system is not designed for "prevention" but has been based on a "deficit" model that requires children to fall significantly below the normal range in order to receive services. Because of local educational agency jurisdiction, it is often difficult to assess children longitudinally on common assessment tools and the annual school testing from third through 10th grades does not include information about the child's hearing status, so it is extremely difficult, if not impossible, for school districts to access the developmental outcomes of their entire system of children who are deaf or hard of hearing.



Across the United States, there is a growing movement for states to develop coordinated state systems of collaboration for children who are deaf or hard of hearing. This coordination is extremely challenging because it often requires collaboration between state departments of health, state departments of education and Part C agencies. In addition, a unique collaboration between schools for the deaf, local educational agencies, and state department of education administrators is essential.

In an ideal world, such collaboration would occur naturally with all partners willing to meet on a regular basis and collaborate across agency boundaries. However, significant administrative barriers often exist and changes in directorship across the many partners often impacts whether such collaboration can occur. While there are many pros and cons to legislation, there are times when accomplishing a logical and needed goal can only be accomplished through legislation. I believe that although there have been many efforts over the past 13 years to accomplish this collaboration, the challenges have been so great that the lack of the formation of such collaboration has prevented us from accomplishing the significant goals from the original Blueprint for Closing the Gap.

While true collaboration cannot be mandated, systemic supports that assure the development of a state plan that includes an action plan would be a step in the right direction and would begin to assure that another decade does not pass by without the accomplishment of these goals. I fully supported the legislation for universal newborn hearing screening and the fact that 87% of our children can now be educated within the regular classroom is testimony to the success of that legislation. I also fully supported the hearing aid legislation which has resulted in early access to amplification assuring that, as soon as possible, children who are identified as deaf or hard of hearing have access to appropriate amplification technology and over 80% of our children are now entering kindergarten with intelligible speech. I supported the Deaf Child Bill of Rights that has provided families with legislation that should assure access to the language and learning environment of the classroom, as well as to both hearing and deaf/hard of hearing peers and adult role models. In each of these situations, legislation has dramatically enhanced the lives and outcomes of our children who are deaf or hard of hearing.

Therefore, I wholeheartedly support the Seven Agreements document and I believe that it is an appropriate plan to assure that children who are deaf or hard of hearing and their families receive appropriate education.

Sincerely,

Christine Yoshinaga-Itano, Ph.D.

Professor

**Letter of Support from Vickie Thomson, PhD. Principle Investigator,
Department of Otolaryngology, School of Medicine, University of Colorado**



 University of Colorado
Anschutz Medical Campus

May 12, 2015
Colorado Hands & Voices
Sara Kennedy, Director
RE: Seven Agreements

Department of Otolaryngology
School of Medicine
Academic Office One, Suite 3001
12631 E 17th Ave, MS B205
Aurora, Colorado 80045
303 724 1950 office
303 724 1961 fax

Dear Sara,

I enthusiastically endorse the Seven Agreements as a much-needed opportunity for stakeholders in the state of Colorado to move forward in creating educational excellence for our young students.

As the previous director of the Colorado Infant Hearing Program at the Colorado Department of Public Health and Environment, it was well documented that infants who were identified and enrolled into early intervention had near normal developmental outcomes in language, cognition, and social development. Sadly, research has shown that due to inadequate education the same children begin to fall behind as soon as they enter Part B services.

I appreciate the committee utilized critical stakeholder feedback from a wide variety of professionals, parents and the Deaf community gathered from the *Inspiring Change* 2013 meetings coupled with important documents in the past to highlight critical areas. The committee proposed concrete, actionable, substantive improvements in the here and now.

Through the work of Colorado Infant Hearing Advisory Committee, we see firsthand that it is not one or two agencies/groups that can affect "moving the needle" towards more positive student outcomes, just as one or two agencies can't create a seamless identification to early intervention trajectory for a diverse set of parents living across Colorado. Instead, it is the efforts of many who must be engaged to improve our pre-service education, resources for parents and teachers, utilize data not currently available to measure outcomes, provide mentoring and just in time support, and set rigorous quality standards based on evidence for districts to follow.

We applaud the work of the core committee and look forward to seeing the Agreements come to life through stakeholder collaboration at the highest levels. Colorado has been a recognized leader in newborn hearing screening and we hope Colorado becomes a leader in deaf education.

Sincerely,



Vickie Thomson, PhD
Principle Investigator



Letter of Support from Cued Speech of Colorado



17998 E. Ohio Cir, Aurora, CO –
info@cuedspeechcolorado.org - www.cuedspeechcolorado.org

Sara Kennedy
Hands & Voices
P.O. Box 3093
Boulder, CO 80307

March 25, 2015

To the Core Team of the Revisioning Task Force:

Cued Speech of Colorado thanks the Core Team for the opportunity to contribute to the Blueprint for Closing the Gap Revisioning Task Force. I attended many of the meetings and observed the different groups represented from parents to professionals to consumers as well.

Cued Speech of Colorado supports the intentions behind the “Seven Agreements for Closing Colorado’s Gap in Deaf Education” document as well as the vision laid out for reforming deaf education in the state of Colorado. We believe more could be included when it comes to cued language services. However, this document is a start as we acknowledge the inclusion of Cued Speech in Communication Plans within Individualized Education Plans in Colorado.

We recognize that this document may not serve well as a realistic plan for reforming deaf education, yet it does serve as a means of guiding community discussion and collaboration on improving services for children with hearing loss, regardless of their location in the state of Colorado.

Cued Speech of Colorado hopes that this document will help guide reforms in deaf education driven by research-based practices and data-driven decisions.

Aaron Rose, M.S.D.E.

President, Cued Speech of Colorado



Statement from the Colorado School for the Deaf and the Blind

January 8, 2015

The Colorado School for the Deaf and the Blind (CSDB) is committed to providing services of excellence to children who are Deaf/hard of hearing and children who are blind/visually impaired statewide. The services we provide each child, or are requested to provide, are identified through the Individual Education Program (IEP) process and aligned with procedures and practices identified in state and federal law.

CSDB is always ready to collaborate in discussions specific to the provision of quality services for children who are Deaf/hard of hearing and children who are blind/visually impaired. Our willingness to collaborate has been demonstrated through our participation in every meeting of “Inspiring Change” as well as the committee meetings which followed.

The Committee process utilized did not encompass the elements of effective strategic planning. There are avenues currently in place (i.e. CSDB Strategic Plan) which can provide opportunities for dialogue and the development of an action plan to address identified educational needs of children statewide.

The contents of the attached document, Seven Agreements for Closing the Gap, does not reflect our preferred approach to continued conversations regarding “closing the gap” in achievement of children who are Deaf/hard of hearing in Colorado. We do not support the continuation of collaboration through mandated legislation, and therefore cannot support this document. We request the names of our staff members be removed from the Acknowledgements page of the document.

CSDB remains strongly committed to a child-centered approach, when working with parents and school districts, in order to meet the individual needs of children.

Carol A. Hilty
Superintendent
Colorado School for the Deaf and the Blind
33 N. Institute
Colorado Springs, CO 80903
[\(719\) 578-2102](tel:7195782102) or chilty@csdb.org
CSDB...Learning, Thriving, Leading
Celebrating 140 Years of Excellence

UNIVERSITY of
NORTHERN COLORADO



School of Special Education

May 4, 2015

Sara Kennedy
Hands & Voices
P. O. Box 3093
Boulder, CO 80307

To the Core Team of the Blueprint Revisioning Task Force,

Thank you for the opportunity to review the document titled, "Seven Agreements for Closing Colorado's Gap in Deaf Education." We applaud the Colorado Commission for the Deaf and Hard of Hearing for providing funding for this project. We also appreciate the willingness and the ability of the Task Force members to collaborate as well as to dedicate the time needed to develop this document.

The document summarizes many of the issues that exist throughout the United States related to the challenges of providing appropriate services for the heterogeneous population of students who are deaf or hard of hearing. It also addresses the unacceptable educational, vocational and quality-of-life outcomes that many adults who are deaf or hard of hearing experience.

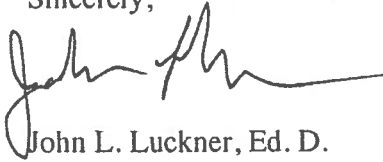
We are fully in favor of and in support of endeavors to improve school, career and living outcomes for individuals who are deaf or hard of hearing. However, we are uncertain that Agreement 1 – "mandate a Deaf Education Steering Committee to carry forward and implement the six remaining agreements from the 'Blueprint for Closing the Gap Revisioning Task Force,' including developing and implementing a comprehensive state plan for deaf education" is the appropriate starting place.

Examination of the content and research cited to support the suggestions provided are (a) dated, (b) anecdotal, and (c) not from Colorado. The truth of the matter is that we really do not know the status of students or adults who are deaf or hard of hearing in Colorado. Without knowing how well students or adults are doing, how can the Deaf Education Steering Committee develop interventions? How will the Committee be able to determine if an intervention has been effective or not, without having a baseline to compare it with? It would seem essential to know, at a minimum, (a) what percentage of students who are deaf or hard of hearing are reading below grade level, (b) what percentage of students who are deaf or hard of hearing are performing below grade level in mathematics, (c) what percentage of students who are deaf or hard of hearing feel isolated and do not have friends, (d) what percentage of students who are deaf or hard of hearing go to and complete a postsecondary education program, (e) what percentage go to and do not complete a postsecondary education program, (f) what percentage of adults who are deaf or hard of hearing are unemployed or underemployed, (g) how many school districts have positions for teachers of students who are deaf or hard of hearing that are not filled, and (h) how many school districts have positions for educational interpreters for students who are deaf or hard of hearing that are not filled?

In closing, we want to communicate our support for planning and implementing actions that will improve the lives of students and adults who are deaf or hard of hearing and their families. However, we do not think that can be done without getting a clear picture of how students are performing, how adults are functioning and what the existent professional workforce is. This undertaking could be the initial task of the Deaf Education Steering Committee. We think that without collecting these types of data, the Committee will not have a good "Blueprint" to develop and implement their plan.

Once again, thank you for the opportunity to share our professional opinions. We are very appreciative of the hard work of the Core Team of the Blueprint Revisioning Task Force and hope they will consider our suggestion of adding an eighth agreement.

Sincerely,



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Statement from the Colorado Chapter of the Alexander Graham Bell Association for the Deaf and Hard of Hearing

To the members of the Revisioning Task Force:
Colorado Association of the Deaf,
Colorado Hands & Voices,
Rocky Mountain Deaf School



Dear Task Force,

The Colorado Chapter of the Alexander Graham Bell Association for the Deaf and Hard of Hearing (CCAGB) openly acknowledges the Revisioning Task Force for their extraordinary efforts and commitment to the betterment of statewide public educational programming of our children who are deaf/hard of hearing.

The CCAGB regrettably does not support this document as it reads in its current state. The areas of most concern contained in this document are as follows:

1. Colorado Chapter of AG Bell does not agree with the change in terminology from “deaf and hard of hearing” to “deaf”. We do not believe that the current term “deaf and hard of hearing” denies “shared experiences, and encourages mistaken assumptions about individual student’s needs.” The degree of hearing loss does not automatically create shared experiences. Likewise, this mind set is harmful to individuality and listening and spoken language outcomes of the current generation.
2. When referring to specific issues related to learning with audition, the phrase “hard of hearing” is used. “Hard of hearing”, as it is used in this document, appears to be marginalizing those families who choose this communication option. Cochlear Implant users may be functionally hard of hearing, but that accomplishment is the result of hard work and dedication of families and professionals. The school districts in the state do need to actualize the needs of these children because their hearing loss is educationally significant. Many families have been denied appropriate services, because their child’s functional level is high, as a result of their many hours dedication to teaching their child listening and spoken language.
3. While we agree with the task force that every child should be provided with access to their family’s chosen mode of communication, the document does not explicitly mention that schools should provide listening and spoken language as a viable communication mode and specific instruction to develop these skills.
4. Lastly, the proposed committee does not represent the spectrum of service providers and interest groups. Therefore, it is possible that the needs of children who are learning to listen and speak may not be met through these seven agreements.

Again, we agree that the education of children with hearing loss is of great importance and we thank you for your efforts and commitment. We regret that we are unable to support this document in its current state.

Respectfully,

Marti Bleidt
President
Colorado Chapter of Alexander Graham Bell



ACKNOWLEDGEMENTS

These seven agreements for closing Colorado's gap in deaf education would not have been come to exist without the thoughtful input and frank discussions of the members of the Revisioning Task Force. The task force members began working in December 2013 through December 2014 with ten in-person facilitated meetings, hundreds of email and phone conversations, and quite a few Google and VP chats. Individuals may have knowledge of the school district or agency where they work, but were in most cases not permitted to represent their district or agency.

- Janet DesGeorges, Executive Director, Hands & Voices, (H&V), parent of a deaf adult*
- Laura Douglas, Colorado School for the Deaf and the Blind (CSDB), Director of Outreach
- Susan Elliott, Teacher of the Deaf, Douglas County Schools District, deaf representative
- Sara Kennedy, Director, Colorado Hands & Voices, (CO H&V) parent of a deaf student*
- Donna Massine, Teacher of the Deaf, Educational Audiologist, Douglas County School District
- Ruth F. Mathers, M.S., Principle Consultant for Deaf Education, Colorado Department of Education
- Tracy McGurran, Parent of a deaf student using ASL
- Julie Moers, Colorado Association of the Deaf, Rocky Mountain Deaf School (RMDS), deaf representative*
- Amy Novotny, Principal of RMDS, deaf representative*
- Jennifer Pfau, President of Colorado Association of the Deaf, (CAD) deaf representative, parent of a deaf student*
- Aaron Rose, Teacher of the Deaf, deaf representative, native cuer
- Jaclyn Tyrcha, Teacher of the Deaf, Boulder Valley School District, deaf representative
- Tera Wilkins, Colorado School for the Deaf and Blind, Director of Curriculum, Instruction, and Assessment; deaf representative
- Cliff Moers, Colorado Commission for the Deaf and Hard of Hearing, (CCDHH), deaf representative
- Lisa Weiss, parent of a deaf student, CCDHH Commissioner

* Members with an asterisk represent the three organizations making up the core team for this grant project.



LISTEN FOUNDATION
HELPING CHILDREN HEAR, LISTEN, TALK

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April 6, 2015

Ms. Sara Kennedy
Hands & Voices
P.O. Box 3093
Boulder, CO 80307

Re: Statement from the Listen Foundation

To the Members of the Revisioning Task Force:

The Listen Foundation is grateful for the opportunity to provide comment and feedback on the draft version of the “Seven Agreements for Closing Colorado’s Gap in Deaf Education”. It is clear that much thought was put into this document. After careful consideration, the Listen Foundation is unable to endorse this plan as it is not inclusive of the listening and spoken language (LSL) community. Support for our decision is reflected in the following:

1. **Restricted Classification:** This document begins by defining all students with a hearing loss as ‘deaf’. Many of the auditory learners we work with, especially cochlear implant recipients do not identify themselves as deaf and take exception to this labeling. In fact, the current culture in the U.S. places a significant emphasis on self-identification. Therefore, we are very sensitive to the suggested classification as we believe this type of grouping is in stark contrast to that trend. Additionally, to place all students in one category disregards their individuality and the fact that they will require vastly different classroom/educational support based not only on type/degree of loss, but chosen communication method as well.
2. **More Inclusiveness:** To ensure an effective State Plan, we believe it is critical for the task force and proposed steering committee to include and address all interest groups equally. This would include professionals and individuals representing LSL to ensure that the needs of all students are met.
3. **Enhance Use of Current System:** From a practical standpoint, working from within the educational system to effect change versus creating another body seems more realistic. This especially makes sense when the goals of the current and proposed groups are the same: to improve educational outcomes for children who are deaf and hard of hearing in Colorado. The addition of the task force gives the

impression that yet another layer is being added producing a competing entity with CDE's Deaf Education Advisory Board.

We have kept our response brief but are willing, if it would be helpful, to expand upon our comments or provide additional information in support of our decision to not endorse the plan detailed in this document.

Thank you again for the opportunity to give consideration to this plan and provide our opinion.

Sincerely,

Pat Greenway
Executive Director
Listen Foundation, Inc.



EXECUTIVE SUMMARY AND THE SEVEN AGREEMENTS IN BRIEF



Vision

Colorado education reform for deaf students will result in communication-driven educational programming that meets the state's high academic standards and supports the social and emotional development of learners.

Why Revisit the Blueprint for Closing the Gap?

In the fall of 2013, the Colorado Commission for the Deaf and Hard of Hearing awarded a collaborative grant to the Colorado Association of the Deaf, Colorado Hands & Voices, and Rocky Mountain Deaf School to re-imagine the *2002 Blueprint for Closing the Gap: Developing a Statewide System of Service Improvements for Students who are Deaf and Hard of Hearing*. The grantee organizations convened a "revisions task force" of a diverse array of stakeholders in deaf education to examine the original recommendations in turn and recommend updates in today's educational environment.

Each organization involved bears witness to deaf students who graduate from high school without college or career readiness skills, without a practical knowledge of the ADA and community supports, and without a fully developed language that allows for full inclusion in work or community life. We've learned that districts struggle to meet the diverse needs of students often not accessing the support available through CSDB and CDE. Teacher of the Deaf positions remain ominously unfilled, and limited opportunities for further education, the need to recruit new people into the field, and teacher retention problems cast a shadow over student achievement today. Families tell Colorado Hands & Voices that they prefer to rent rather than purchase a home within a district, and some move once or many times during a child's years in school to assist in meeting a child's needs. Districts are beginning to interpret the Deaf Child's Bill of Rights in their own ways, eroding the IDEA's intent on the Special Considerations requirement, and limiting or not even offering engagement of deaf role models to students.

The Colorado Association of the Deaf (CAD), a grassroots organization, learns continually of the struggles deaf adults face after deaf education. Of the 6,539 deaf students exiting high school in the 2007-08 academic year, 2,936 received diplomas, and 737 received the certificate of attendance through the IEP, and 466 dropped out. The National Longitudinal Transition Study-2 found that 87.6% of deaf students had goals for post-secondary education of some kind, yet only 67.1% actually enrolled in post-secondary training or academic programs. According to a 2010 fact sheet based on IDEA data collection, between two-thirds and three-quarters of these students will not complete a degree program. We lack access to meaningful current data in Colorado, also addressed by this Blueprint revision, but these numbers point to a need for more proactive preparation and transition programming with students in K-12 and 18-21 year old transition programs focusing on their unique learning needs and the barriers to success. CAD also notes that there is hunger for a gathering where each deaf adult would identify themselves as just "being" with no labels attached. Deaf adults are not considered valuable consultants as outlined in the Deaf Child's Bill of Rights but only "products" of deaf education without degrees in the field. Colorado's Division of Vocational Rehabilitation lists a high number of deaf adults looking for gainful employment and for educational opportunities. Underemployment is a significant problem. In one nationwide study, 45% of deaf adults ages 21-65 nationwide were not in the labor force during 2009-2011. (Pepnet)



The original work of the 2002 taskforce languished because of changes in leadership, the economic climate, and perhaps a lack of true commitment to the concept of regional programs crossing districts and “local control.” The principles of quality deaf education were present in the plan, but that first recommendation proposing regional programs was a stumbling block, causing many professionals to disregard the rest of the Blueprint. Rather than let the vision disappear in Colorado, The Colorado Commission for the Deaf and Hard of Hearing’s grant enabled a truly grassroots and comprehensive group of deaf education stakeholders to work together towards long term collaboration regardless of position, personality, or persuasion, through implementation of the first agreement on collaboration. This first agreement sets the foundation for the other agreements and for our goal of a communication-driven education for every deaf student in Colorado, from Cherry Creek to Cortez. What if we could create a truly seamless support system for students that was systematically offered to every deaf student in Colorado public schools? What if teachers and programs knew where to request guidance? What if we had access to multiple data streams to show whether or not a practice was effective? What if we as a community could work closely with our pre-service organizations and licensure entities to ensure quality standards are updated for training and entry into the field?

With the community perspectives of deaf adults and current parents raising deaf children in a wide variety of locations, and with the support of Rocky Mountain Deaf School and its leadership, we believe these agreements can make a measurable difference in educational outcomes for the next generation of students. All three of the core organizations that brought together this committee are committed to pursuing legislation to ensure that stakeholders come together to make the most of our shared resources for many years to come, though each agreement can stand alone should the Colorado legislature fail to share our Agreement One vision.

Seven Agreements for Closing Colorado’s the Gap in Deaf Education

Agreement 1: Mandating Collaboration

Colorado should legislatively mandate a Deaf Education Steering Committee to carry forward and implement the six remaining agreements from the ‘Blueprint for Closing the Gap Revisioning Task Force,’ including developing and implementing a comprehensive state plan for deaf education.

Agreement 2: Coordinated Statewide System

A comprehensive state plan should be implemented to ensure a continuum of school placement opportunities that effectively and efficiently meet the needs of deaf children, as mandated by the IDEA. Each student’s individual needs will become the determinant for program and placement decisions. The Steering Committee should develop and implement a funding system that will provide sufficient resources for a quality education for deaf children, including for outreach to parents, schools, and districts. No school placement decision should be based on cost.

Agreement 3: Quality Standards and Program Assessments

The Colorado Quality Standards for communication driven academic and extracurricular programs for deaf children should be updated and implemented. Communication-driven programs serving deaf students should be subject to ongoing assessment to assure full access, student achievement, and high standards. Therefore, all programs serving deaf students should be reviewed against the Colorado Quality Standards every other year. In addition, a committee should be convened to update The Colorado Quality Standards, and the Standards should be revised every three years thereafter to remain relevant in today’s educational environment.

Agreement 4: Data and Student Assessment

Coordinate & improve the development and implementation of student assessment procedures to provide valid and reliable information about the achievement of every student according to established standards. Implement

supplemental, level appropriate assessment for deaf children. The current statewide assessment does not provide assessment in language, communication, or social and emotional areas, nor does it provide sufficient data for Individual Education Program goal development.

Agreement 5: Professional Development

A statewide strategic plan for training / mentoring should be developed for Colorado. On-going training, mentoring, and a full spectrum of professional development activities should be implemented statewide to support and improve proficiency for specialty providers, general educators, administrators, and families. Guidelines for the communication plan in the IEP should be revised, and a complete list of training, mentoring, and professional development activities available in Colorado should be maintained.

Agreement 6: Quality Staff

The Colorado Department of Education and all stakeholders should collaborate and contribute to efforts with national and state agencies and higher education programs to recruit, train, and encourage retention of staff providing services to deaf students.

Agreement 7: Parents and Communities

Continued development and implementation of a system for community and parent education, including deaf adults, that leads to meaningful involvement and collaboration in the education of deaf children should be enhanced, so that each child has opportunities to achieve.

“If we are only good at **describing** change, and not **implementing** it, we will never achieve **success**.”

- Anonymous



INTRODUCTION

Deaf Education Reform – is it still relevant?

Each organization involved in re-imagining the Blueprint for Closing the Gap bears witness to students who graduate from high school without college or career readiness skills, without a practical knowledge of the ADA and community supports, and without a fully developed language that allows for full inclusion in work or community life. Districts struggle to meet the diverse needs of students often not accessing the support available through CSDB and CDE. Teacher of the Deaf positions remain ominously unfilled, and limited opportunities for further education, the need to recruit new people into the field, and teacher retention problems cast a shadow over student achievement today. Families tell Hands & Voices that they have to consider their options each and every year; some families prefer to rent rather than purchase within a district, and some move once or many times during a child's years in school. Charter schools and homeschools search for supports for our students. Districts are beginning to interpret the Deaf Child's Bill of Rights in their own ways, eroding the IDEA's intent on the Special Considerations requirement, and limiting engagement of deaf role models to one community outing per year, if that is offered at all.

The Colorado Association of the Deaf (CAD) as a grassroots organization learns continually of the ongoing struggles deaf adults face after deaf education. The Colorado Association of the Deaf (CAD), a grassroots organization, learns continually of the struggles deaf adults face after deaf education. Of the 6,539 deaf students exiting high school in the 2007-08 academic year, 2,936 received diplomas, 737 received the certificate of attendance through the IEP, and 466 dropped out. The National Longitudinal Transition Study-2 found that 87.6% of deaf students had goals of post-secondary education of some kind, yet only 67.1% actually enrolled in post-secondary training or academic programs. According to a 2010 fact sheet based on IDEA data collection, between two-thirds and three-quarters of these students will not complete a degree program. We lack access to meaningful current data in Colorado, also addressed by this Blueprint revision, but these numbers point to a need for more proactive preparation and transition programming with students in K-12 programs focusing on their unique learning needs and the barriers to success. CAD also notes that there is hunger for a gathering where each deaf adult would identify themselves as just "being" with no labels attached. Deaf adults are not considered valuable consultants as outlined in the Deaf Child's Bill of Rights but only "products" of deaf education without degrees in the field. Colorado's Division of Vocational Rehabilitation lists a high number of deaf adults looking for gainful employment and for educational opportunities. Underemployment is a significant problem. In one statistic, 45% of deaf adults ages 21-65 nationwide were not in the labor force during 2009-2011(Pepnet).

The original work of the 2002 taskforce languished because of changes in leadership, the economic climate, and no doubt a lack of true commitment to the concept of regional programs crossing districts and "local control." The principles of quality deaf education were present in the plan, but that first recommendation was a stumbling block causing many professionals to disregard the rest of the Blueprint. Rather than let the vision disappear in Colorado, The Colorado Commission for the Deaf and Hard of Hearing offered collaborative groups the chance to apply for funding to revise the Blueprint with today's deaf education in mind. We share a vision with the Commission to ensure long term collaboration of stakeholders regardless of position, personality, or persuasion, through implementation of the first agreement on collaboration. This first agreement sets the foundation for the other agreements and for our goal of a communication-driven education for every deaf student in Colorado, from Cherry Creek to Cortez. What if we could create a true seamless support system for students that was systematically offered to every deaf student in Colorado? What if teachers and programs knew where to request guidance? What



if we had access to multiple data streams to show whether or not a practice was effective? What if we as a community could work closely with our pre-service organizations and licensure entities to ensure quality standards are updated for training and entry into the field?

With the community perspectives of deaf adults and current parents raising deaf children in a wide variety of locations, and with the support of Rocky Mountain Deaf School and its leadership, we believe these agreements can make a measurable difference in educational outcomes for the next generation of students. All three of the core organizations (CAD, RMDS, COH&V) that brought together this committee are committed to pursuing legislation to ensure that stakeholders come together to make the most of our shared resources for many years to come, though each agreement can stand alone should the Colorado legislature fail to share our Agreement One vision.

Vision

Colorado education reform for deaf students will result in communication-driven educational programming that meets the state's high academic standards and supports the social and emotional development of learners.



Rationale

1. Communication access is a fundamental human right.
2. Every deaf child must have full access to all educational services and school sponsored activities.
3. Families are paramount in a child's success and must be involved in their children's education programs.
4. A child's needs determine service delivery; needs must be monitored as they are continually changing.
5. Deaf children must have the opportunity to maximize their potential, including graduate from high school ready for college or further career preparation.
6. Deaf children must have opportunities to interact directly with their peers and with adults.
7. Deaf students must develop age-appropriate self-advocacy skills.
8. Least Restrictive Environment is communication-driven and reflected in accessible, language-rich surroundings.

Recognizing that deaf children are in some ways different and in some ways the same as hearing children is an important step for both parents and teachers... We can have high expectations for deaf children without pretending they are something they are not... It is therefore important to keep in mind that methods for understanding the abilities of hearing children might not always be appropriate for deaf children. Deaf children are not hearing children who cannot hear, but differences should be not equated with deficiencies.

Marc Marschark, Ph.D, How Deaf Children Learn, 2012



IMPLEMENTATION TIMELINE

Activity	Timeline
Develop 1-2 bills for legislature, seek champions, sponsors	March 2015 – November 2015
Seek funding to support Task Force	March 2015 – November 2015
Bill/s moving through legislature	January-May 2016
Establishment of Task Force	July 2016 (or through voluntary agreement earlier)
First Task Force Meeting	September 2016 (or through voluntary agreement earlier)

In recognition that the success of new agreements two through seven rely heavily on the establishment through the legislature of a Deaf Education Steering Committee (Mandating Collaboration, or Agreement 1), the Blueprint Revisioning Core Team (Colorado Association of the Deaf, Colorado Hands & Voices, and Rocky Mountain Deaf School) volunteered to lead the effort to accomplish Agreement 1 during the 2015 legislative session. This will include identifying and engaging the right entity to “chair” the Deaf Education Steering Committee, building support for the Committee, developing the legislation, and seeking funding to support the Steering Committee.



FULL AGREEMENTS



AGREEMENT 1: MANDATING COLLABORATION

Colorado should legislatively mandate a Deaf Education Steering Committee to carry forward and implement the remaining six agreements from the 'Blueprint for Closing the Gap Revisioning Task Force', including developing and implementing a comprehensive state plan for deaf education.

A state plan for deaf education, developed through a collaborative Deaf Education Steering Committee with expertise and understanding of children who are deaf, will increase accountability for student outcomes and optimize resources for this low incidence group of students. A comprehensive state plan for deaf education will also be an important first step by which the existing complicated patchwork of policy, regulation, and de facto implementation of deaf education can coalesce in a single comprehensible whole.

A legislatively mandated steering committee on deaf education shall consist of at least seven members and no more than 13, with specific seats mandated for each interest group. Members appointed to the committee shall have training, experience, or interest in the area of deaf education for children in a wide variety of placements. The Steering Committee will report regularly to stakeholders, and seek input from the larger community, through regular open Committee meetings.

Agency/ Interest groups to be represented on this committee should include:

1. Colorado Association of the Deaf
2. The Colorado Commission for the Deaf and Hard of Hearing
3. Colorado Department of Education
4. Colorado Families for Hands & Voices
5. Colorado School for the Deaf and the Blind
6. Rocky Mountain Deaf School
7. A Special Education Director
8. The University of Northern Colorado
9. Others, such as a member of the public and a representative from the University of Colorado, as determined by a consensus of the 8 named seats.

In 1996, the Colorado Deaf Child Bill of Rights (DCBR) was enacted (HB 96-1041: Concerning the Education of Children who are Deaf). Section J of the bill endorses the concept of state and regional program development: *Given their unique communication needs, deaf and hard-of-hearing children would benefit from the development and implementation of state and regional programs for children with low-incidence disabilities.*

The DCBR resulted in the use of an individual communication plan for each deaf or hard of hearing student with an IEP in Colorado and is still in use. When implemented appropriately, this has been very effective in determining individual needs of students. However, due to the low-incidence population of deaf children, the use of a comprehensive statewide plan is needed to ensure that vital resources are available and utilized in the most beneficial model possible.

Unfortunately, since the first inception of the *Blueprint for Closing the Gap* document was published in 2002, and the *Colorado Quality Standards* in 2004, little cohesive and collaborative work among agencies and stakeholders has taken place to enact a comprehensive statewide plan for the delivery of services to the unique population of deaf students. This mandated Deaf Education Steering Committee will enable equal participation amongst the most critical participants in ensuring educational excellence for deaf children.



The Blueprint Revisioning Task Force is aware that the Colorado Department of Education (CDE) is launching a Deaf Education Advisory Board. The Advisory Board's charge will be to make recommendations to CDE on navigating the best path through the many new and existing initiatives, beginning with literacy, that impact deaf children in mainstream educational settings.

The Blueprint Revisioning Task Force applauds the creation of the CDE's board, and recognizes that the board has great potential to improve deaf education in Colorado. While membership in CDE's Deaf Education Advisory Forum is likely to overlap with the proposed membership of the Deaf Education Steering Committee proposed by this Agreement, and while joint strategic planning between the two groups would be highly beneficial, the Deaf Education Steering Committee's broader charge of developing a comprehensive state plan for deaf education extends beyond the purview of the CDE Advisory Board alone.

AGREEMENT 2: COORDINATED STATEWIDE SYSTEM

A comprehensive state plan for deaf education should be implemented to ensure a continuum of school placement opportunities that effectively and efficiently meet the needs of deaf children, as mandated by the IDEA.

Students become successful learners by building a strong language foundation, but students come from a variety of communication, language, cultural, and educational backgrounds. This fact makes it doubly necessary to honor American Sign Language and English equally, so that a fully accessible, language-rich environment with direct communication is available to all students.

However, deaf students do not currently have equal access to such an environment--the current system in Colorado is fragmented, with school district boundaries and local control impeding practical education opportunities for deaf students. A comprehensive state plan for deaf students will provide eligible students with access to a continuum of placement options as outlined by the IDEA, including neighborhood schools, center-based schools, special day classes, state-sponsored special schools (such as CSDB), regional programs accepting students from out of district, charter schools, non-public programs, and collaborative placements between programs emphasizing meaningful inclusion and/or immersion. Such a plan would allow schools to meet the needs of each student based on individual assessments and social histories. ***Each student's individual needs will become the determinant for program and placement decisions, in fact, as they are in law. No school placement decision should be based solely on cost or what is available in a district.***

Because of frequent issues with meeting a student's individual needs via careful school placement within districts, the Task Force notes that our state system must consider the permissible factors in determining placement as described in the IDEA and listed by the U.S. Department of Education, Office of Special Education and Rehabilitative Services (OSERS) Questions and Answers regarding Least Restrictive Environment. We have seen an erosion of the Least Restrictive Environment, Placement, and the Special Considerations principles of the IDEA in the manner that individual school districts interpret the IDEA, and we seek a return to this foundational law (see below in brackets for the permissible factors in determining appropriate placement for children with disabilities from the 1994 OSERS Memo about the Least Restrictive Environment from IDEA. The memo's content has remained current through both the 1997 and 2004 revisions of the IDEA).

The state plan should also explore funding models that consider various cost-sharing options between school districts, the state, Rocky Mountain Deaf School, the Colorado School for the Deaf and the Blind, and any other educational programs currently available serving deaf students. Additionally, the state plan should explore expanded models of outreach service delivery to all deaf students in public schools and address statewide transition needs for high school students.

The Deaf Education Steering Committee should also develop and implement a funding system that will provide sufficient resources for a quality education for deaf children, including for outreach to parents, schools, and districts.



Q&A on the Least Restrictive Environment (LRE) Requirements of the IDEA

QUESTION: What are the permissible factors that must be considered in determining what placement is appropriate for a student with a disability? Which factors, if any, may not be considered?

ANSWER: The overriding rule in placement is that each student's placement must be individually-determined based on the individual student's abilities and needs. As noted previously, it is the program of specialized instruction and related service contained in the student's IEP that forms the basis for the placement decision. In determining if a placement is appropriate under IDEA, the following factors are relevant:

- The educational benefits available to the deaf student in a traditional classroom, supplemented with appropriate aids and services, in comparison to the educational benefits to the deaf student from a special education classroom;
- The non-academic benefits to the deaf student from interacting with typical students; and
- The degree of disruption of the education of other students, resulting in the inability to meet the unique needs of the deaf student.

However, school districts may *not* make placements based solely on factors such as the following:

- Category of disability or disabilities;
- Severity of disability;
- Configuration of delivery system;
- Availability of educational or related services;
- Availability of space; or
- Administrative convenience.

AGREEMENT 3: QUALITY STANDARDS AND PROGRAM ASSESSMENTS

The Colorado Quality Standards for Programs and Services for Students Who are Deaf and Hard of Hearing (2004) outlining communication driven academic and extracurricular programs for deaf children should be implemented.

Existing programs may meet the requirements of the [Colorado Quality Standards](#). These programs should serve as models for the region. Communication-driven programs serving deaf students should be subject to ongoing assessment to assure full access, student achievement, and high standards. Therefore, all programs serving deaf students should be reviewed against the Colorado Quality Standards every other year.

A committee should be convened to update The Colorado Quality Standards, and the Standards should be revised every three years thereafter. The Blueprint Revisioning Committee recommends that the following ideas be addressed in the Standards:

1. Philosophies to embed / topics to address in the Colorado Quality Standards:

- Direct communication should be the highest standard for teaching children who are deaf. Direct communication is defined as consistent and accessible social and academic communication that flows interchangeably between sender and receiver without the assistance of a third party. Direct communication supports language equality and the individual needs of the student.
- Incorporate an Expanded Core Curriculum for deaf students in The Colorado Quality Standards. The revision committee should also explore adding an expanded core curriculum, addressing mastery of skills in self-advocacy, the ADA, career and college exploration and independent living skills from a deaf perspective into law.
- Address the impact of technology on deaf pedagogy.
- The standards should align with the updated IDEA (when the update becomes available) and CEASD. The NASDSE guidelines should also be used as a model for the quality standards.
- Address the READ Act and accessibility of online assessments.
- Address how deaf student education will be impacted by the Colorado Education Reform Initiatives such as SB 08-212, SB 09-163, SB 10-191. See Appendix C.
- The standards should define rigorous content and performance standards in all areas of instruction, including communication, self-advocacy skills, school-to-career preparation and transition, consistent with state and local frameworks and content standards.
- The standards should include guidelines about who is qualified to administer assessments to deaf children. Qualified assessment administrators should have the expertise and some authority to decide, within the parameters of existing law, which assessments are most appropriate for the particular child. The standards should also include guidelines on how all student assessments (including online assessments) should be made accessible to deaf children *in a consistent manner*.
- Guidelines for completing the Communication Plan in the IEP should be updated.

2. Recommended revisions to the layout of the Colorado Quality Standards:

- Key pieces of the Standards should be extracted into short, succinct, readily available documents. For example, the Colorado Quality Standards Appendix D could be disseminated to programs to check for quality programming.



AGREEMENT 4: DATA AND STUDENT ASSESSMENT

The current statewide assessment cannot provide data in language, communication, or social and emotional areas, nor does it provide sufficient data for Individual Education Program goal development. The Deaf Child's Bill of Rights requires identification of each child's primary mode of communication and language use. Students need to be assessed for full access to the complete range of education offered by the school throughout the school day, i.e. announcements during passing periods, captioning, and access to peers. More comprehensive assessment in these areas will direct IEP goal development towards increasing the levels of student achievement over time.

Coordinate & improve the development and implementation of student assessment procedures to provide valid and reliable information about the achievement of every student according to established standards.

Require schools / districts to report student achievement results and progress annually. Establish a management information system to aggregate, analyze, and report student assessment information over time. Determine types of information to be gathered and reported to school, staff, students, parents, administrators, the Colorado Department of Education, and the community, including, but not limited to:

1. Current levels of achievement based on multiple assessment measures.
2. Level of communication proficiency, including expressive and receptive spoken and written English and ASL skills, preschool through graduation.
3. Statewide achievement tests by grade, including alternative tests
4. ACT scores
5. Number of deaf students on an IEP
6. Number of deaf students on 504 plans
7. District-wide assessments
8. Number of students graduating from high school
9. Number of students attending and/or graduating from college and vocational school
10. Number of students receiving educational interpreting versus numbers receiving direct instruction

Implement supplemental, level-appropriate assessment for deaf children. Using comprehensive assessment results, develop, implement, and monitor goals for addressing a child's initial and ongoing communication needs. The goals should address academic and social communication, academic language and literacy skills, expressive and receptive language, and self-advocacy skills.

AGREEMENT 5: PROFESSIONAL DEVELOPMENT

A statewide strategic plan for training / mentoring should be developed for Colorado. On-going training, mentoring, and a full spectrum of professional development activities should be implemented statewide to support and improve proficiency for specialty providers, general educators, administrators, and families.

The quality of educational programs serving deaf students depends on the specialized knowledge, skills, and attributes of administrators, teachers, teachers of the deaf, support service personnel (e.g., psychologists, audiologists, speech/language pathologists, educational interpreters, transliterators, notetakers, real-time captionists, ASL specialists), and other staff. Activities to support this goal include recruitment, pre-service training, ongoing inservice training, and mentoring activities. A complete list of training, mentoring, and professional development activities available in Colorado should be maintained.

Guidelines for each of the following audiences should be developed or updated. Guidelines may take many forms, including presentations, booklets, in-person trainings, online trainings (recorded videos or recorded webinars), but should address each of the points listed below.

Educators of the Deaf

1. Collaborate with institutions of higher education and the Colorado Teacher Certification/Licensing Board to develop and implement professional standards and evaluation procedures for teachers serving deaf students. Standards should include the skills required to meet the unique educational, communication, and diverse multicultural needs of deaf students, some of whom have additional disabilities or problems, particularly in the areas of language development, literacy, college or career readiness, and transition skills.
2. Collaborate with institutions of higher education to ensure that standards are a core part of professional preparation and graduation requirements. Teacher preparation programs should have education certification standards as stringent as the standards set by the appropriate professional organizations, including the Council on Education of the Deaf and state certification agencies.
3. Work with teacher preparation programs to assure that personnel are knowledgeable about all modes and languages used by deaf students and that personnel maintain an objective, philosophically neutral position on specific modes and languages.
4. Support pre-service and in-service training for teachers who serve deaf students to enhance student achievement. The use of technology, such as distance learning, videoconferencing, and networking through computers, to enhance ongoing inservice opportunities and support teacher preparation programs should also be promoted.
5. Enhance opportunities to develop proficiency in signing skills for those children using sign language.

Administrators

Because of the low incidence of students who are deaf in education, orienting administrators to the needs of our students is an ongoing need. Currently, Colorado has a "Deaf Ed 101" presentation and similar guides for administrators through the Daylight Partner Project, CSDB, and the CDE Mentor program. Also, the administrator's copy of the NASDSE guidelines is recognized by the organization of special education directors, and is available at: <http://www.nasdse.org/publications-t577/meeting-the-needs-of-students-who-are-deaf-or-hard.aspx>.

(This guideline costs \$25 to download.) The Quality Standards document needs a significant update to be useful for school administrators but has served as an educational tool in the past.

Current needs:

1. Collaborate with institutions of higher education to develop leadership training programs to assure administrators in general education programs and educational programs for deaf students are appropriately prepared and trained to oversee and manage programs for the deaf.
2. Provide professional development to administrators to assure they are knowledgeable about all modes and languages used by deaf students, knowledgeable about placement considerations, and maintain an objective, philosophically neutral position on specific modes and languages.
3. Assign teachers with skills appropriate for the population they are serving.

Support Service Personnel (SSPs)

Currently, the CDE Mentor program addresses SSPs in a presentation available to districts. Current needs:

1. Collaborate with institutions of higher education and the Colorado Teacher Certification/Licensing Board to develop and implement professional standards and evaluation procedures for support service personnel serving deaf students. Standards should include the skills required to meet the unique educational, communication, and diverse multicultural needs of deaf students, some of whom have additional disabilities.
2. Provide professional development to support service personnel to make them knowledgeable about all modes and languages used by deaf students and to assure they can support a student's IEP. Provide pre-service and inservice training for support service personnel who serve deaf students. Use technology, such as distance learning, videoconferencing, and networking through computers, to increase access to inservice opportunities and to support teacher preparation programs.
3. Develop proficiency in signing skills for use with those children using sign language.
4. The Deaf Education Steering Committee may want to consider developing guides and ongoing training and evaluation for SSPs where they don't exist.
5. Educational Interpreters: A guide for educational interpreters, including Cued Speech transliterators and oral interpreters, exists on the CDE website. Additionally:
 - a. Work with educational interpreter training programs to assure that personnel are knowledgeable about all modes and languages used by deaf students, and that personnel maintain an objective, philosophically neutral position on specific modes and languages.
 - b. Work with consumers, professionals, and staff in educational interpreter training programs to support established standards, and to assure that educational interpreters meet these standards.

General Educators

Currently, CSDB and CDE have portions of training that address general educators. Future needs:

1. Support pre-service and in-service training for general and special education classroom teachers who serve deaf students to enhance their understanding of the needs of deaf students. The use of technology, such as distance learning, videoconferencing, and networking through computers, to enhance ongoing inservice opportunities and support teacher preparation programs should also be promoted.
2. Whenever possible develop proficiency in sign skills to be able to communicate directly with those children using sign language.



3. Update the Quality Standards document with an emphasis on one or two page pull out sections focused on general education, i.e. typical accommodations used in a classroom.



AGREEMENT 6: QUALITY STAFF

The Colorado Department of Education and all stakeholders should collaborate and contribute with national and state agencies and higher education programs to recruit, train, and encourage retention of staff providing services to deaf students.

More trained staff with higher level skills and deaf role models are needed to work with deaf children. With the advent of universal newborn hearing programs, more children are being identified with hearing loss at a younger age. In addition, it is now known that even mild and unilateral hearing loss may negatively impact a child's ability to learn. We are currently experiencing a shortage of providers to work with deaf children. Due to the special needs of the children and their relatively low numbers in programs, it is critical for the Colorado Department of Education and all stakeholders to spearhead collaboration with national and state resources in order to increase the numbers of properly prepared professionals, including but not limited to:

1. Updating the accreditation and licensure standards for special education/deaf education teachers;
2. Collaboration amongst agencies to host a statewide EHDI conference in Colorado expanding this as possible;
3. Encouraging more universities to provide coursework in bilingual education, teaching deaf culture, raising the level of teachers' ASL skills, incorporating more focus on 21st century skills training, and focusing on English language acquisition (reading and writing), and tying improvements to higher education programs directly back to performance outcomes of students in K-12.

Specifically:

1. Training programs need to attract greater numbers of qualified individuals by strategic recruiting of:
 - a. Teachers
 - b. Interpreters
 - c. Speech/Language Pathologists
 - d. Audiologists
 - e. Psychologists
 - f. Counselors
2. Training programs need to recruit larger numbers of deaf individuals and ethnically diverse individuals from all areas of Colorado.
3. Training programs and school programs need to infuse the parent perspective into their pre-service and inservice training to better prepare professionals to partner with parents.
4. Training deaf role models:
 - a. School-based, home-based and/or parent support programs need to create and maintain a unified system to recruit, orient, promote and supervise deaf role models.
 - b. Role models need to be knowledgeable about all modes and languages used by deaf students and maintain an objective, philosophically neutral position on specific modes and languages.

AGREEMENT 7: PARENTS AND COMMUNITIES

Continued development and implementation of a system for community and parent education, including deaf adults, that leads to meaningful involvement and collaboration in the education of deaf children should be enhanced, so that each child has opportunities to achieve.

Parents of deaf children need practical information about deafness, support services, and training so that they can participate in and monitor their children’s language and academic growth. More than 90 percent of deaf children have hearing parents, and historically these parents have limited knowledge regarding deaf culture and/or communication and language development.

Parents need to be recognized as equal partners and full participants in the Individual Family Service Plan, the Individualized Education Program (IEP), and the individual transition plan process as required under the Individuals with Disabilities Education Act. Parents must have a say and participate in the choices they and others are making on behalf of a child’s education. Professionals must respect each family’s unique perspective and must understand and respond to the issues and concerns most important to each family. Parent education is particularly important in a communication-driven education system.

Greater use should be made of itinerant deaf counselors to work with students and parents particularly in mainstream settings. General education counselors are often not equipped to counsel deaf children or parents. In addition, more ASL training for parents is needed so that hearing parents of deaf students can achieve the fluency needed to communicate fully with their children. Parent education should include the following:

1. At least one staff member assigned the responsibility of facilitating parent/community education.
2. Guidelines and procedures to assure that appropriate, unbiased, and realistic information are provided to parents about hearing level, communication and language development, and available services. Information should be disseminated in a variety of ways and from a variety of sources including reading materials, oral communication, webinars, workshops, professional lectures, and research-driven material, and should be available in a family’s native language.
3. Ongoing parent support and parent training should include parents’ rights, advocacy strategies, grade-level expectations for student achievement, knowledge of assessments, the importance of communication and language development, awareness of program options, support services available for students from birth to age 21, and the opportunity to learn and develop fluency in sign language and other means of visual communication
4. A process that assures that parents are full and equal participants on the IFSP or IEP team and in other decisions made regarding the education and placement of deaf students. Emphasis should be placed on understanding the parent’s role and rights in the IFSP, IEP and 504 eligibility process, plan development, Communication Plan, placement options whether supported by a district or not, and where to go for support and further information.
5. Opportunities for parent involvement should include volunteer activities, participation in education and training, use of deaf role models, the establishment of a network of community-based job sites, and a connection with post-secondary education resources and adult service agencies.
6. IEP team leaders should be required to ask if parents have received information on their rights to training.
7. A list of resources, webinars, training, events, opportunities, and education available for parents should be made available and kept updated on the CDE website. Such a list would be useful both for parents,

especially those looking for programs in neighboring districts, and for educators and other staff so that they can refer parents appropriately.

8. A system that promotes parental access to local, state and national organizations for parents of deaf children, adult education programs at community colleges and universities, state special schools, and other programs that provide parent support.
9. A system that provides the opportunity for meaningful parent input at the state and local levels regarding the implementation of educational reform.
10. Guidelines and procedures to assure parent perspectives are represented in professional forums (e.g. publications, conferences, workshops, and media).
11. Parents of deaf children need access to information, support services, and training to help their children from a variety of sources. Parents must be informed in the communication plan about all placement options for their child, whether or not such placements are supported by the district. .
12. There is a connection between outreach and parents knowing enough about what is available so they can advocate in an informed way for their children's interests. **Parents need equal information.**
13. Parents need to be empowered as full participants in developing the Individualized Family Service Plan or the Individualized Education Program required under the Individuals with Disabilities Education Act.
14. For parents needing ASL, Cued Speech, SEE, PSE, Listening and Spoken Language development, or training in how to better support a child's IEP goals, information should be shared about how to access this training or made available to parents to attend.

Parents have a specific "role and responsibility" in their child's education, and rights to participate fully as a member of their child's IEP team. From the time of identification to their child's graduation from high school, parents are encouraged to be actively engaged in developing, facilitating, and monitoring the IEP and its process. IDEA in spirit and letter supports this, and "parental involvement is an essential component in deaf child's academic success."

Marschark, 2007



What about Colorado Hands & Voices?

Colorado Hands & Voices currently provides parent-to-parent support through the Guide By Your Side Program from the time of identification to age 21 statewide. CO H&V also maintains a Colorado Resource Guide for Parents, listing many of the resources available in Colorado as a beginning primer for families, the Bridge to Preschool, on the change from Part C to Part B services, the Parent Funding Toolkit, Beyond the IEP (directed at building positive relationships with schools), the Parents Need to Know Series, the Educational Advocacy for Students Who are Deaf or Hard of Hearing through Hands & Voices HQ, a monthly, free e-news blast on regular parent trainings or family support provided by both H&V other local/regional/statewide organizations, and the quarterly print newspaper, *the Communicator*, featuring parent stories, insight into current research and practices, covering all methodologies, placements and communication options.

Colorado Hands & Voices is available to school districts and community groups to present on a variety of topics of interest to families, from supporting language development, connecting with deaf role models, understanding child behavior, advocacy, and transition to preschool or from high school. The chapter provides regional parent gatherings and publicizes events for interested families to connect with each other.

Parents need access to unbiased information regarding options on communication in order to meaningfully participate in the development of a Communication Plan, a required part of the child's IEP. However, not all parents access H&V. Parents currently have an "opt in" potential to connect with the organization and/or an experienced parent guide through the Guide By Your Side Program, from the time of identification to age 21. Referrals to Hands & Voices are primarily made through early intervention providers. Some parents search out the support of the chapter, but families who move to Colorado, have children who develop hearing loss later in childhood, or are not offered the referral information often do not connect with the parent resource group on their own.

For over 12 years, I have felt completely and utterly alone while navigating how to best serve my son. That all changed when my new audiologist gave me a referral to H&V. When I looked over the information the parent guide sent after our contact, I began to cry. My son is not alone. I am not alone. The things I ask for from his school are not absurd or far-reaching. They are quite normal. The 'quirks' that my son has are related to his hearing loss. I honestly saw a light at the end of a very dark tunnel that I had been in since moving to Colorado.

Libby Robinson, parent



APPENDIX A – GLOSSARY OF TERMS

Term	Definition
Assessment	The way in which service providers document a child’s progress and determine his or her developmental level. The methods used can be formal or informal.
Communication	<ol style="list-style-type: none"> 1. An activity by which we assign and convey meaning in an attempt to create shared understanding. This process requires a vast range of skills in intrapersonal and interpersonal processing, listening, observing, expressing, questioning, analyzing and evaluating. Use of these processes is developmental and transfers to all areas of life: home, school, community, work, and beyond. 2. Used in lieu of such terms as communication options, methods, opportunities, approaches, etc. 3. The exchange of information with intent (can be verbal, nonverbal, gestural, primitive, or iconic) to share common experiences or gather new information.
Communication Driven	IEPs should be designed around a child’s unique communication needs, with the use of the Communication Plan and parent input into that plan, in order to create a language-rich environment, and one that provides direct communication as the preferred method.
Core knowledge or skills	The expertise needed to provide appropriate EI that will optimize the development and well-being of infants/children and their families. Core knowledge and skills will differ according to the roles of individuals within the EI system (e.g., service coordinator or EI provider).
Deaf	Inclusive of all children with congenital and acquired hearing loss, unilateral and bilateral hearing loss, all degrees of hearing loss from minimal to profound, and all types of hearing loss (sensorineural, auditory neuropathy spectrum disorder, permanent conductive, and mixed).
Direct Communication	Consistent and accessible social and academic communication that flows interchangeably between sender and receiver without the assistance of a third party. Direct communication supports language equality and the individual needs of the student.
Early Intervention	According to Part C of the Individuals with Disabilities Education Improvement Act (IDEA) of 2004, Early Intervention is the process of providing services, education, and support to young children and their parents within their natural environment who are found eligible through an identified disability or the probability of developmental delay), those who have an existing delay, or those who are at risk of developing a delay or special need that may affect their development or impede their education.
Language	<ol style="list-style-type: none"> 1. All spoken and signed languages. 2. The systematic and rule-governed, conventional method of communicating. More sophisticated than “just” communication, language inspires cognition and cognition inspires language. They are intricately intertwined.
Language Modality	The sensory channels (that is, vision, touch, or hearing, or a combination of these) through which the family will communicate.
Language Model	Anyone who provides a good demonstration of the family’s chosen language(s) to communicate with the child.
Low-Incidence Disability	Individuals with disabilities that make up a small percentage of the population. Some examples of these might be having a visual impairment, hearing loss, a deaf-blindness disability, or significant cognitive impairment. The definition of low-incidence disability varies from state to state.
Hard of hearing	For this document, this term is used to specify the unique issues particular to students using amplified, prosthetic-based or residual hearing. Otherwise, the term “deaf” is used throughout the document to include students with all hearing levels. (See A Note about “Deaf” versus “Deaf / Hard of Hearing”, P. 3.)

Some definitions taken from the Joint Committee on Infant Hearing Early Intervention Document, and from Making a Plan for Your Child: IFSP Considerations for Children who are Deaf and Hard of Hearing (2011). See full citation in the references appendix.



APPENDIX B – ACRONYMS

Acronym	Full Name
ASL	American Sign Language
AU	Administrative Unit
CAD	Colorado Association of the Deaf
CCDHH	Colorado Commission for the Deaf and Hard of Hearing
CDE	Colorado Department of Education
CO H&V	Colorado Hands & Voices
CHIP	Colorado Home Intervention Program (early intervention for children who are deaf)
CSDB	Colorado School for the Deaf and Blind
CST	Cued Speech Transliterator
DCBR	Colorado Deaf Child Bill of Rights
IEP	Individualized Education Plan
LRE	Least Restrictive Environment
MCE	Manually Coded English (Signed Exact English is a synonym)
RMDS	Rocky Mountain Deaf School
SEE	Signed Exact English (Manually Coded English is a synonym)
SLP	Speech Language Pathologist
TOD	Teacher of the Deaf



APPENDIX C – THE DEAF CHILD’S BILL OF RIGHTS AND OTHER LAWS REGARDING DEAF CHILDREN

The Joint Committee on Infant Hearing Early Intervention Document outlining critical aspects of quality early intervention, from <http://pediatrics.aappublications.org/content/131/4/e1324.full>

<http://www.ceasd.org/child-first/child-first-campaign> (also check old blueprint appendix J): Child First Campaign
<http://www.ceasd.org/child-first/alice-cogswell>: A bill currently in the legislature seeking to reform deaf and blind education (2014).

The Colorado Department of Education incorporates the nine features of The Deaf Child's Bill of Rights along with other rules into the Rules for Administration of the Exceptional Children's Education Act each year.

Three additional laws, while not specific to deaf education, also impact service provision and school achievement for our students statewide.

1. **Senate Bill 08-212:** Colorado’s Achievement Plan for Kids (CAP4K). This law supports focused, coherent and rigorous academic standards for preschool to postsecondary, with assessments to align with the new standards. Also included are definitions of school readiness and postsecondary and workforce readiness.
2. **Senate Bill 09-163:** The Education Accountability Act. This law creates shared accountability measures for districts and schools, with a value placed on growth and postsecondary readiness. The law outlines a cycle of support for any struggling schools or districts with structured emphasis placed on school and district improvement efforts.
3. **Senate Bill 10-191:** The Great Teachers and Great Leaders Act or “Teacher Effectiveness”

This law outlines annual performance evaluations for all educators based on statewide Quality Standards, with a shared percent graded on professional practices and multiple other measures of student learning for teachers and principals. Student outcomes are considered for specialized service professionals. To date, guidance has not yet been developed for teachers of the deaf, educational audiologists or speech language pathologists working in the schools.

The power of these education improvement efforts lies in their integration: in the intersection of rigorous academic standards, informative assessments, outstanding educators, and high-performing schools all committed to continuously improving and preparing students for success in a globally competitive world. See more at <http://www.cde.state.co.us/communications/coloradoeducationreform101>



APPENDIX D – ACHIEVEMENT & ASSESSMENT DATA

- CDE TCAP 2012 Achievement Data
<http://www.cohandsandvoices.org/resources/inspiringchange/files/CDE%20TCAP%20Achievement%20Data.pdf>
- Colorado Student Assessment Program: Summary of CSAP Scores- Deaf and hard of hearing students
- CU Boulder longitudinal study for 4-6 year olds: 2008 *Speech and Language Growth and Predictors of Successful Outcomes* <http://jdsde.oxfordjournals.org/content/8/1/11.full.pdf+html>
- Original Blueprint Appendix H - 1998-2001 Colorado Student Assessment Program: Summary of CSAP Scores- Deaf and hard of hearing students



APPENDIX E – STATEMENT OF THE PROBLEM FROM 2004 BLUEPRINT FOR CLOSING THE GAP

Statement of the Problem

Susie is an active 3rd grader with above-average intelligence, but her language delay has resulted in an inability to read. As a result, she is not progressing with her classmates and may be held back. This will make her older and physically larger than any of her classmates and likely not accepted by them.

Johnny, a kindergartner, has difficulty communicating verbally with classmates. He often displays aggressive behavior and is disruptive in class. His general classroom teacher doesn't feel comfortable communicating with him and sends him to the principal regularly, because she doesn't know what else to do.

Ben is a high school sophomore making good grades who's been recommended for advanced coursework. Since he shares the only available sign language interpreter with two other deaf students who aren't at that academic level, he won't be able to pursue the opportunity. And since he's making good grades, his school district's position is that he is receiving an appropriate education.

In 1975 the Individuals with Disabilities Education Act (IDEA) mandated that children with disabilities were entitled to be educated in the least restrictive environment (LRE), e.g., the environment where their typical peers were educated. With the goal that children with disabilities were not to be isolated, inclusion has been the conceptual basis of an educational system designed to provide equal opportunity for all students, with or without disabilities. Over time, it has become clear that while inclusion has served many children with disabilities very well, that is not always the case for many children who are or hard of hearing.

Communicating “differently” or without direct conversation with teachers and peers can create the most restrictive environment for many students in a classroom of hearing peers. Legally, “LRE” has been interpreted and implemented without sensitivity to, or acknowledgement for, the special communication needs presented by D/HH children that often go unmet in the “least restrictive environment.” The outcome has been isolation and academic underachievement. Until the conceptual basis of education (and all supporting mandates) is understood to be communication-driven for D/HH students, the system will continue to discriminate against this population. In fact, it is the inequity of our present educational system that has resulted in the further disabling of D/HH children.

At the federal level, the importance of communication as a starting point for identifying appropriate services for a child was first acknowledged in “Students Education Services: Policy Guidance” 57 Fed. Reg. 49274 (1992) (reprinted in Appendix I). This report stated that “The (U.S. Department of Education) Secretary believes that communication and related service needs of many children who are have not been adequately considered in the development of the IEP.” Moreover, it points out that the child’s communication needs should drive what is considered the least restrictive environment for each child.

The general classroom does not adequately serve all students because it frequently denies full communication access. As long as communication is perceived as secondary to the Individuals with Disabilities Education Act’s (IDEA) “core” concept of LRE, the specific and systematic problems that are unique to educating D/HH children will continue. The intent of IDEA is to decrease, not increase, a child’s isolation.

In 1989, a performance review and management study of the Colorado School for the Deaf and the Blind was conducted by the Colorado Department of Education and the Colorado State Legislature (H.B. 91-1171)) (CDE/CSDB, 1990). The performance audit recommended that the school re-examine its role and staffing pattern

to better support students in local school districts. In 1991, legislation was passed that gave the school statutory authority to expand its role as a statewide resource center and provide outreach services. In addition, this study identified several issues and recommendations that have still not been sufficiently addressed and are, therefore, incorporated into this report (see Appendix J, CDE/CSDB Statewide Plan, Executive Summary).

In 1996, the Deaf Child's Bill of Rights (DCBR Public Law 96-1041, Appendix A) recognized the unique needs of children who are deaf and hard of hearing. The bill requires that the Individual Education Program (IEP) team consider the child's communication needs, including communication with peers, and the proficiency of the staff in the child's communication mode or language. Drawing largely from the Policy Guidelines for Deaf Students published by the U.S. Department of Special Education Programs in 1992, it spelled out areas for specific consideration in the case of students who were deaf or hard of hearing. The DCBR's implementation guidelines established the creation of a "Communication Plan" that is an additional document included with every IEP for D/HH students in Colorado.

In 1997, the Colorado legislature passed HB 1146, which established minimum qualifications for interpreters who work with D/HH children (Appendix A). This bill responded to children who were denied communication access in their educational environment because of poor interpreting quality.

Problems associated with lack of communication access include the following important areas

Academic Success. The most glaring indications of problems in deaf education are the academic achievement scores of this student population (Appendix B: Assessment Summary, Appendix C: CSAP Summary). Statistics alone cannot report a child sitting alone in a classroom struggling to form ideas and express feelings with language. Statistics cannot explain the struggle to learn concepts while hampered by inadequate communication skills. However, statistics do reveal how profound and widespread this problem is. In the state of Colorado, which has emphasized performance-based educational outcomes for all children, research shows that D/HH children --even those with normal or above-average potential--fall far behind their hearing peers in academic achievement. In the Colorado Student Assessment Program (CSAP), scores for students with hearing loss are poor. Overall, the 2000 scores indicated that, at the seventh grade level, less than 20 percent of the D/HH students were rated as proficient. By comparison, nearly 60% of the overall student population was rated proficient or above. An analysis of the 2001 CSAP scores indicated that the number of D/HH students scoring in the unsatisfactory category increased in 6 of the 8 assessments where more than one year's data was available, and the number of D/HH students in the proficient and advanced categories decreased in 4 of these 8 assessments.

These statistics are not unique to Colorado. The academic achievement for students at a national level is no better and hasn't changed significantly over time:

- Between the ages of 8 and 18, D/HH children gain only 1.5 years in reading skills (Allen, 1986)
- 30% of D/HH children graduate from high school functionally illiterate (Waters & Doehring, 1990)
- The average performance on tests of reading comprehension is roughly six grade equivalents lower than hearing peers at age 15 (Allen, 1986; Traxler, 2000)
- Less than half of 18 year old D/HH students leaving high school reach a 5th grade level in reading and writing (Traxler, 2000). Clearly, these problems are not the result of a single school district failing its children.

Rather, the statistics reveal systemic problems evident in the majority of schools. Behind these statistics are real children becoming adults with poor literacy and academic skills. Approximately one third of all D/HH adults rely

on some form of governmental assistance, and the average income of D/HH adults is only 40-60% of their hearing counterparts (Siegel, 2000). In addition, D/HH adults have a higher rate of mental illness and other health difficulties (Scheslinger, 1972). Therefore, it is clear that the problem associated with the education of D/HH children eventually become society's problems compounded by long-term monetary implications (Siegel, 2000).

Access to learning for all D/HH students is a complex process, based on individual communication needs that involve a wide spectrum of communication options (e.g., American Sign Language, Pidgin Signed English, Simultaneous (Total) Communication, Cued Speech, Auditory-Verbal, Auditory-Oral. D/HH students utilize a variety of devices and technologies, including amplification systems, communication devices, assistive devices, and computerized notetaking. Educational interpreters (sign language and oral) are necessary for some students. Considering the variety of communication options and technologies available and/or required, it is often impossible for each school district or administrative unit to provide all of them. However, because by law services must be delivered according to individual student needs, school districts or administrative units are inadvertently forced to compromise quality in order to provide the range of services along with the necessary supports.

Communication Proficiency. Communication impacts all aspects of human functioning, from academic to social, from work to pleasure, from social-emotional to intellectual. The ability to understand and produce language defines us as humans and provides us with the means to become literate adults. The unique nature and consequence of deafness or hearing loss is that it can separate deaf or hard of hearing children from communication with others, and subsequently starve the student from active and passive learning of both academic and social skills. Our laws need to recognize communication as a fundamental human right, and to make it a priority in our educational system.

Early access to communication has lifelong impacts. Research has shown that when a child is denied early access to communication, the impact can be felt long into adulthood. Studies have shown that delayed language skills in D/HH children also delay thinking skills (Marshark, 2001; Sacks, 1989). A student cannot easily overcome the effects of poor communication access early in life.

Assumption that current performance is acceptable. For too long, the performance of D/HH children has been measured within the context of other D/HH children. This practice has resulted in low expectations for D/HH children. We must recognize that D/HH children are not mentally disabled and, given proper tools and instruction, have enormous potential to succeed commensurate with their hearing peers.

Application to children who are hard of hearing. Children who are hard of hearing are not deaf; they have partial hearing and they are able to use the auditory skills they have to participate to some degree in daily communication. The perception, therefore, is that they *are* hearing and, as such, they are asked to compete with classmates with normal hearing. Typically, hard of hearing children are not provided with the accommodations necessary for them to access communication fully. Because they must work harder, they experience more fatigue, more isolation, and more depression than their hearing peers. As a result, these children are the least understood and the most disadvantaged among all those with hearing loss (Ross, 2001).

Unique Educational Concerns

Many factors unique to deaf education must be considered when developing an educational program.

- *Limited Program Options.* It is difficult, particularly in smaller school districts, to provide quality programs for each D/HH child. Typically, a school is able to provide perhaps only one communication option (e.g., oral, American Sign Language, or English-signing), and the child must comply with that option. If the school is able to offer multiple options, rarely is the district capable of maintaining quality due to lack of funds.

Providing a full range of educational options for a small number of children represents a financial hardship for even the best endowed districts.

- *Lack of Administrative Support & Expertise.* Curiously, special education administrators with the responsibility for services to students who are D/HH often lack expertise with this population. As a result, standards and continuity of programming across grade levels lack consistency. Teacher evaluations are ineffective because frequently they are conducted by administrators unfamiliar with D/HH students. In-service opportunities are not always relevant for teachers of the D/HH.
- *Additional 'Labels'.* Data indicate that more than 40% of children with a hearing loss also have another disability (Gallaudet Research Institute, 2002). This situation compounds the challenges of educating these youngsters. Staff members need special training to be able to address the unique needs of this group of students.
- *Unqualified, Under-staffed Interpreter Support.* At least 87 percent of D/HH children in Colorado attend classes in regular public schools, and most of these students receive at least part of their education in the general education classroom (OSEP, 2002). For many of these children, this practice is possible only with the use of an interpreter. However, research shows that the interpreters sometimes lack the proficiency to provide students with a competent interpretation of the classroom content. A study conducted in the state of Colorado showed that fewer than half of the interpreters had even the minimal level interpreting skills required by law (Schick, Williams & Bolster, 2000). The Colorado interpreters were communicating less than 60 percent of the classroom content according to the report. If the interpreters perform at a minimal level, it is unlikely that they are conveying all the information occurring in the classroom. In addition to interpreting tasks, interpreters often are expected to tutor D/HH students, even though they are not trained as educators.
- *Lack of Direct Communication.* Deaf adults also report that an interpreted education is a poor substitute for direct contact with teachers and peers. Every time the child wants to communicate with anyone in the classroom, he or she must do so through an adult interpreter. This interferes with the educational dynamic - the give and take that stimulates learning. And, when children do not communicate directly with one another, the social experience suffers as well.
- *Staffing Challenges.* The low incidence of hearing loss affects the ability of a school district to hire and retain qualified professionals to work with these children. Colorado is currently experiencing serious shortages of teachers and support staff to work with D/HH children in rural areas. The knowledge required to teach D/HH children is specialized and not easily acquired, even if a teacher is trained in special education. Further, the communication methodologies that are available to teach D/HH children involve many different skills, making it difficult to find a single professional who is capable of offering the full range of communication methods. This problem becomes even more difficult when a school district has only a few D/HH children, and when the ages range from preschool to high school.
- *Family Support.* Research shows that parents of children often do not receive the training and support they need to become communication and language role models for their children. Eighty four percent of children with hearing loss are born to hearing parents (Gallaudet Research Institute, 2002). About 72 percent of families with children who use sign language do not sign with their children (Gallaudet Research Institute, 2002). Further, families are often ill-prepared to fulfill their role as an equal member of their child's educational planning team and lack the knowledge of what constitutes appropriate, effective, educational programs. As the long term "case managers" of their child's academic experience, this can result in a loss of quality control over their child's program and progress.

- *Deaf Insensitivity.* Professionals who can hear normally generally do not understand how non-hearing persons function in a hearing society. Moreover, D/HH students often graduate without knowing the basic technology and services available to all deaf people.
- *Failure-Based Education Model.* Special education is built on a system where children must first demonstrate that they are not succeeding in their education program. In addition, many children receive services from professionals who are not qualified to serve children with hearing loss. As a result, they may not recognize the child's needs until it is too late for support services to succeed in keeping the student at grade level. This hampers a student's progress and may prevent him or her from ever reaching full potential.
- *Acoustical Accommodations.* The acoustical characteristics of a classroom can play a major role in a D/HH student's ability to access communication. The invisible barriers created by noisy air exchange, heating, and refrigeration systems, along with reverberating sound from walls and ceilings that distorts speech, are exacerbated by the busy noise of the classroom. Standards exist (ANSI, 2002) that need to be implemented to assure that classroom acoustics do not interfere with a D/HH student's ability to learn.
- *Current Technology.* Technology options are increasing at such a fast pace that many school districts simply cannot afford to keep up. Yet, for students who are, technology plays a key role in supporting both auditory and visual learning. Reliance on technology—including assistive listening devices, classroom captioning units, distance video equipment, and computers—can spell the difference between success and failure

In summary, children with deafness or hearing loss are not receiving an adequate education. They do not have access to a full range of program options nor educational opportunities that match their needs. School districts are trying, but the combination of low incidence and high cost is derailing even the best intentions. Academic outcomes statewide and nationwide prove that the present system is failing these students. It is time to rethink education for D/HH children in order to close the gap.



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Appendix B - Deaf-Blind Task Force Update

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THE COLORADO DEAF-BLIND TASK FORCE

REPORT: 2014-2015 FISCAL YEAR

INTRODUCTION

As part of our efforts to incorporate the needs of Colorado's Deaf-Blind community into its mission and ongoing activities, the Colorado Commission for the Deaf and Hard of Hearing has been providing staff and communication access support to The Colorado Deaf-Blind Task Force (DBTF).

Deaf-blindness (DB) is a combination of vision loss and hearing loss that limits or prevents access to communication, the environment, and other people. Deaf-blind individuals may use a number of methods of communication, such as American Sign Language (ASL), tactile sign language, finger spelling, print on palm, or assistive hearing technologies. They may make use of a white cane or a service animal to travel. Because deaf-blind individuals come to their vision and hearing impairments at different ages and at different levels, each deaf-blind individual's communication methods and abilities are different and there are many different experiences of living with deaf-blindness.

Furthermore, individuals with a single sensory impairment rely heavily on the other senses to allow them to function in society. But deaf-blind people have a dual sensory impairment, which means that their needs are distinct from the needs of the deaf, hard of hearing, or blind communities.

The Colorado Deaf-Blind Task Force is an all-volunteer group of Coloradans who represent a number of different experiences of Deaf-Blindness. They have come together to make sure that deaf-blind people in Colorado have equal opportunities to participate independently and be self-sufficient in all aspects of daily life. To bring about this goal, the task force has identified a number of specific services that, if further developed in Colorado, would add up to a robust array of services to meet the unique needs of deaf-blind individuals. The Task Force is working to raise awareness, educate, and advocate for these needs to be met for deaf-blind Coloradans. As part of that work, the Task Force provides The Commission with its expertise and experience about deaf-blindness, so that the Commission can better meet the larger deaf-blind community's needs.

MEMBERS AND MEETINGS

FY 2014-2015 members of The Colorado Deaf Blind Task Force

(alphabetical by last name)

1. Carolyn Haas, representing blind people with low hearing
2. Ruben Hernandez, representing seniors with vision and hearing loss
3. Karen Park, representing deaf people with very low vision
4. Cynde Vaughn, representing blind people with low hearing
5. Mark Wedgle, representing totally deaf and blind people
6. Heidi Zimmer, representing deaf people with low vision

7. Advisory Members:

- a. Scott Davert, advisory member from the Helen Keller National, representing blind people with very low hearing
- b. MaryPat Graham Kelly, advisory member from the Colorado Commission of the Deaf and Hard of Hearing, representing deaf people

The FY 2015-2016 members of The Colorado Deaf Blind Task Force (provisionally)

(alphabetical by last name)

1. Carolyn Haas, representing blind people with low hearing, **Secretary**
2. Ruben Hernandez, representing seniors with vision and hearing loss
3. Donna Ragland, representing deaf people with low vision
4. Cynde Vaughn, representing blind people with low hearing, **Co-Chair**
5. Mark Wedgle, representing totally deaf and blind people
6. Heidi Zimmer, representing deaf people with low vision, **Co-Chair**
7. Advisory Members:
 - a. Ryan Odland, advisory member from the Helen Keller National, representing deaf people with very low vision
 - b. MaryPat Graham Kelly, advisory member from the Colorado Commission of the Deaf and Hard of Hearing, representing deaf people

The Task Force has met as a group 3 times in FY 2013-2014, four times in FY 2014-2015, once so far in FY 2015-2016, and plans to meet at least 5 more times this fiscal year. Meetings take place at Englewood Public Library and are open to the public.

PRELIMINARY RESEARCH

In its early days, and in order to identify what deaf-blind services were most important to develop in Colorado, the Task Force asked for some preliminary research to be done on what services for deaf-blind individuals are provided in other states. Spark Policy Institute did this preliminary research, including looking for information on:

1. How services are funded and what they cost;
2. What services are easiest to fund and arrange;
3. Who provides the services;
4. How the service providers are trained;
5. How many people use the services; and
6. How deaf-blind people are identified.

Please see the research summary attached to this report. The Task Force used this information to help them determine what areas to focus on in their own work.

ROADMAP PROCESS

The Deaf-Blind Task Force spent much of FY 2014-2015 on its preliminary research followed by a thorough, participatory facilitated planning process to develop a detailed roadmap of how accomplish the goal that *deaf-blind people have equal opportunities to participate independently and be self-sufficient in all aspects of daily life.*

Please see the attached roadmap visual for a one-page visual representation of the roadmap. Below is a text-only version that is used by the less visual of the Task Force Members.

STRATEGIC ROADMAP: COLORADO DEAF-BLIND TASKFORCE 2015

CURRENTLY WE HAVE FOUR STRATEGY AREAS (IN BLUE IN THE VISUAL), WHICH ARE:

1. The DBTF & CCDHH develop relationships with those that provide, should provide, or can enable the provision of services for DB people:
 - a. DVR,
 - b. HKNC,
 - c. RTD,
 - d. DRCOG, DRMAC (Denver Regional Mobility and Access Council),
 - e. Division of Housing, and
 - f. Colorado State Legislature.
2. Gather further information about:
 - a. How services can be provided
 - b. How services can be funded
 - c. Numbers, locations of DB people in Colorado
3. Hold Task Force Meetings, specifically:
 - a. Topical TF meetings with individual systems to help them update/upgrade/improve their services for DB people
4. Collect video, written, audio stories about:
 - a. Different services needed, impact of services
 - b. Successes & Failures
 - c. The variety of communication styles
 - d. The diversity of issues DB face

THESE STRATEGIES COLLECTIVELY LEAD TO TWO TRACKS OF INTERIM OUTCOMES (IN YELLOW IN THE VISUAL), INCLUDING:

Track 1

Awareness is Raised, Champions Developed, including:

5. Stakeholders have awareness of DB issues/Champions Exist.

6. DBTF members are trusted as advisors on DB topics by all agencies that provide services to DB people
7. Champions exist among decision-makers. (Champions can be decision-makers that can vote for or establish services for deaf-blind people, or change policies within agencies to make services better or more available. Or, champions can also be those who have influence policy makers.)

Policies, Proposals Adopted, including:

8. Policies and proposals that advance culturally competent services for DB people are adopted and funded.

Services, Supports, Programs Exist, including:

9. Culturally appropriate robust services & supports are readily available to DB people in at least the following areas:
 - a. **SSP services (Area of Focus)**
 - b. **Orientation & mobility training (Area of Focus)**
 - c. **Transportation services (Area of Focus)**
 - d. Communication training & supports
 - e. Employment assistance
 - f. Housing assistance
 - g. Assistive technologies
 - h. One on one advocacy services

Track 2: Outreach, Education, & Advocacy, including:

10. **For DB service providers:** The DBTF and the centralized information hub advocate for the unique needs of DB people everywhere services are provided.
11. **For DB people:** A centralized information hub (or DB Outreach Consultant at CCDHH) exists where DB people can go to find out what services, trainings, organizations, and supports they can access in Colorado, and how to access them. The hub / consultant also does:
 - a. Outreach & education in DB communities, and
 - b. Ongoing systems advocacy on behalf of the deaf-blind community.

TRACKS 1 AND 2 LEAD TO SERVICES AND SUPPORTS BEING ACCESSED, SPECIFICALLY:

12. DB people access the services & supports available to them, enabling them to:
 - a. Get where they need to go,
 - b. Find fulfilling jobs that provide a living wage,
 - c. Find housing,
 - d. Have SSPs when they need them,
 - e. Acquire the assistive technologies they need, and

- f. Communicate with a larger society.

ALL OUR STRATEGIES AND BOTH TRACKS OF INTERIM OUTCOMES LEAD TO THE IMPACT (IN PINK ON THE VISUAL), WHICH IS:

- 13. Deaf-Blind people have equal opportunities to participate independently and be self-sufficient in all aspects of daily life.

END OF ROADMAP

The roadmap is intended to be a living document that allows the Task Force to focus on individual strategies and activities with confidence that those strategies and activities will actually achieve the outcomes the group is seeking. Having done the difficult work on mapping out a path to achieving their ends, the Task Force can now put its efforts towards those strategies. Periodically, the Task Force will review and update roadmap to make sure not only that the activities they’re doing are still on the road to the outcome, but that the no strategies are being missed that would further the overall goal.

OUTREACH AND STATISTICAL RESEARCH

In late FY 2014-2015, the Task Force requested more accurate statistics on numbers of deaf-blind people in Colorado. Spark Policy Institute researched the subject and found that accurate data on Deaf-Blindness is not currently gathered at the state or national level, so it is not known exactly how many people in The United States are Deaf-Blind. However, Spark found that it is possible to make both low and high estimates based on available data. Table 1 contains low and high estimates of deaf-blind people in Colorado and Nationwide. Following Table 1 is an explanation of how these estimates were calculated, and a simplified range for Colorado.

Table 1. Estimated lows and highs of Deaf-Blind People in Colorado and the United States, 2006 – 2014

	Low – Nationwide	High – Nationwide	Low – Colorado	High – Colorado
Range	40,000 to 70,000 ¹	318,900 to 1,250,000 ²	672 to 1176 ³	5,356 to 20,994 ⁴
Average	55,000	784,450	924	13,175

These numbers were calculated using Helen Keller National Center estimates, 2010 US Census data, and the generally accepted occurrence in the population of hearing loss and blindness or severe

¹ Helen Keller National Center <http://www.hknc.org/AboutUsWHOWESERVE.htm>

² Calculated from 2010 US Census Data, generally accepted occurrence of deaf-blindness, and Sansing 2006 estimates

³ Calculated from HKNC data, 2014 US Census data, and generally accepted occurrence of deaf-blindness

⁴ Calculated from 2014 US Census data, generally accepted occurrence of deaf-blindness, and Sansing 2006 estimates.

vision loss.⁵ The highest estimates of 1,250,000 people nationwide and 20,994 people in Colorado include adults who have lost their vision and hearing due to aging⁶.

In 2014, the Colorado Department of Public Health and Environment, the University of Colorado, and the Colorado Statewide Independent Living Council collaborated on a mapping project called Community Inclusion in Colorado. The project used 2000 US Census data and the 2009-2013 American Community Survey to estimate a wide range of demographics and disabilities in Colorado for emergency preparedness purposes⁷. Using the Community Inclusion data allows us estimate numbers of Deaf-Blind people in Colorado somewhat more accurately than is possible with general estimates in Table 1, at 1,698 people. That estimate is based on population numbers from the 2000 US Census along with self-report data from 2009-2013, making 1,698 people a likely low estimate for deaf-blindness in Colorado.

Using Community Inclusion Data at the low end, and the HKNC and 2010 US Census estimate at the high end, we can estimate the number of Deaf-Blind people in Colorado at **1,698 to 5,356, rising to a possible 20,994 people** when including adults who have lost their vision and hearing due to aging. For most purposes, however, a simplified range could be expressed as 5,000 to 20,000 people in Colorado are deaf-blind, with the higher end including those who have lost their vision and/or hearing due to aging.

The wide gulf between these low and high estimates highlights a very great need for accurate data on Deaf-Blindness in Colorado.

FY 2015-2016 PLANS

In FY 2015-2016, the Task Force plans to:

- Continue building relationships with those involved with services for deaf-blind people,
- Explore how services can best be provided and funded, particularly in the areas of
 - Support Service Providers;
 - Orientation and mobility training;
 - Employment and housing services; and
 - Assistive technologies;
- Gather more accurate information on deaf-blind people in Colorado;
- Collect stories and information about experiences of deaf-blindness in Colorado; and
- Raise awareness and develop champions about deaf-blind issues

⁵ It is a generally accepted estimate that approximately 10% of the general population has a hearing loss. Within that group, approximately 1% are also blind or have serious vision loss. <http://www.deafblindinfo.org/faq.html>

⁶ Sansing, W. (2006). Prevalence of persons aging with dual sensory loss. Presentation at Creating Roads to Independence for Persons Aging with Hearing and Vision Loss, Atlanta, GA (February 2006)

⁷

http://www.coephtmaps.dphe.state.co.us/cdphe_maps/briefingbook/?bookId=d55f496aa4c548a98ff607006004c
[eee](#)

ATTACHMENTS

1. Preliminary Research on Deaf-Blind Services in Other States
2. Deaf-Blind Task Force Roadmap

DEAFBLIND SERVICES IN OTHER STATES - NUMBERS

There is a real lack of available information on how many DeafBlind people there are in the United States, on where they are located or how to locate them. The National Consortium on DeafBlindness notes that it is very difficult to count deafblind individuals, but estimated in 2008 that there were about 45-50,000 DB individuals in the US. The Helen Keller National Center's more recent estimate is that there are about 70,000 DeafBlind individuals in the United States.

Washington State appears to have the most robust array of services and funding for DeafBlind people of the states researched by Spark (including brief scans of Minnesota, Washington, New York, New Mexico, Oregon, Louisiana, Texas, Massachusetts, and Utah). Information on SSP programs in the 27 states where such programs are known to exist is provided in the SSP summary and matrix.

DEAFBLIND SERVICES IN MINNESOTA

WHO PROVIDES THE SERVICES?

Most services are funneled through the Minnesota Department of Human Services - Office of Deaf and Hard of Hearing Services (ODHHS), but provided by DeafBlind Services Minnesota (DBSM) and the Minnesota DeafBlind Association (MDBA).

WHAT SERVICES FOR DEAFBLIND INDIVIDUALS ARE PROVIDED?

1. ODHHS provides contract services and gives direct grants to DB people to use for services or goods that they need to maintain their independence, integrate into their families or communities, and/or develop communication skills.
2. ODHHS used to deliver telecom equipment as the designated entity in Minnesota for the National DB Equipment Distribution Program, but has recently ceased this service. Other entities are currently bidding for this service in Minnesota.
3. SSP and Intervener Services.
4. Community integration, self-sufficiency, and empowerment opportunities and events for DeafBlind.
5. Support and solidarity, leadership meetings, community workshops, special events, information, advocacy, other services (provided by MDBA).
6. Intervener and family communication services for DB children, chiefly to help families develop effective communication strategies.
7. ODHHS provides funding to support captioning of live local news.

WHO IS ELIGIBLE?

DeafBlind people (no other criteria mentioned).

HOW SERVICES ARE FUNDED?

State funds (further detail may be available soon).

Approximately 700 DeafBlind people in Minnesota have used the aforementioned services.

DEAFBLIND SERVICES IN NORTH CAROLINA

WHO PROVIDES THE SERVICES?

The North Carolina Department of Health and Human Services - Division of Services for the Deaf and Hard of Hearing (DSDHH), and Division of Services for the Blind (DSB) primarily provide services to DeafBlind people in North Carolina.

The Division of Vocational Rehabilitation Services (DVR); the Division of Mental Health, Developmental Disabilities, and Substance Abuse; and the Office of Education Services also provide some services.

WHAT SERVICES FOR DEAFBLIND INDIVIDUALS ARE PROVIDED?

Division of Services for the Deaf and Hard of Hearing (DSDHH)

DSDHH has seven regional centers around the state that provide services to and advocate for the rights of deaf, hard of hearing, late deafened, and deafblind people to equal access to all federal, state, and local services available to public. Services areas include advocacy and consultation, communication support, information and referral, workshops and training, and outreach.

Their staff are specially trained, and many are deaf, hard of hearing, or deafblind themselves. There are five to seven staff members at each center, and there is videophone access at all centers.

The centers provide some services themselves and provide information and referral when more specialized services or access to basic services are needed. Outreach efforts seem particularly robust, with regular events for deaf, hard of hearing, and deafblind people, newsletters, and efforts to create a vibrant community to deaf, hard of hearing, and deafblind people in each region.

They also have their own equipment distribution services for residents of NC who have evidence of hearing loss and income at or below 250% of Federal Poverty Level. Some centers provide monthly meetings for people to come and apply for assistive technology at no cost. The Charlotte Regional Center has a video relay services room anyone deaf can use during business hours if they don't have a VP in their home.

Division of Services for the Blind (DSB)

DSB has seven regional offices (not in same locations as DSDHH except 1), and Social Workers for the Blind in all North Carolina counties.

DSB provides specialized training to those with vision and hearing loss on adaptive technology, amplified and tactile devices, communication skills, training required to get or keep a job, low vision aids, braille, and safe travel. They refer to DVR for job related services, but they do also have a residential rehabilitation program intended to help prepare DB people for work.

Division of Vocational Rehabilitation

DVR does provide some interpreting and communication access services in the course of their services with deaf, hard of hearing, late deafened, and deafblind people.

DVR has a fairly wide range of services, but you must qualify by income. Services are employment assistance services, independent living services, and assistive technology advice and hands-on experience

DVR doesn't provide the technology itself but will provide information on funding resources. All are eligible for these services.

North Carolina Department of Health and Human Services Statewide Interagency Team (SIT)

The North Carolina Department of Health and Human Services has a Statewide Interagency Team (SIT) that is meant to enhance service coordination among the 5 agencies that have programs and services especially targeted to deaf, hard of hearing, late-deafened, and deafblind people.

The SIT has 5 members: the Division of Services for the Deaf and Hard of Hearing (DSDHH), the Division of Services for the Blind (DSB), the Division of Vocational Rehabilitation Services (DVR); the Division of Mental Health, Developmental Disabilities, and Substance Abuse; and the Office of Education Services.

There are also 6 regional interagency teams across the state with members from each of the 5 agencies, and their objectives are to establish effective communication between regional agencies, establish clear guidelines on the services each agency provides, define boundaries for enhanced service coordination, enhance outreach via joint efforts, and enhance outreach to rural areas. They have regularly scheduled meetings.

In 2009 the SIT developed a 60 page guide to programs and services for deaf, hard of hearing, late-deafened, and deaf-blind people in North Carolina. The guide is fairly general and big-picture; for more detailed and specific eligibility and service information you have to contact one of the agencies. There is an 8 or 9 page section of resources at the end of the guide, including contact information, and including about a dozen colleges and universities in NC and other states that have deafness-related programs. The guide is available at: [http://www.ncdhhs.gov/dsdhh/brochures/2009 Guide to Programs and Services.pdf](http://www.ncdhhs.gov/dsdhh/brochures/2009%20Guide%20to%20Programs%20and%20Services.pdf)

Other Services

Video Relay, Relay Conference Captioning, Internet Relay, Traditional Relay, etc - provided through 711 between deaf, hard of hearing, and deafblind people and anyone they contact.

WHO IS ELIGIBLE?

All individuals who are Deaf-Blind or have both hearing and vision losses, their family members, agencies and organizations that serve them, and individuals interested in learning about Deaf-Blind or hearing / vision loss issues, may ask for the services.

HOW SERVICES ARE FUNDED?

1. Telephone equipment and video and other relay service is provided at no charge, funded by a surcharge on all residential, cell, and business telephone lines.
2. There is no charge for most services.
3. The Divisions for D/DB and Blind are funded by state funds. (further detail may be available soon).

HOW MANY PEOPLE USE THE SERVICES?

DSDHH reports that there are about 27,000 people in NC with both hearing and vision loss, most of whom are senior citizens; no information as yet on how many people use the services (further detail may be available soon).

DEAFBLIND SERVICES IN WASHINGTON STATE

WHO PROVIDES THE SERVICES?

There are a number of agencies or organizations in Washington with a focus on Deaf-Blindness: The Washington State Department of Social and Health Services - Office of Deaf and Hard of Hearing (ODHH); the Seattle Deaf Blind Service Center (DBSC); The Lighthouse for the Blind, Inc; Washington State Services for Children with Deaf-Blindness; Washington State DeafBlind Citizens Inc, and the Division of Vocational Rehabilitation.

WHAT SERVICES FOR DEAF/BLIND INDIVIDUALS ARE PROVIDED?

Washington State Department of Social and Health Services - Office of Deaf and Hard of Hearing (ODHH)

The Washington State Department of Social and Health Services Office of Deaf and Hard of Hearing has seven regional offices throughout the state and contracts to the DeafBlind Service Center for many of their DeafBlind services including case management, education and training, information and referral, SSPs and assistive listening systems.

Washington State Department of Services for the Blind

This organization provides Orientation and Mobility Training for the blind, but makes no mention of the specific needs of DeafBlind people.

Deaf Blind Service Center (DBSC)

DBSC is a non-profit organization that contracts with the state of Washington to provide services. They provide:

1. Information and referral;
2. Mentorship;
3. Paid Support Service Providers (SSPs);
4. Case management including outreach, research, support, referral, and mediation;
5. Advocacy;
6. Assistance accessing services;
7. Recreational activities;
8. DeafBlind senior citizens gatherings monthly (to reduce isolation and train on various topics);
9. In-service training;
10. A Communication Facilitator program (to help DB people access video phones and video relay services);
11. Professional SSPs (SSPs for the workplace); and
12. Consultation for Deaf-Blind adults 16 years and above.

The Lighthouse for the Blind, Inc

Lighthouse Inc is a nonprofit organization mostly dedicated to employment for the blind, but they also have an Orientation and Mobility training program for blind and deafblind individuals and a dedicated DeafBlind program that provides:

1. A DeafBlind technology training center,
2. An annual international DeafBlind retreat,
3. DeafBlind community classes,
4. DeafBlind independent living skills training and education,
5. Internships,
6. Employment and consultation services.

Division of Vocational Rehabilitation (DVR)

DVR has a Deaf-Blind Specialist and more than 20 counselors for the deaf, all but one of whom have ASL.

Other Services

The Metro Assistance Card (yellow cards) - these were a collaboration of the Lighthouse, Seattle DeafBlind Service Center, King County Metro, and Washington State DeafBlind Citizens.

WHO IS ELIGIBLE?

Lighthouse services are available to DeafBlind people in Washington over 16.

HOW SERVICES ARE FUNDED?

DBSC is a nonprofit in Seattle, funded by the city of Seattle and subcontracts with the state of Washington, grants, private donations, fees for some services between professional organizations. The SSP program also receives some federal funding. Professional SSPs are paid for by employers, federal, state, & local government agencies, private & non-profit agencies & organizations, social clubs, and consumer organizations.

Lighthouse Inc's various DeafBlind program elements are funded through community support. They rely on financial contributions from local corporations, foundations, service organizations and individuals. The Lighthouse's Deaf-Blind Community Class participants do pay a nominal fee per quarter; independent living students do not pay tuition.

DVR was state and federally funded for approximately \$60 million in 2013, $\frac{3}{4}$ of which was federal funding.

SUPPORT SERVICE PROVIDERS (SSP)

SSP PROGRAM SURVEY (2010, UPDATED MARCH 2014)

Beth Jordan of the Helen Keller National Center compiled and recently updated (March 2014) a list of SSP programs around the country. It contains information about how many deafblind individuals are served, how the SSPs and consumers are trained, how the programs are funded, eligibility, how long the program has been in existence, and a few other topics here and there. Spark reviewed it in order to establish what the universe of funding options are used, as well as how many db consumers are served on average.

27 states currently provide some SSP services, though one state doesn't actually use SSPs and offers very basic SSP services in the program office (provided by social workers, case managers, interpreters).

Funding sources

1. Private donations, foundation grants, and fundraising events
2. State, county, and local funds, either as part of an agency's regular funding, through a special statutory fund, or through state or local grants.
3. One state has some federal funding (Washington)
4. One state has a specific levy or tax (Ohio)
5. One state uses a co-pay from the consumer of \$5/hr plus half of mileage (Pennsylvania)
6. One state uses a Medicaid reimbursement (Oregon)

Numbers Served, Paid versus Volunteer, Training

The low end is about 5-12 served, the high end is about 60-80, with one outlier, Louisiana, reporting that they serve 250+ in only 24 of Louisiana's 64 parishes (funded by a statutorily dedicated fund).

Some SSPs are volunteer, some are paid, most are trained in some way or another.

For more detail on funding sources and numbers served, please see spreadsheet title "SSPs_FundingSources_6.17.14".

SSP TRAINING (2012 SURVEY)

In 2012 the American Association of the DeafBlind conducted a survey of SSP programs around the country. They started with a 2010 list of SSP programs compiled by the Helen Keller National Center that had 22 programs named at that time. 11 programs responded to the survey – four in the west, 3 on the east coast, 3 in the Midwest, and 1 in the south.

Results

1. SSP programs served an average of 21 DB consumers at any given time – highest number served was 35, lowest was 5. Four of the 11 programs do not provide SSP services to consumers.
2. The programs had an average of 12 SSPs (28 to 5)
3. Skills desired were knowledge of sign language and different modes of communication, knowledge of deafness, blindness and deaf-blindness, friendliness, compassion, knowledge of different modes of communication. It is also helpful to be service oriented, have an excellent work ethic, and have the ability to set boundaries. One agency said it prefers that the SSPs have a car with

insurance. One agency had more formal requirements as a result of a series of dialogues with the local d/db community. This programs requires that SSPs deaf and fluent in ASL OR possess:

- A Level 1 certification in its state Quality Assurance Program
 - 100 volunteer or practicum hours,
 - three reference letters from deaf-blind community members,
 - training through a local ITP class,
 - 10 CEUs from deaf-blind/SSP workshop,
 - one professional letter of reference from ITP staff
 - a current driver's license or state ID card, and proof of auto insurance.
4. Training for SSPs varies: One agency trains SSPs monthly for two hours and also provides mini-training on such subjects as attire, van policies, Usher Syndrome or other needed topics. Two provide 8 hour trainings two times a year to about 8 to 12 SSPs per training. One agency arranges for experienced staff to train new staff to act as SSPs. One agency trains SSPs on a rolling basis individually for about three to four hours each; this agency trains roughly 25 SSPs a year. Three agencies do not provide training. Three have deaf-blind people train their SSPs while the coordinator provides follow-up. One agency staff person said she provides one-on-one training because she does not have the budget to provide formal training to the SSPs she uses, although she provides some basic training on time sheets and agency policies.
 5. Three SSP programs provide SSPs on a one-to-one basis. Two train 6 to 12 SSPs two times a year for 8 hours each. In three programs, deaf-blind people train their own SSPs.
 6. Most developed their own curricula to meet the needs of their deaf-blind consumers and SSPs. A couple used parts of the Deaf-Blind Service Center curriculum and a similar curriculum presented at Helen Keller National Center, with their own additions to the needs of their consumers and SSPs.
 7. How TRAINING is funded: Four programs had funding from state agencies for the blind/visually impaired or deaf/hh. Four receive grants, donations, and contributions through fundraisers or private foundations, and one of those receives funding from Medicaid waivers as well as county and state funds. Three agencies do not provide training.
 8. Most state agencies paid for interpreters used during the training, and provided assistive listening devices to those who needed them. One agency paid for SSPs who provided simple communication facilitation, but if interpreters were needed the agency paid them for a particular assignment. Others provided training one-on-one and staff who provided that training are fluent in sign language, so no interpreters were needed. Most agencies paid out of their own budget, or used grants, contracts or donations.
 9. Eight agencies used paid staff to present and train. A couple invited members of the deaf-blind community to present as volunteers. One agency pays deaf-blind trainers to work with SSPs.
 10. Three advertise through word of mouth only. Three do not train or recruit SSPs. The other five use word of mouth as well as professional networks, professional publications, websites, social networks, community colleges, programs for deaf and hard of hearing people, programs for blind and visually impaired people, interpreter training programs, vocational rehabilitation, service agencies or deaf awareness events.
 11. 2009 survey: In several states, DB people advocated for SSP services with their legislators together with agencies for the deaf and the blind, families, friends, parent groups and professionals.

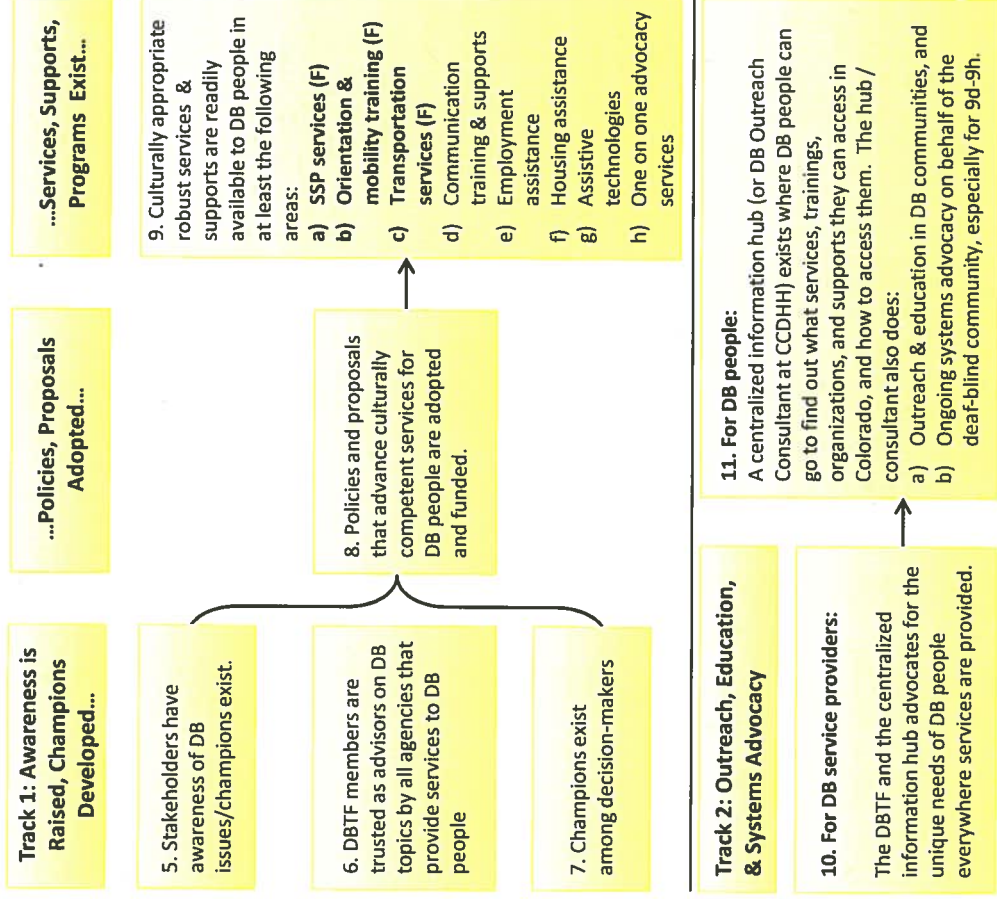
Strategic Roadmap: Colorado Deaf-Blind Taskforce 2015



Strategies - Blue

- The DBTF & CCDHH develop relationships with those that provide, should provide, or can enable the provision of services for DB people:
 - DVR
 - HKNC
 - RTD
 - DRCOG, DRMAC (Denver Regional Mobility and Access Council)
 - Division of Housing
 - Colorado State Legislature
- Gather further information about
 - How services can be provided
 - How services can be funded
 - Numbers, locations of DB people in Colorado
- Hold Task Force Meetings
 - Topical TF meetings with individual systems to help them update/upgrade/improve their services for DB people
- Collect video, written, audio stories about:
 - Different services needed, impact of services
 - Successes & Failures
 - The variety of communication styles
 - The diversity of issues DB face

Interim Outcomes - Yellow



Impact - Pink

- 12. DB people access the services & supports available to them, enabling them to:
 - Get where they need to go,
 - Find fulfilling jobs that provide a living wage,
 - Find housing,
 - Have SSPs when they need them,
 - Acquire the assistive technologies they need, and
 - Communicate with a larger society
- 13. Deaf-Blind people have equal opportunities to participate independently and be self-sufficient in all aspects of daily life.

Appendix C - Colorado Daylight Partnership Report



DATE: July 28, 2015

TO: Andrew Martinez
Office of Behavioral Health/ Colorado Department of Human Services
3824 West Princeton Circle
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Office: 303-866-7514
andrew.martinez@state.co.us

FROM: Mary Sterritt, Director
Colorado Daylight Partnership
Mental Health Center of Denver
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RE: Outcomes Report re: 2014-15 Scope of Work for the Sustainability of Mental Health and Substance Abuse Service Delivery Capacity for Deaf and Hard of Hearing Coloradans

The Colorado Daylight Partnership, a partnership of the Mental Health Center of Denver and the Colorado Commission for the Deaf and Hard of Hearing, is pleased to submit this report on the fulfillment of its 2014-15 Scope of Work to the Office of Behavioral Health (Development of Mental Health and Substance Abuse Service Delivery Capacity for Deaf and Hard of Hearing Coloradans contract with the Office of Behavioral Health).

The following deliverables have been completed for the Office of Behavioral Health:
In fulfillment of goal 1- Provider Network: Sustain the Learning Collaborative of eight substance abuse and mental health organizations, including providing coordination of learning opportunities and communication, trainings, and technical assistance with clinical practices, standards, and technology. Extend invitations to other publically funded behavioral health care agencies, explore models of service delivery.

The following activities were completed:

- Distributed the following online trainings to Learning Collaborative agencies so that trainings are available to any staff member when the need arises:
 - 1) Orientation to the Contego hearing assistive technology
 - 2) How to use an interpreter in Behavioral Health Care Settings and reference documents
 - 3) e-learning course for mental health professionals/practitioners to learn how to work with hard of hearing individuals who do NOT sign.
 - 4) The Deaf Services Training Program <http://training.dmh.mo.gov/clinical-training/> for clinicians to learn about Deaf culture, American Sign Language (ASL), including its features, its significance in the Deaf community, and the ASL skill variance in the Deaf population; medical and psychosocial aspects of the Deaf population; English fluency limitations in the Deaf community, including speech reading and reading/writing limitations; fund of information limitations in the Deaf community; how diagnosis treatment effectiveness and treatment efficacy differ in regard to deaf vs. hearing individuals; and effective working relationships between interpreters and clinicians.
- Improved the CDP website based on feedback provided at a group Learning Collaborative meeting including informative videos for the community. Created several videos providing an update of CDP, the Learning Collaborative and information videos for the community. All videos are signed, voiced and captioned at www.mhcd.org/cdp.
- Continue to promote access to Mental Health First Aid trainings to deaf and hard of hearing Coloradans among agencies and through consultation and planning efforts with Mental Health First Aid Colorado (MHFA-CO) and national partners in Missouri and Pennsylvania.
- Informing LC agencies of Deaf cultural activities in Colorado.
- Technical assistance provided to Learning Collaborative agencies included linkage to interpreter resources, ASL providers, use of hearing assistive equipment, use of telecommunication relay services and the FCC, implementation guidance regarding Standards of Care for Deaf and Hard of Hearing persons.
- Presented on CDP at the Colorado Crisis Services meeting to representatives of the statewide regions.
- Provided training to the Colorado Crisis Services Walk in Center staff in Denver.
- Facilitated installation of a public video phone for ASL users and a captioned telephone for hard of hearing non signing persons at the Colorado Crisis Services Walk in Center in Denver.
- Provided consultation on deaf and hard of hearing access for the Mental Health Center of Denver's Dahlia Campus for Health and Well-Being, which is currently under construction and planned to open in fall 2015. This included referral to the architectural firm familiar with the concept of Deaf Space (and who designed the Rocky Mountain Deaf School, which opened in December 2014). Special

features to promote communication access include video phones, captioned telephones, hearing assistive equipment and hearing induction loops (installed in community and conference meeting rooms).

- Ongoing participation in the CCDHH TA Summit. The TA Summit looks at how technical assistance can be improved through collaboration among organizations that specialize in serving deaf and hard of hearing people.
- Ongoing participation at the monthly OBH Cultural Competency Advisory Council where CDP gave input regarding deaf and hard of hearing cultural and linguistic considerations.
- We are on the member list and receive meeting minutes from the Health Care Policy and Financing (HCPF) Adults without Dependent Children Advisory Committee.
- Continued advocacy regarding consultation on the OBH Data Integrative Initiative regarding data elements pertaining to deaf and hard of hearing, including attending a Deaf Interpreter Institute (DII) meeting.
- Additional technical assistance, consultation and training to metro school districts, providers and consumers regarding accessible service in Colorado and in Washington state, Florida, New York, Wisconsin and Connecticut.
- Monthly meeting of the CDP Core Team to guide the activities of CDP.
- Consultation to graduate students around career development and networking.
- ADARA, a national association promoting excellence in human service delivery with individuals who are Deaf or Hard of Hearing, has selected Colorado to host the ADARA Breakout 2016 Conference. CDP is involved in the initial planning committees and will engage and collaborate with the Learning Collaborative agencies as well as state and national stakeholders. The conference will be held March 16-19, 2016 at the Cheyenne Mountain Resort in Colorado Springs. This is an excellent opportunity for Colorado to showcase our system-wide innovations in advancing access to deaf and hard of hearing persons.

Extend invitations to other publically funded MH/SA agencies to join the Learning Collaborative. We have had preliminary contacts with Aurora Mental Health Center, which has expressed interest in joining CDP. We began to explore models of service delivery to D/HOH of suburban, publically funded behavioral healthcare agencies and to develop a resource documenting the various models of providing services that CDP has identified (direct/modified with telebehavioral health, hearing assistive technologies, interpreted, and mixed models that may include a variety of accommodations), along with pros and cons, cost estimates and billing strategies. Staff time and resources were concentrated in other activities, limiting the progress in these areas. We will continue planning with Aurora Mental Health Center and exploring models of care FY 15-16.

2. In fulfillment of goal 2- Evaluation: Extend the collection and analysis of data from Learning Collaborative organizations.

Considerable program evaluation time was spent on two major activities: 1) the assessment of what has changed for Learning Collaborative staff and within the larger deaf and hard of hearing communities since the inception of the Colorado Daylight Partnership; and 2) continued working with CDP leadership, Learning Collaborative Agencies and OBH to develop strategies to enhance valid statewide estimates of deaf and hard of hearing people who use publicly funded mental health and substance abuse services, and their language and technology needs.

Specific Activities

1) Assessment of change over time

In addition to ongoing communication with the Core Team, a deaf community member who sits on the CDP Core Team and an independent associate evaluator worked with the CDP evaluator for this project.

- a. Review of data collection instruments used previously to assess which instruments and items would be most useful to measure change over time.

- **Learning Collaborative Agencies:**

We agreed that items from the previously-administered Learning Collaborative and Assessment Surveys would serve as a good foundation to re-survey the Learning Collaborative Agency leadership and staff.

- An online survey was developed and administered in spring 2015.
- Preliminary analysis was begun during the fiscal year and will continue in FY16. Since we would like to see more respondents, we will keep the survey open and Core Team leadership will work with Learning Collaborative leadership and the evaluator to increase the response rates of staff within the Learning Collaborative agencies.

- **Larger Deaf and Hard of Hearing Communities:**

In the early stages of the CDP, individual interviews were the primary method for capturing the views of community members and consumers regarding their access to culturally appropriate and competent mental health and substance abuse services. While we plan to conduct interviews with consumers, there were insufficient resources to do this for the follow-up.

We pulled items from the original interview guides and developed new items to focus on change and recommendations. The evaluator also met with members of the community to discuss the content, format and language of specific questions and received considerable input from others as the result of a pilot survey.

- An online survey was developed and administered later in spring 2015.

- We used a snowball method of data collection, where we identified some key informants and leadership, sent them the survey and asked them to forward to others.
- As with the Learning Collaborative Survey, preliminary analysis was begun during the fiscal year and will continue in FY16. We received 24 responses, but would still like to see more respondents. We will keep the survey open and continue to collect responses. We will also resend the survey in the fall as late spring and summer are challenging for data collection in general.

Preliminary results and some recommendations from both of these efforts have been shared with CDP leadership. Reports will be finalized in FY2015 and shared with OBH, Learning Collaborative agencies and survey participants.

2) Improving validity of statewide data.

- a. Networking with colleagues to learn more about the status of OBH's effort regarding the development of the Integrated Tool.
 - b. Continued editing and fine-tuning of materials detailing the data requirements for enumerating and documenting the communication needs of deaf and hard of hearing consumers
 - c. Met with OBH Data and Evaluation and Cultural Competency Advisory Council staff to learn about the development of the state's Integrated Tool to replace the Colorado Client Assessment Record (CCAR) and Drug/Alcohol Coordinated Data System (DACODS). Ongoing communication continues.
- The evaluator also attended monthly meetings of the CDP Core Team and participated in Partnership planning throughout the year. While this does tap the evaluation budget, the Core Team and the evaluator agree that this level of communication is important. This is always up for discussion as budget and other issues arise.

In fulfillment of goal 3- Consumer and Family Advocates: Continue support two consumer and family advocates as they provide outreach to the D/HOH communities and participate in other activities to promote public awareness of the need for accessible services.

1. CDP advocate Mary Pat Graham-Kelly attended and certified as an Adult Mental Health First Aid Instructor. Mary Pat had obtained her Youth MHFA instructor certification last year.
2. Advocate participated in planning meetings with Director and MHFA-CO staff to promote access to MHFA trainings for deaf and hard of hearing.

3. Advocate participated with Director in teleconference with other Deaf and Hard of Hearing professionals in Pennsylvania and Missouri on strategies to build MHFA for the Deaf and Hard of Hearing in our states.
4. Exhibit table at OBH Minority Mental Health Month Research Forum 7/17/14
5. Maintenance of Facebook page to post upcoming CDP and community activities.
6. Advocate attended Core Team meetings to give community and consumer/family member perspective
7. Advocate attended ADARA conference to attend workshops related to community advocacy, promote CDP and network with other advocates.
8. Attended the Colorado Crisis Services Community Forum
9. Attended Mental Health Center of Denver Wellbeing conference
10. Attended CDP Celebrate Independence Expo in Colorado Springs, CO

In fulfillment of goal 4- Promote broad public awareness of the Colorado Daylight Partnership's efforts and the need for accessible services and resources for D/HOH consumers through presentations by project staff and/or contracted personnel to such groups as: consumer organizations (NAMI, The Colorado Mental Wellness Network, MHAC, CBHC and other behavioral healthcare organizations, etc.), state and local government, school personnel who work with D/HOH students and/or D/HOH parents. The following activities were completed:

- Social media project implementation: DeafNation Expo Social Media Campaign prep, social media set up, script development, filming and editing ASL/voice/captioned videos for the CDP website, set up YouTube Channel and MailChimp accounts, maintained Facebook page, worked with Mental Health Center of Denver digital specialist to revamp the website.
- Colorado Daylight Partnership website maintained and enhanced <http://mhcd.org/cdp> to promote overall project including the Learning Collaborative and Consumer & Family Advocacy of video clips in ASL, along with the written material. This will make the website more accessible to those whose primary language is ASL. This is available to the general public, including professionals and consumers. Community members are featured in several of the videos. This effort began in the previous fiscal year and was completed this fiscal year. Community focused videos have been posted on our Facebook page <https://www.facebook.com/codaylight>. This page was developed as a social media campaign and outreach tool to the deaf and hard of hearing communities.

Videos:

"Ending Stigma"
"What is therapy?"
"Professionals in Community Mental Health Settings"
"Advancing Access"
"Colorado Daylight Partnership Overview"
"Colorado Daylight Partnership Learning Collaborative"
"Consumer & Family Advocacy Network"

- **Exhibit booth at DOVE ASL Community Day**
- **Exhibit booth at Deaf Nation**
- Presentation to Metro State School of Social Work faculty
- Exhibit booth at Monarch K-8 DHH Parent/student informational fair

Sustainability:

The Core Team met monthly to discuss sustainability opportunities. We continue to explore funding opportunities and opportunities to share resources. Through our national network we have access to other states' online training and other resources that we are able to share with the Learning Collaborative agencies. We are in the process of applying for a grant under the Denver Foundation to expand consumer and family representation in Western Slope, Northern/Frontier and Southern regions of the state. We are in the process of applying for a grant from the Colorado Commission for the Deaf and Hard of Hearing (CCDHH) to further develop culturally and linguistically accessible Youth and Adult Mental Health First Aid training provided by ASL fluent instructors to the Deaf/ASL communities in Colorado.

Expense Summary:

The Colorado Daylight Partnership received funding tied into Mental Health Center Denver's indigent contract. Funding for the Colorado Daylight Partnership totaled \$59,045 and paid for the following expenses:

- Personnel: Project Coordinator's personnel expenses \$33,590, and other expenses (cell phone/wireless connectivity) \$505
- Registration and related travel expenses for participation in ADARA conference to disseminate the experiences of the CDP, to engage in national networking and to bring back information to benefit overall project development, including training, TA, consumer and family advocacy: \$3,906
- General meeting expenses: \$448

- Video camera and accessories for promotion and training: \$770
 - Indirect Costs: \$5,883
- Consultants/Contractors
- Ashley Koe for meeting Coordination/project support and website/social media development and maintenance: \$3,000
 - Interpreters and CART providers for communication access at meetings: \$2,835
 - Consumer and Family Advocates participation in various aspects of the project: \$2,313
 - Ami Garry to provide leadership within the Learning Collaborative and participate in technical assistance and training activities: \$420
 - Focus Evaluation for Support collection and analysis of Learning Collaborative data: \$5,355

Please contact me at if you have any questions or require further information.

Thank you.

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