



Research & Outreach Summary Report

NEVADA

Subcommittee on Communication Services

for Persons Who Are Deaf, Deaf-Blind, or Hard of Hearing
and Persons with Speech Disabilities (SOCS)

Acknowledgements

The Subcommittee on Communication Services (SOCS) for Persons Who Are Deaf, Deaf-Blind, or Hard of Hearing and Persons with Speech Disabilities Strategic Planning Committee would like to thank and acknowledge the individuals who took part in key informant interviews and who completed the consumer survey. The time and perspective shared will assist the Committee in developing a strategic plan to address the most pressing needs of Nevadan's who are Deaf, Deaf-Blind, or Hard of Hearing and Persons with Speech Disabilities.



Social Entrepreneurs, Inc., a company dedicated to improving the lives of people by helping organizations realize their potential, conducted all research and data collection activities and prepared this summary report.

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Introduction and Background

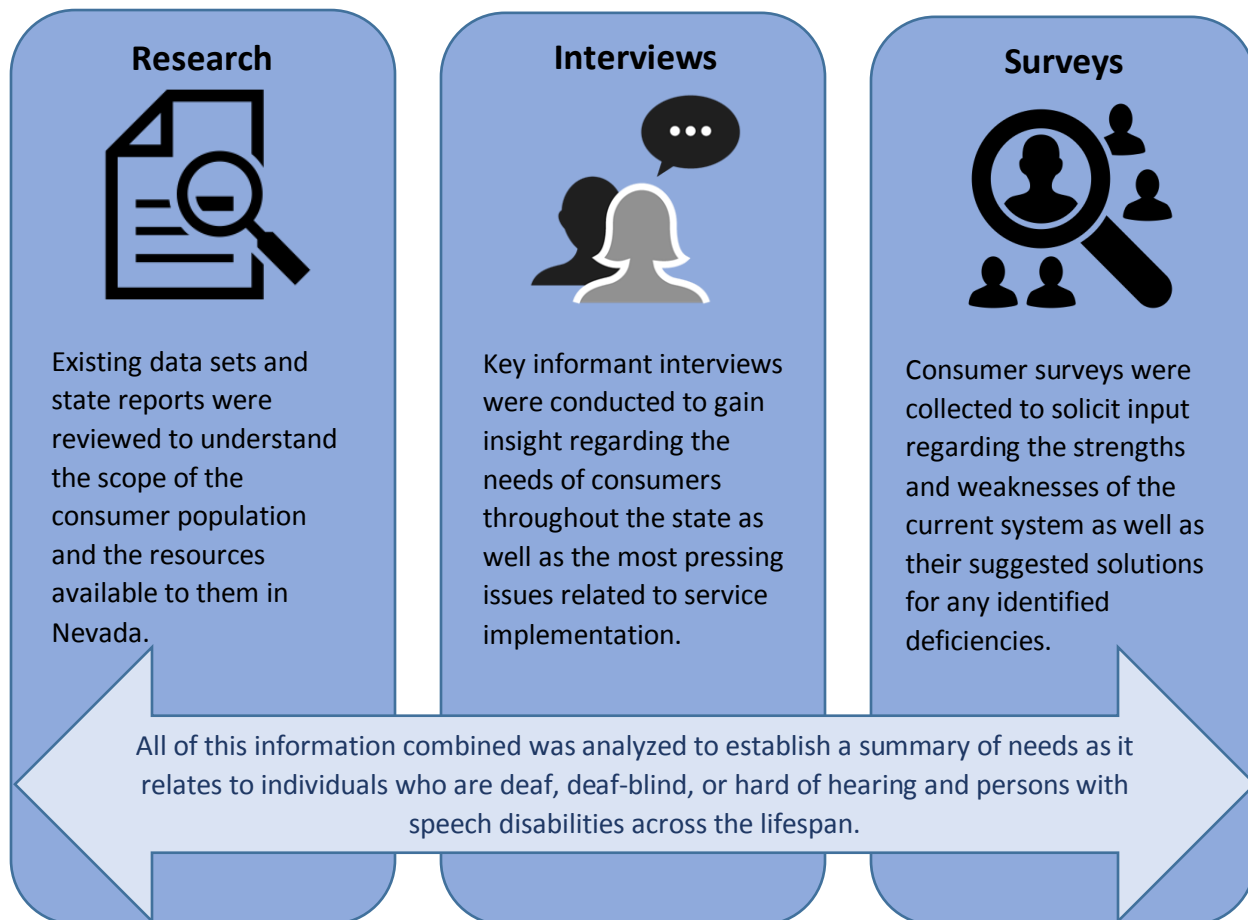
The Subcommittee on Communication Services (SOCS) for Persons Who Are Deaf, Deaf-Blind, or Hard of Hearing and Persons with Speech Disabilities (also known as the Communication Access Council) has embarked upon a strategic planning process. As part of this process, a Strategic Planning Steering Committee (referred to as “Committee” throughout the rest of the document) was developed to guide all aspects of strategic plan development.

The Committee recognized that one of the initial steps in strategic plan development was to understand the needs of Nevadans who are Deaf, Deaf-blind, or Hard of Hearing and Persons with Speech Disabilities across the lifespan (referred to as “consumers” throughout the rest of the document). To accomplish this, a variety of different data was collected and analyzed. There were four distinct ways in which data collection occurred: 1) research regarding the needs and services available to consumers, 2) interviews with key informants, 3) consumer surveys, and 4) research regarding other state approaches.

This report summarizes all research conducted and outreach efforts.

Purpose

Research and outreach was conducted to develop a comprehensive profile of the needs of consumers throughout Nevada. A description of each activity and its intended purpose is provided below.



In addition to the research and outreach conducted, as described on the previous page, additional research occurred which identified approaches taken to address consumer needs in other states. This information was gathered to help Nevada understand what opportunities may exist to leverage lessons learned from other systems.

Methods

Social Entrepreneurs Inc. (SEI) was hired to facilitate the strategic planning process, to include implementation of research and outreach efforts. A summary of methods used by SEI to accomplish this is provided here.



Research

Research was conducted utilizing public data sets and available documents.



Key Informant Interviews

Seven interviews were conducted with individuals identified by the Committee as having specialized knowledge about the systems that provide services and supports to Nevadan consumers. Interviews took place either over the phone or through written correspondence. Interviews utilized a sign language interpreter when needed.



Consumer Surveys

Surveys were issued to consumers, family members, care providers, and advocates through the Committee's distribution channels. Respondents had the option of completing the survey either online through Survey Monkey, or on paper. The Survey Monkey online tool offered respondents a video option which provided the questions posed in sign language format. A total of 95 surveys were collected from across the state between June 3rd and July 1st, 2016.



State Plan Comparison

As an additional source of information, related State Strategic Plans were reviewed and common themes compiled. State Plans reviewed included:

- Alabama
- Colorado
- Illinois
- Massachusetts
- Minnesota
- Texas
- Utah

Summary of Findings

The summary of finding that follows presents cross-cutting themes and corresponding recommendation as identified across all research and outreach conducted.

Cross-Cutting Themes Identified

Themes emerged from an analysis of the research and outreach conducted. The following summarizes those themes.

Service Sufficiency: Both key informants and consumers identified a lack of sufficient services to meet the needs of consumers across the lifespan and throughout Nevada. Services are most scarce in the rural and frontier areas of Nevada. Services most often identified as deficient included:

- School-based supports, including transition assistance and college preparation
- Deaf schools
- Employment assistance
- ASL classes
- Mental health
- Family support services
- Transportation

Access to Information: Both forms of outreach identified that most people still don't know where to go to get the help they need. This is a theme throughout many other Nevada state plans and one which needs to be addressed in a strategic fashion. One key informant identified the situation as people either being "in the know" or "completely unaware" of resources available. Another key informant indicated that as a consumer, all of the information they had been able to acquire had been done based on their own research and efforts. This sentiment was present throughout the narratives provided by consumers in their own words.

People need to be made aware of services available and how to access them. Additionally, people need to know what their rights are in regards to accessing services and accommodations.

Access to Interpreters: An overwhelming theme in both the outreach as well as the research conducted indicate that there is a lack of sufficient interpreter resources available to consumers. There was also a recognition of the need to establish training/certification options and standards that would ensure high-quality service provision throughout the state. Some of the data collected indicated that the quality of interpreters varies based on where you live.

Communication Supports: Beyond access to interpreters, consumers need additional communication supports which may include ASL classes and assistive technology. Consumers identified that access to these type of resources, particularly assistive technology, is at times cost-prohibitive.

Preparing Individuals for Independent Living/Adulthood: Preparing individuals and supporting them in their placement and transition into college or the workforce was identified as a top need for consumers. Preparation, coaching, and access to technology and support that would ensure their success needs to be expanded.

Recommendations

The following recommendations were established based on all of the research and outreach conducted. They are intended to support the efforts of the Committee as it develops the goals and objectives of the strategic plan.

Recommendation #1: Enhance the Availability of Services to include:

- Improved detection and accurate identification of consumers throughout the lifespan.
- Provision of evidence-based levels of care.
- Home-based services in rural and frontier areas of the state.
- Additional access to assistive technology.
- Additional ASL classes.

Recommendation #2: Coordinate with School Systems to strengthen:

- Connection to care prior to the age of 3.
- Coordination with other service providers.
- Transition activities between school systems and trajectory beyond high school.

Recommendation #3: Invest in Workforce Development incorporating the following components:

- Recruit, train, and incentivize longevity in the field for interpreters and other professionals that provide direct services, supports and treatment to consumers throughout the lifespan.
- Develop college level programs for interpreters and teachers that serve consumers.
- Develop interpreter certification standards that hold people accountable.

Recommendation #4: Establish an Outreach and Education Campaign designed to:

- Inform consumers about their rights, available services and how to navigate various service systems and insurance products.
- Equip community providers with information about how to appropriately connect people to care.
- Educate the general public and key stakeholders in an effort to creating a supportive and accepting community.

Recommendation #5: Develop a Robust Family Support System to ensure:

- Families have the appropriate knowledge and skills to assist family members.
- Families have access to a peer mentor who can provide the emotional and educational support in navigating the service system.
- Families are able to advocate on behalf of their rights and access to care.

Summary of Research

Research was conducted to understand the consumer population of those in Nevada who are Deaf, Deaf-blind, or Hard of Hearing and Persons with Speech Disabilities.

Definitions of Deaf, Hard of Hearing, Deaf-blind, and Speech Disabilities

There are many variations of how the deaf and hard of hearing community identify themselves. The different variations used by the community is personal and is based on how a person becomes deaf, the level of hearing, the age of onset, educational background, communication methods, and cultural identity. Below are the most commonly used terms for the Deaf or Hard of hearing community.

Source: National Association of the Deaf – Community and Culture: <https://nad.org/issues/american-sign-language/community-and-culture-faq>

“Deaf” and “deaf”

Deaf is referred to as ‘lowercase deaf’ or ‘uppercase Deaf,’ both having their own distinct meanings. Lowercase deaf is used when referring to the audiological condition of not hearing. Uppercase Deaf is used to refer to a group of deaf people who share a culture and language (American Sign Language-ASL).

People who are part of the Deaf community use ASL as their primary means of communication and are different from those who find themselves losing their hearing through illness, trauma, or age. The difference is that the latter group does not have access to the knowledge, beliefs, and practices that make up the culture of Deaf people.

Source: National Association of the Deaf – Community and Culture: <https://nad.org/issues/american-sign-language/community-and-culture-faq>

“Hard of Hearing”

“Hard of hearing” describes a person with mild to moderate hearing loss or it can describe a person who is deaf but doesn’t want a cultural affiliation to the Deaf community. The hard of hearing identification can be affiliated with any group: ASL-Deaf, hard of hearing, hearing, and Deaf communities. They can participate and/or advocate in activities with the Deaf community or completely live their lives within the parameters of the hearing world.

Source: National Association of the Deaf – Community and Culture: <https://nad.org/issues/american-sign-language/community-and-culture-faq>

Cochlear Implants

Cochlear implants are a technology that allows individuals who are deaf or hard of hearing to perceive sounds. The technology can be implemented at any age. This type of technology introduces a new group of people who are part of the deaf world but are able to benefit from some sound recognition. The National Association of the Deaf has not yet incorporated this group as a common subgroup of the Deaf community. There is some debate in the field regarding this issue as some perceive the utilization of cochlear implants as a signal that deafness is a disability needing to be “fixed.” This stands in contrast to others who do not view deafness as a disability, but rather a culture. For those in the latter category, their preference would be to allow each individual (including children) the ability to choose or forgo the use of such technology based on their own individual preference. It is important to note that there are individuals with an implant who continue to use sign language, understand the Deaf culture, and are active members of the Deaf community.

Source: National Association of the Deaf – Cochlear Implants: <https://nad.org/issues/technology/assistive-listening/cochlear-implants>

Source: Start ASL – Cochlear Implants: <https://www.start-american-sign-language.com/cochlear-implants.html>

“Deaf-blindness”

There are a variety of available definitions of “Deaf-blindness.”

The Code of Federal Regulations defines Deaf-blindness as “concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.”

For infants and toddlers receiving Part C early intervention services, Deaf-blindness is defined as “concomitant hearing and vision impairments or delays, the combination of which causes such severe communication and other developmental and intervention needs that specialized early intervention services are needed.”

The Helen Keller Act provides the most expansive definition of the term “individual who is Deaf-blind.” They define a person who is Deaf-blind as someone with visual impairments leading to one or both of these conditions:

- a) speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; and
- b) for whom the combination of impairments causes extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation.

The act goes on to state “despite the inability to be measured accurately for hearing and vision loss due to cognitive or behavioral constraints, or both, an individual can be determined through functional and performance assessment to have severe hearing and visual disabilities that cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining vocational objectives.”

Source: National Center on Deaf-Blindness: <https://nationaldb.org/library/page/90>

Speech Disability

According to guidelines produced by the American Speech-Language-Hearing Association, a speech disability is defined as “an impairment of the articulation of speech sounds, fluency, and/or voice.” The guidelines further define each impairment as such:

- a) An articulation disorder is the atypical production of speech sounds characterized by substitutions, omissions, additions or distortions that may interfere with intelligibility.
- b) A fluency disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms.
- c) A voice disorder is characterized by the abnormal production and/or absences of vocal quality, pitch, loudness, resonance, and/or duration, which is inappropriate for an individual's age and/or sex.

Source: American Speech-Language-Hearing Association: <http://www.asha.org/policy/RP1993-00208/>

Prevalence of the Issue

Identifying the prevalence of the issue is a difficult task given the variety of definitions of consumer groups as described in the preceding section. Complicating the issue further is the reality that in many systems which categorize individuals with these characteristics as well as other disabilities, the system requires individuals to choose one category exclusively.¹

As a result of these compounding circumstances, the task of identifying the prevalence of the consumer population is left to piecing together a variety of different data sets to develop a tentative picture.

To examine the prevalence of the issue, statistics were gathered regarding 1) the number of people throughout Nevada and the U.S. who identified as having a hearing difficulty, 2) the number of people in the U.S. (aged 15 years or older) who were identified as having a seeing, hearing, or speaking disability, and 3) the number of Nevada students in special education who have been identified with a hearing impairment, speech impairment, visual impairment or who were identified as deaf-blind. Additional statistics were gathered to include 1) the number of infants screened and identified as having a hearing difficult as well 2) the number of people in the labor force with hearing difficulty. These statistics are provided in the appendix of this report.

Number of People with a Hearing Difficulty

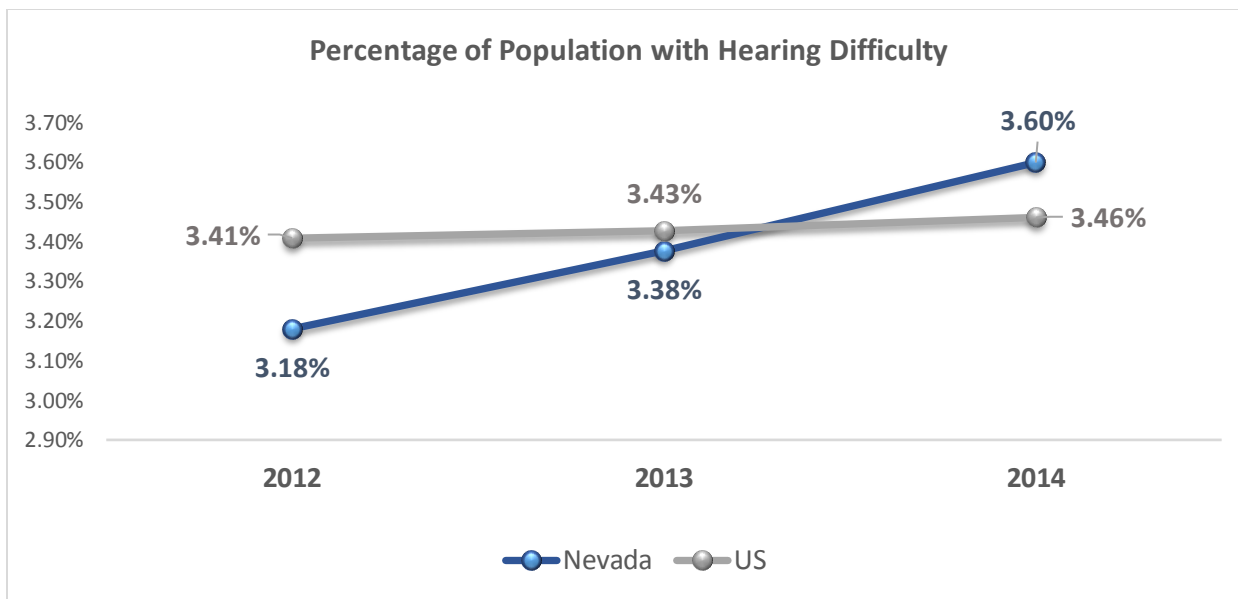
The Census describes people with a “hearing difficulty” as those who are deaf or have/had serious difficulty hearing. The table below provides Census statistics regarding the number and percent of individuals in Nevada as well as the United States that self-identified as having a hearing difficulty according to their age at the time of data collection.

Age Group	Nevada (Year 2014)			United States (Year 2014)		
	Population noninstitutionalized population	With Hearing Difficulty	Percentage of Population	Population noninstitutionalized population	With Hearing Difficulty	Percentage of Population
Under 5	180,577	1,402	0.8%	19,971,525	108,335	0.5%
5 to 17	479,509	3,215	0.7%	53,665,031	333,289	0.6%
18 to 64	1,708,308	40,831	2.4%	193,574,369	3,979,651	2.1%
65 years +	357,962	52,662	14.7%	41,871,333	6,274,102	15.0%
Total	2,726,356	98,110	3.6%	309,082,258	10,695,377	3.5%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

As the chart above demonstrates, the percentage of individuals in Nevada with a hearing difficulty is 3.6%, which is similar to the national average of 3.5%.

¹ An example of this occurs within the school system. A child may be identified as being on the Autism Spectrum and as a result have some sort of speech disability. That child will likely be identified as having an Autism Spectrum Disorder exclusively. Their speech disability will not be recognized or recorded in the data.



Data Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

The percentage of people with hearing difficulty has been slowly rising, since 2012. In the U.S., the percentage of people with hearing difficulty increased a mere 0.05%. In Nevada, the rate increased by 0.42%. In 2014, there was a higher percentage of Nevadans with hearing difficulty compared to the U.S. (3.60% compared to 3.46%).

The table below provides a breakdown of the non-institutionalized populations with hearing difficulty by each county in Nevada.

Population with Hearing Difficulty Breakout by County (Year 2014)

County	Total Non-institutionalized Population	Population with Hearing Difficulty	Percent with Hearing Difficulty
Carson City	52,771	2,862	5.42%
Churchill	23,473	1,547	6.59%
Clark	1,979,680	64,350	3.25%
Douglas	46,728	2,808	6.01%
Elko	50,379	2,450	4.86%
Esmeralda	1,025	65	6.34%
Eureka	1,745	87	4.99%
Humboldt	16,780	832	4.96%
Lander	5,894	339	5.75%

County	Total Non-institutionalized Population	Population with Hearing Difficulty	Percent with Hearing Difficulty
Lincoln	4,928	199	4.04%
Lyon	51,128	3,069	6.00%
Mineral	4,524	538	11.89%
Nye	42,598	3,393	7.97%
Pershing	4,866	411	8.45%
Storey	3,917	237	6.05%
Washoe	426,939	14,255	3.34%
White Pine	8,981	668	7.44%

Data Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

The percentage of the Nevada population with hearing difficulty ranges from 3.25% to 11.89% across all counties. Mineral County has the highest percentage of the population with hearing difficulty (11.89%) while the two largest counties have the lowest percentages of people with hearing difficulty (3.25% in Clark and 3.34% in Washoe). No other county had less than 4.00% population with hearing difficulty among the non-institutionalized population.

Number of U.S. Citizens with Seeing, Hearing or Speaking Disability

The U.S. Census Bureau has produced the report Americans with Disabilities: 2010, in which it presents estimates of disability status by type. It utilizes information collected through the Survey of Income and Program Participation (SIPP), which poses questions about whether respondents reported difficulty with certain aspects of functioning. The data presented in the report represents information which was collected between May and August of 2010. The estimates in the report are representative of the civilian noninstitutionalized population living in the United States.



This information is being presented in the table on the following page represents U.S. statistics as state specific statistics are not available.

Prevalence of Specific Measures of Disability among Individuals 15 Years and Older: 2010

(Number in thousands)

Category	Aged 15 years and older				Aged 65 years and older			
	Number	Margin of error	Percent	Margin of error	Number	Margin of error	Percent	Margin of error
Seeing/Hearing/Speaking								
With a Disability	14,942	475	6.2	0.2	6,909	245	17.9	0.6
Severe	3,288	189	1.4	0.1	1,705	122	4.4	0.3
Not Severe	11,636	450	4.8	0.2	5,203	230	13.5	0.6
Difficulty Seeing	8,077	354	3.3	0.1	3,782	184	9.8	0.5
Severe	2,010	139	0.8	0.1	1,050	85	2.7	0.2
Not Severe	6,067	334	2.5	0.1	2,731	177	7.1	0.5
Difficulty Hearing	7,572	320	3.1	0.1	4,152	202	10.8	0.5
Severe	1,096	122	0.5	0.1	666	87	1.7	0.2
Not Severe	6,475	301	2.7	0.1	3,485	182	9	0.5
Difficulty with Speech	2,818	207	1.2	0.1	843	90	2.2	0.2
Severe	523	82	0.2	-	158	35	0.4	0.1
Not Severe	2,295	179	0.9	0.1	685	82	1.8	0.2
Used a Hearing Aid	5,559	249	2.3	0.1	4,156	195	10.8	0.5
Had Difficulty Hearing	2,180	161	0.9	0.1	1,665	132	4.3	0.3
No Difficulty Hearing	3,379	193	1.4	0.1	2,491	155	6.5	0.4

Data Source: U.S. Census Bureau Report, Americans with Disabilities: 2010

As the table above indicates, it is estimated that:

- ✓ **6.2%** of the U.S. population is estimated to have some form of *seeing, hearing or speaking condition*.
- ✓ **3.3%** of the U.S. population is estimated to have some form of *seeing condition*.
- ✓ **3.1%** of the U.S. population is estimated to have some form of *hearing condition*.
- ✓ **1.2%** of the U.S. population is estimated to have some form of *difficulty with speech*.
- ✓ **2.3%** of the U.S. population uses a *hearing aid*.

Number of Nevada Students Enrolled in Special Education by Disability Type

To further understand the population in Nevada who are Deaf, Deaf-blind, or Hard of Hearing and Persons with Speech Disabilities, categories of students enrolled in special education were examined.

The table below indicates the number of students enrolled in special education in October 2014 by primary disability category.

School District	Total Enrollment	Hearing Impairment	Speech / Language Impairment	Visual Impairment	Deaf / Blindness	Totals
Carson City	7,526	13	216	~	0	229
Churchill	3,488	~	99	~	0	99
Clark	318,040	401	4,877	115	~	5,393
Douglas	6,054	13	208	0	~	221
Elko	9,859	~	200	~	0	200
Esmeralda	74	0	~	~	0	0
Eureka	247	0	~	0	0	0
Humboldt	3,473	0	82	0	0	82
Lander	1,049	0	19	0	0	19
Lincoln	1,015	0	41	0	0	41
Lyon	8,065	12	227	~	~	239
Mineral	475	0	~	~	0	0
Nye	5,167	~	84	~	0	84
Pershing	692	~	14	~	0	14
Storey	401	0	13	0	0	13
Washoe	63,108	54	1,383	20	~	1,457
White Pine	1,250	0	35	0	0	35
State Charter Schools	20,104	~	342	~	0	342
Totals	450,087	493	7,840	135	0	8,468



As the table above indicates, only 8,468 students in the public education school system are enrolled in special education due to a hearing, speech, visual or deaf-blindness condition. This only represents 1.88% of the total student population. As indicated earlier in the document, the school system categorizes children according to one exclusive disability type. Because of this, it is likely that the number of children who are Deaf, Hard of Hearing, Deaf-blind, and/or who have a speech disability are more than what the numbers in the table represent.

Systems Description

There are a variety of different systems that serve people in Nevada who are Deaf, Deaf-blind, or Hard of Hearing and Persons with Speech Disabilities. Services throughout the state differ based on the target population, geographic region, and funding source. As a result, there are often different challenges for persons seeking assistance based on services available and where individuals try to access those services.

The system relies upon a variety of providers to include 1) primary providers, 2) secondary providers and 3) linkage, advocacy, and coordination efforts. The following section summarizes each category. In addition, the strengths and weaknesses of the system are explored.

Service Providers

Primary Providers

Primary providers of consumer services for our focused population provide in Nevada include state operated programs such as Nevada Early Intervention Services (NEIS), the Assistive Technology for Independent Living Program (AT/IL), Communication Access Services (CAS) and the Regional Center Programs, all of which are managed by the Aging and Disability Services Division. Additionally, some consumers are provided mental health services through the Division of Public and Behavioral Health (DPBH) as well as the Division of Child and Family Services (DCFS). Adult consumers may receive services through the Bureau of Vocational Rehabilitation (Voc Rehab) within the Department of Employment, Training and Rehabilitation. Other primary providers of consumer services include school districts, non-profit and community-based organizations and private practitioners.

Aging and Disability Services Division

Nevada Early Intervention Services (NEIS): Early Intervention services are provided to children from birth to age 3 based on eligibility criteria or biological risk. Services provided directly or indirectly may include: screening and evaluation, special instruction, service coordination, psychological, occupational therapy, physical therapy, speech-language pathology, audiology, vision, family training and counseling, nutrition, social work, nursing, health (if necessary to enable a child to participate in other EIS), medical (for diagnostic or evaluation only), assistive technology, and transportation. Services are provided at no cost to the family.

Source: Nevada Department of Health and Human Services: http://dhhs.nv.gov/Programs/IDEA/Early_Intervention_Programs/

Assistive Technology for Independence Living Program (AT/IL): The Assistive Technology for Independent Living (AT/IL) Program is a statewide program that supports an individual's choice to live in their community. The program can provide assistance to individuals to identify the appropriate Assistive Technology (AT) that is necessary for the individual to care for themselves or be cared for in their homes and community rather than in a care facility. The program also has resources to provide AT when no other resources are possible.

Source: Nevada Aging and Disability Services Division: <http://adsd.nv.gov/Programs/Physical/ATforIL/ATforIL/>

Aging and Disability Resource Centers (ADRC): Nevada Care Connection Resource Centers provide one on one assistance to older adults, people with disabilities, caregivers and families. There are five

resource centers throughout Nevada helping people to explore their **options, plan** for care and **connect** with the services of their choice.

Source: Nevada Aging and Disability Services Division:

<http://adsd.nv.gov/Programs/Seniors/ADRC/ADRCProgram/><http://adsd.nv.gov/Programs/Seniors/ADRC/ADRCProgram/>

Nevada Communication Access Services (CAS): Nevada's Communication Access Programs are funded by telephone users through a small monthly surcharge on phone lines in the state (NRS 427A.797). Funds are collected by the Public Utilities Commission and administered through ADSD. Programs include:

- **Relay Nevada:** This service enables people with speech and hearing disabilities to use specialized telecommunications equipment to access the phone system. This service is provided by Hamilton.
- **Telecommunication Equipment Distribution:** Through this program, qualifying Nevadans with hearing and speech disabilities can receive free equipment needed to access the phone system through Relay Service.
- **Interpreter/CART website:** This is a website that maintains a registry of individuals engaged in the practice of interpreting and captioning.

Source: Nevada Aging and Disability Services Division: <http://adsd.nv.gov/Programs/Physical/ComAccessSvc/CAS/>

Nevada Taxi Assistance Program (TAP): This program provides discounted taxicab fares to qualified individuals, age 60 and older, and persons of any age with a permanent disability through coupon booklets that are accepted by all taxicab companies in Clark County. The coupons can be purchased in books of 20 - \$1.00 coupons or 4 - \$5.00 coupons. The cost of each \$20 coupon book is either \$10.00 or \$5.00, depending upon income. Eligible clients may purchase a maximum of 2 or 4 coupon books per month, depending on income.

Source: Nevada Aging and Disability Services Division: http://adsd.nv.gov/Programs/Seniors/TAP/TAP_Prog/

Nevada Personal Assistance Services (PAS): The Personal Assistance Services (PAS) Program provides community-based, in-home services to enable adult persons with severe physical disabilities to remain in their own homes and avoid placement in a long-term care facility. The provision of home and community-based services is based upon the identified needs of the recipient and available funding. ADSD assists recipients with accessing other available services, as needed.

Source: Nevada Aging and Disability Services Division: http://adsd.nv.gov/Programs/Seniors/PersAsstSvcs/PAS_Prog/

Department of Employment, Training and Rehabilitation

Bureau of Vocational Rehabilitation (Voc Rehab): Voc Rehab employs counselors around the state, including JobConnect, a statewide network that connects businesses with employees. While Voc Rehab has no Deaf, Deaf-Blind, Hard of Hearing or Speech Disability-specific programs, it supports these individuals as a member of the disabled community. The Bureau of Vocational Rehab offers a range of employment services including assessments of job-related skills, assistance with job searches, job placement and retention, collaboration with employers and agencies, transportation services, career counseling and guidance, and post-employment services.

Vocational rehabilitation services are available to high school students with disabilities that serve as a barrier to employment. Students do not need to be enrolled in special education services; if necessary, a separate evaluation may be conducted to determine eligibility for VR services. Students can be referred to vocational rehabilitation or apply directly.

Source: Nevada Department of Employment, Training and Rehabilitation: <http://detr.state.nv.us/Rehab%20Pages/voc%20rehab.htm>

Department of Public and Behavioral Health

Early Hearing Detection & Intervention (NV EHD): NV EHD ensures that all children in Nevada are screened for hearing loss at birth. Children who are identified with hearing loss receive audiological, educational, and medical intervention.

Source: Nevada Division of Public and Behavioral Health (DPBH) – Nevada Early Hearing Detection & Intervention (NV EHD): <http://dphh.nv.gov/Programs/EHDI/EHDI-Home/>

Department of Education

Career and Technical Education (CTE): Nevada's Career and Technical Education offers six program areas for secondary and postsecondary students. Each area contains specific programs that guide students to one or more career pathways.

Source: State of Nevada Department of Education – Career & Technical Education: http://ctee.nv.gov/Career_and_Technical_Education/Career_and_Technical_Education_Home/

School-based Services

Special Education services are provided to children with disabilities through their local school district. A multidisciplinary team is tasked with establishing an Individualized Education Plan (IEP) which determines the supports that will be provided. School-based supports vary based on school district policy and resources available. The lack of resources and a sufficient workforce result in services being most deficient in the rural parts of the state.

Nonprofits and Community-based Organizations

Nevada Hands & Voices: Nevada Hands & Voices supports families with children who are deaf or hard of hearing, as well as the professionals who serve them. The organization is a collaborative group that is unbiased towards communication modes and methods. This diverse group includes families who communicate orally, with signs, cue, and/or combined methods. Nevada Hands & Voices strives to help deaf and hard of hearing children birth to twenty-one statewide reach their highest potential.

Source: <http://www.nvpep.org/newsupdates/2016/06/06/96-deaf-centers-of-nevada-and-nevada-hands-a-voices.html>

Nevada PEP: PEP services are about empowering families to be life-long advocates for their children through education and skill building. PEP recognizes that parents are experts on their children; and must learn about disabilities, intervention needs, and how to develop a support system to meet those needs.

Source: Nevada PEP: <http://www.nvpep.org/>

Nevada Registry of Interpreters for the Deaf (NVRID): NVRID is a non-profit affiliate chapter (AC) of the Registry of Interpreters for the Deaf (RID). The Registry of Interpreters for the Deaf strives to advocate for best practices in interpreting, professional development for practitioners and for the highest

standards in the provision of interpreting services for diverse users of languages that are signed or spoken.

Source: Nevada Registry of Interpreters for the Deaf: <http://nvrid.org/about/>

Nevada Centers for Independent Living: ILCs provide people with disabilities advocacy and support services, including assistance with employment, transportation, housing, health care and living skills. There are two centers in Nevada, one in Reno and the other in Las Vegas.

Secondary Providers

Beyond the primary providers, there are also demands placed on a number of other systems throughout Nevada that respond to the consumer population. Secondary providers, such as emergency responders, hospital emergency rooms, law enforcement, primary care practitioners, residential support staff, and social services centers often come into contact with consumers who are Deaf, Deaf-blind, or Hard of Hearing and Persons with Speech Disabilities. These providers are part of a continuum of services providing access to care.

Linkage, Advocacy and Coordination Efforts

Nevada has a number of collaboratives, organizations, and workgroups that operate regionally and/or statewide that seek to address systems improvement for consumers. These entities establish linkages, provide advocacy and promote coordination critical to an effective continuum of care.

Deaf Centers of Nevada: Deaf Centers of Nevada addresses the health, social, recreational, and logistical needs of the deaf or hard of hearing population statewide. Deaf Centers of Nevada strives to help deaf and hard of hearing individuals improve and maintain a healthy and independent lifestyle and to maximize their quality of life through equal access to communication, health, and human services, as well as social activities.

Source: <http://www.nvpep.org/newsupdates/2016/06/06/96-deaf-centers-of-nevada-and-nevada-hands-a-voices.html>

Nevada Association of the Deaf (NVAD): NVAD advocates for rights for the Deaf and hard of hearing population. They also provide workshops, trainings, meetings, programs, activities, and referrals for the community as well. NVAD promotes independence, opportunity, accessibility and diversity through their programs and services. They also promote the respect and diversity of the culture, language and heritage of Deaf and hard of hearing people in Nevada.

Source: Nevada Association of the Deaf: <http://www.nvad.org/>

Nevada Disability Advocacy Law Center (NDALC): The Nevada Disability Advocacy & Law Center (NDALC) is a private, statewide non-profit organization that serves as Nevada's federally-mandated protection and advocacy system for human, legal, and service rights for individuals with disabilities. Services provided by NDALC include, but are not limited to: information and referral services, education, training, negotiation, mediation, investigation of reported or suspected abuse/neglect, legal counsel, technical assistance, and public policy work.

NDALC has offices in Las Vegas, Reno, and Elko with services provided statewide. All services are offered at no cost to eligible individuals in accordance with NDALC's available resources and service priorities.

Source: Nevada Disability Advocacy and Law Center: <http://www.ndalc.org/>

Summary of Key Informant Interviews

Key informant interviews were conducted to gain insight regarding the needs of consumers throughout the state as well as the most pressing issues related to service implementation.

Methodology



The Committee identified all key informants to be interviewed, recognizing them as having specialized knowledge about the systems that provide services and supports to Nevadan consumers.

A total of 7 interviews took place.

Interviews took place either over the phone or through written correspondence. Some interviews utilized a sign language interpreter when needed. The interview questions used were developed in consultation with SEI and approved by the Committee. These can be found in the appendix of this report.

All interview participants were assured that no response would be attributed to a specific key informant. The information extrapolated from the interviews has been aggregated and summarized for the purpose of this report.

Key Informant	Organization	Perspective
Antoinette Lewis	Clark County School District	Parent of a Deaf Child / Teacher
Jared Pearce	N/A - Consumer of Services	Deaf Young Adult
Kevin Carter	Deaf Centers of Nevada	Provider
Jennifer Montoya	N/A - Consumer of Services	Deaf Parent of a Hearing Child
Delmo Andreozzi	Elko Commissioner	Adult Child of Deaf Parents
Margarita James	N/A - Consumer of Services	Hard of Hearing Person
Nick Easter	Department of Education	Provider

Needs of Consumers

Key informants were asked to describe the most significant needs or challenges facing consumers throughout Nevada. In addition, they were asked to assess the extent to which those needs are currently being met and to identify the greatest gaps in services.

There was a general consensus that there are simply *not enough resources* available to consumers throughout the state, with at least four key informants identifying the issue as exacerbated in the rural and frontier areas. Some specific areas of need are explored further below.

“Deaf people are leaving the state for needed services.”

Key Informant

Employment Supports

Key informants identified the need for additional employment supports for consumers. Some specific needs identified included:

- Job coaching
- Workforce preparation such as resume writing, completing applications and developing interview skills
- Working with employers to help them in understanding and hiring consumers
- Opportunities for consumers and their “hearing” coworkers to socialize to build a more understanding work environment
- Access to social enterprise opportunities

Educational Supports

Key informants identified the need for additional educational supports throughout the educational system (pre-k through college). Some of the specific needs identified included:

- Access to information about educational services prior to the age of three
- Support for kids in graduating with a full diploma (not an adjusted diploma)
- Transition support between educational systems
- Coordination between school systems and other complimentary service providers (NEIS, therapists, etc.)
- Educators and administrators understanding the needs of consumers
- Additional Deaf Education Teachers and training programs
- Deaf schools in Nevada which offer fair compensation and have the ability to be financially viable
- Tailored approach to meet each individual student’s abilities

Interpreter Services

Key informants identified a number of needs and issues surrounding interpretation services including:

- Need for increased access to interpreter services
- Grow interpreter workforce
- Ensure interpreter pay structure is not a disincentive to provide services
- Develop interpreter standards and hold people accountable to such standards.

- Educating consumers about how to access interpretation assistance and/or request accommodation.
- The need for service providers in the community to offer interpretation assistance to their clients, patients, and customers.
- Need for more social interaction between interpreters and the deaf community to create a shared understanding of the Deaf culture.

Connectivity

Key informants indicated that some Deaf people in Nevada are isolated and not connected to services. There was an identified need to locate these “hidden” individuals and get them connected to resources as well as social activities that can assist them in living full and rewarding lives.

Independent Living Assistance

One key informant identified the need to provide additional supports to consumers who are aging and need independent living assistance. This informant identified the fact that many families play this role for these aging consumers, but that there was a need to develop additional supports in this area for those consumers who don't have that type of family support system.

Ability to Communicate

Key informants pointed out that the ability to communicate with family, friends, service providers, community members, and employers was the largest issue facing the consumer community. Issues associated with communication included:

- Language barriers – for those consumers who have been exposed to languages other than English (such as Spanish, Tagalog or Mandarin), there are translation/interpretation issues.
- ASL is an avenue that can assist consumers in being able to communicate, but these resources are not always available or accessible.

Other issues identified by key informants include the need for best practices implementation, advocacy amongst the consumer population, knowledge about technology resources, increased information dissemination and the need for Deaf Mentors.

Coordination of Efforts

Being that consumers often receive services through multiple systems and providers throughout their lifespan, it was important to understand how often services are provided in a coordinated and consistent fashion. To understand this, key informants were asked to share their opinions about how well programs work together to help people.

There were mixed opinions about how well programs work together in Nevada. While some people recognized that coordination does occur, it tends to be in certain circumstances and with some providers. Challenges noted in coordination of efforts included:

- Varying levels of professional expertise amongst service providers.
- Varying perspectives about how consumers and families should function or identify themselves.
- Competing priorities tend to get in the way of collaboration activities.
- No centralized directory of Deaf service providers.

Despite these challenges, there is hope that better coordination will occur in the future with the expansion of the new Deaf Centers of Nevada. At least two key informants identified that the Centers will serve this function, having worked to develop relationships with the provider base.

System Strengths

Key Informants were asked to describe strengths of the services system in an effort to identify what should be maintained, expanded, or leveraged for continued progress in service to consumers. While some informants provided existing strengths, other described what could be nurtured as a strength. Both perspectives are provided below.

Current Strengths

- **NEIS:** One key informant identified NEIS as working well to get people the services they need.

Emergent Strengths

- **Recreational Opportunities:** One key informant described hosting a “Deaf Night Out” event once a month, which is getting approximately 20-40 attendees.

Potential Strengths

- **Mentors:** Establishing mentor relationships between individual consumers can help those “new to the game” to understand how to navigate the system and get the assistance they need.
- **Deaf Club for Kids:** Establishing an opportunity for families to interact with their deaf children will allow the children to feel like they are equal members of their family.
- **Enhancing Understanding of the Deaf Community:** Utilizing Deaf people to help the hearing world understand what the issue is and how to jointly solve the problem.
- **Strategic Thinking:** Need to listen to what business, legislature and the Deaf communities need before demanding change.
- **ASL Education:** One key informant suggested utilizing the deaf community to teach ASL as an opportunity to increase understanding and encourage interaction.
- **Home-based Services:** to ensure access to care, service providers should be able to deliver services “on their doorstep.”

“Picture sitting at a table watching people laugh and wondering what happened/was said and being told, “I’ll tell you later... only later never comes.”

Key Informant



System Challenges

Key informants were also asked to describe the areas within the system that don't work well when people are trying to get the services they need.

Access to Information

Multiple key informants described the need to increase awareness about the rights of consumers and the resources available to them. The current system does not promote information dissemination, leaving many without the resources they need.

Self-Determination

Two key informants identified the need to equip consumers to make decisions on their own behalf. The current system doesn't always support this approach as it requires additional time and explanation between consumers, family members, and providers.

Transportation Options

The lack of sufficient transportation options leaves many unable to access the limited resources that are available. The service system could work in tandem with transportation providers to ensure adequate access.

Collaboration

Services are still occurring in silos. Collaboration to ensure a continuum of care throughout the lifespan is necessary. Braiding programs and funding can maximize resources and better serve consumers.

Awareness about Resources

Key Informants were asked to describe how well individuals know what services are available and how to access them. While the majority of key informants identified a deficiency in the amount of information that is known or shared with individuals needing services, there were a couple that had a different perspective.

- One key informant described two populations of people in terms of knowledge about services. There are those that know about services due to their intimate involvement with them, and then the majority of others that know nothing about services. This informant described that there was no "in-between" - stating people were in one category or the other.
- Another key informant stated that those in the deaf community are aware of resources while others were not.

Some people identified the need to increase outreach and education efforts, offering opportunities such as social media, word of mouth, and advertisements at consumer-related functions as ideas about how to increase awareness and access to resources.



Critical Issues

In an effort to prioritize action, key informants were asked to identify the most important issues needing to be addressed to meet the needs of consumers. The following is a summary of the responses:

- ✓ Increase Access to Services (particularly in rural areas)
 - Full spectrum of health and wellness, including mental health
 - Communication services that intermingle/cross-platform communications
- ✓ Increase Interpretation Services
 - Increased availability of services
 - Increased quality of services
 - Equal access to interpretation services
- ✓ Enhance Family Support Services
 - Increased education about the needs of their deaf family member
 - Increase understanding about technology resources
 - Tips and techniques on how to ensure deaf family member is an equal participant in family life
- ✓ Improve Employment Support Services
 - Access to Jobs
 - Job coaching
- ✓ Prepare Kids for College
- ✓ Provide Additional ASL Classes
 - For parents so that they can communicate with their children
 - For educators so that they can communicate and understand the needs of their students
 - For everyone – establish a bilingual society
- ✓ Provide Life Skills Education

Innovative Approaches

Key Informants were asked to describe other programs and approaches that are working elsewhere that should be considered in Nevada.

- **Education Systems:** The following systems were noted as good examples of educational systems that serve the consumer population:
 - California School System
 - Gallaudet Online Learning Program
 - Washington, DC Deaf Schools

- **Commission:** A commission that represents service providers, as well as the consumer population, was identified as an innovative approach that Nevada should consider. Options offered for consideration included Commission's found in:
 - Minnesota
 - Indiana
- **Interpreter Training Program:** It was identified that Nevada should develop a four-year interpreting program so that interpreters could improve their skills and get higher certifications.
- **Deaf Teachers Training Program:** Idaho State University has a program that should be considered.
- **Family Mentorship Program:** One key informant identified the need to develop a mentoring program between families of deaf children so that they can help each other throughout the child's life from birth to eighteen years old.
- **Research and Learn from other State/City Systems:**
 - Austin, Texas
 - Maryland
- **Other Programs:** The following were identified as innovative programs that should be considered in Nevada:
 - Los Angeles Agency on Deafness
 - GLAD Center
 - San Francisco Deaf Hope
 - Deaf Community Services in California – Support Groups
 - Advocacy Services for Abused Deaf Victims
 - NOMORE
 - Deaf Hope
 - Deaf Women United



Summary of Consumer Surveys

An online survey was distributed to Nevadan’s who are Deaf, Deaf-blind, or Hard of Hearing and Persons with Speech Disabilities to solicit input regarding the strengths and weaknesses of the current system as well as their suggested solutions for any identified deficiencies.

Methodology



The Committee approved the 10 questions survey tool which can be found in the appendix. Consumer surveys were translated into ASL, videotaped and inserted into the Survey Monkey tool. The electronic survey was then distributed through the Committee. SEI also promoted survey completion through their Facebook feed and through a Facebook advertisement. Surveys were collected over a period of 29 days (June 3 – July 1, 2016).

A total of 95 surveys were collected

The number of responses varies for each question as not all respondents answered every question on the survey. The number of respondents for each question, represented as the ‘n’ value, is listed in the title of each graph

Profile of Survey Respondents

Affiliation

The survey tool asked respondents to identify a category that best described their profile/affiliation. The majority of all respondents were either deaf (31.6%), a caregiver (31.6%), or an advocate (30.5%). People who are hard of hearing also made up a large portion of respondents (18.9%).



31.6% of survey respondents identified as deaf.



31.6% of survey respondents identified as caregivers.



30.5% of survey respondents identified as advocates.

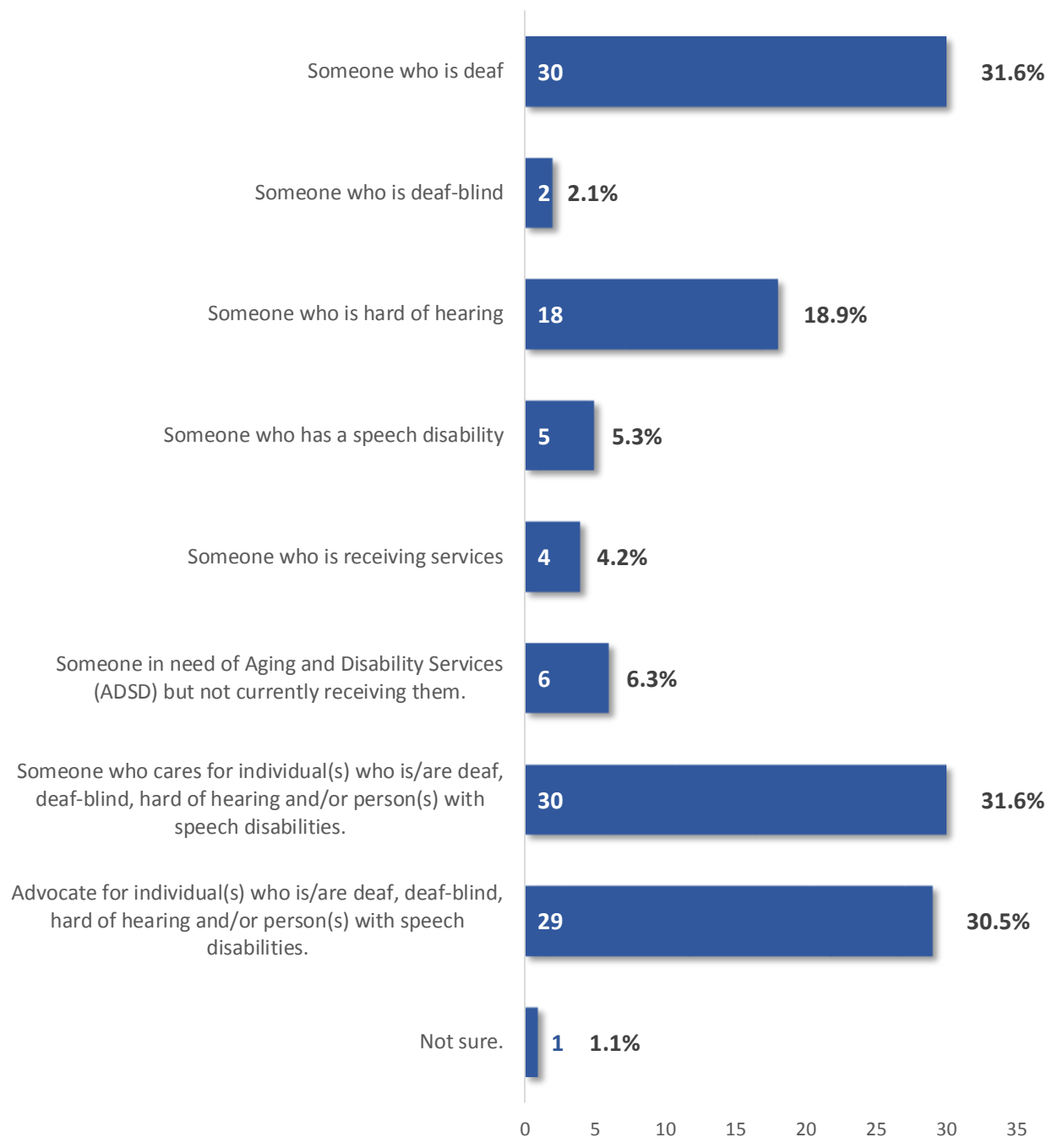


18.9% of survey respondents identified as hard of hearing.

Survey Respondents

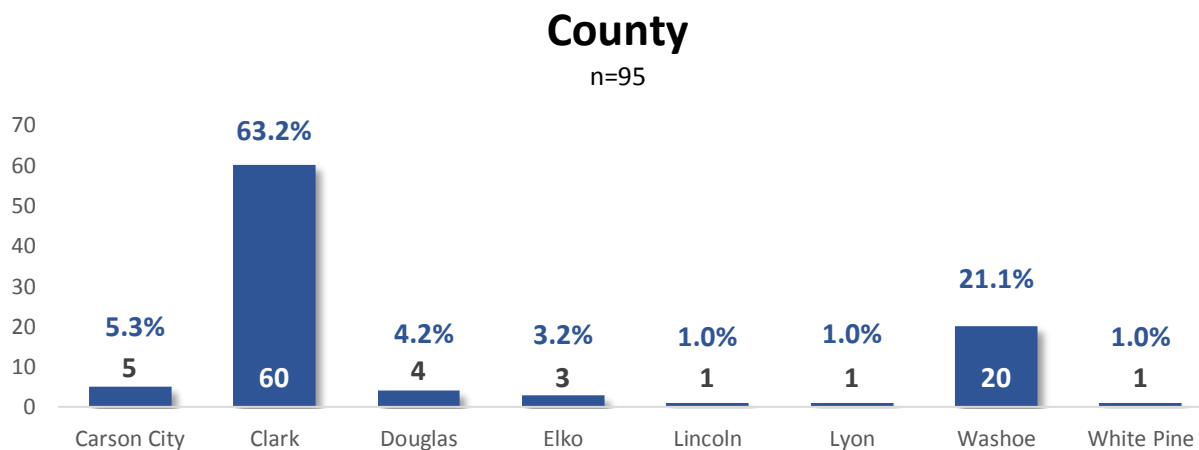
n=95

(Percentages may be greater than 100% since multiple options may apply to each respondent)



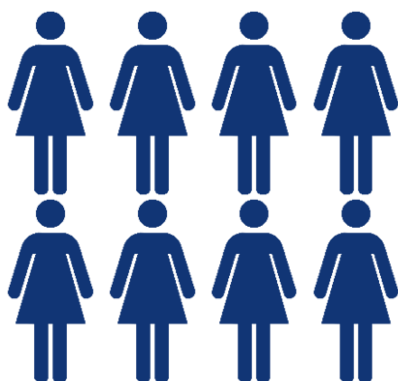
Geographical Representation

Respondents were asked to identify the county that they live in. The majority of respondents live in Clark County, (60 of 95 or 63.2%). Twenty respondents (21.1%) live in Washoe County, while fifteen (15.7%) live in the rural and frontier areas of the state. Some counties did not have any respondents and are not listed in the chart above. Those counties are: Churchill, Esmeralda, Eureka, Humboldt, Lander, Mineral, Nye, Pershing, and Storey.



Gender

A majority of survey respondents who responded to the online survey were female (77.9%) while 22.1% were male.



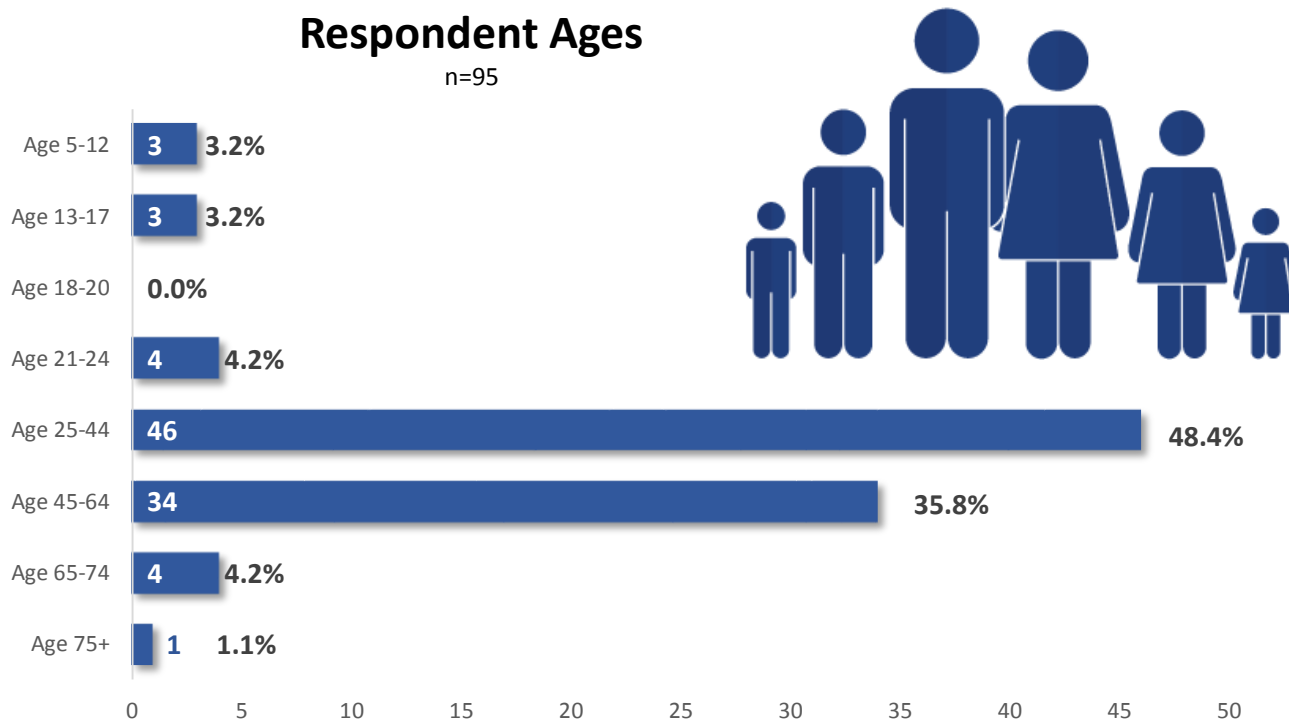
*77.9% of Survey Respondents identified as **female**.*



*22.1% of Survey Respondents identified as **male**.*

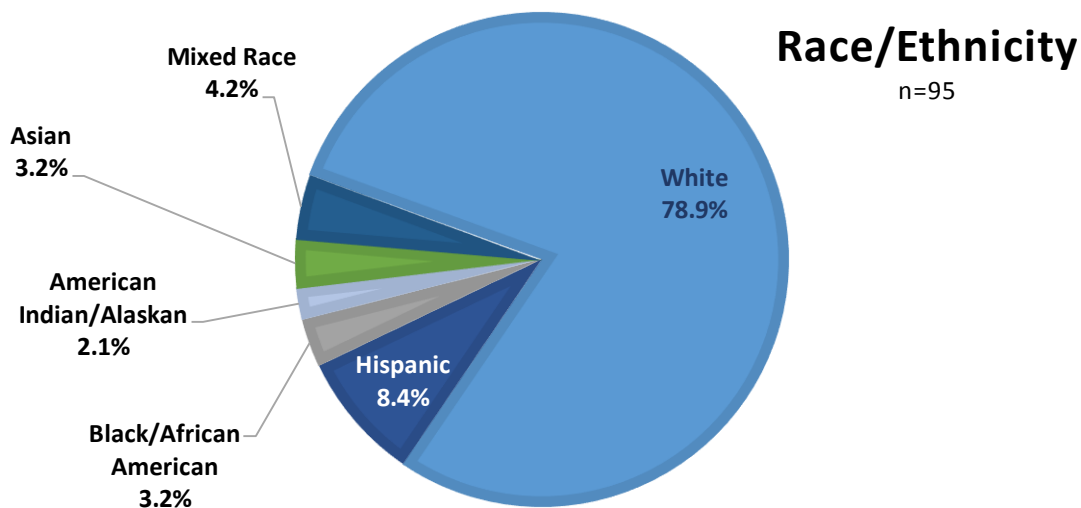
Age

Almost all respondents were either between the ages of 25-44 (48.4%) or 45-64 (35.8%). Six of the 95 respondents were under the age of 18 (6.4%) while five were age 65 or older (5.3%).



Race/Ethnicity

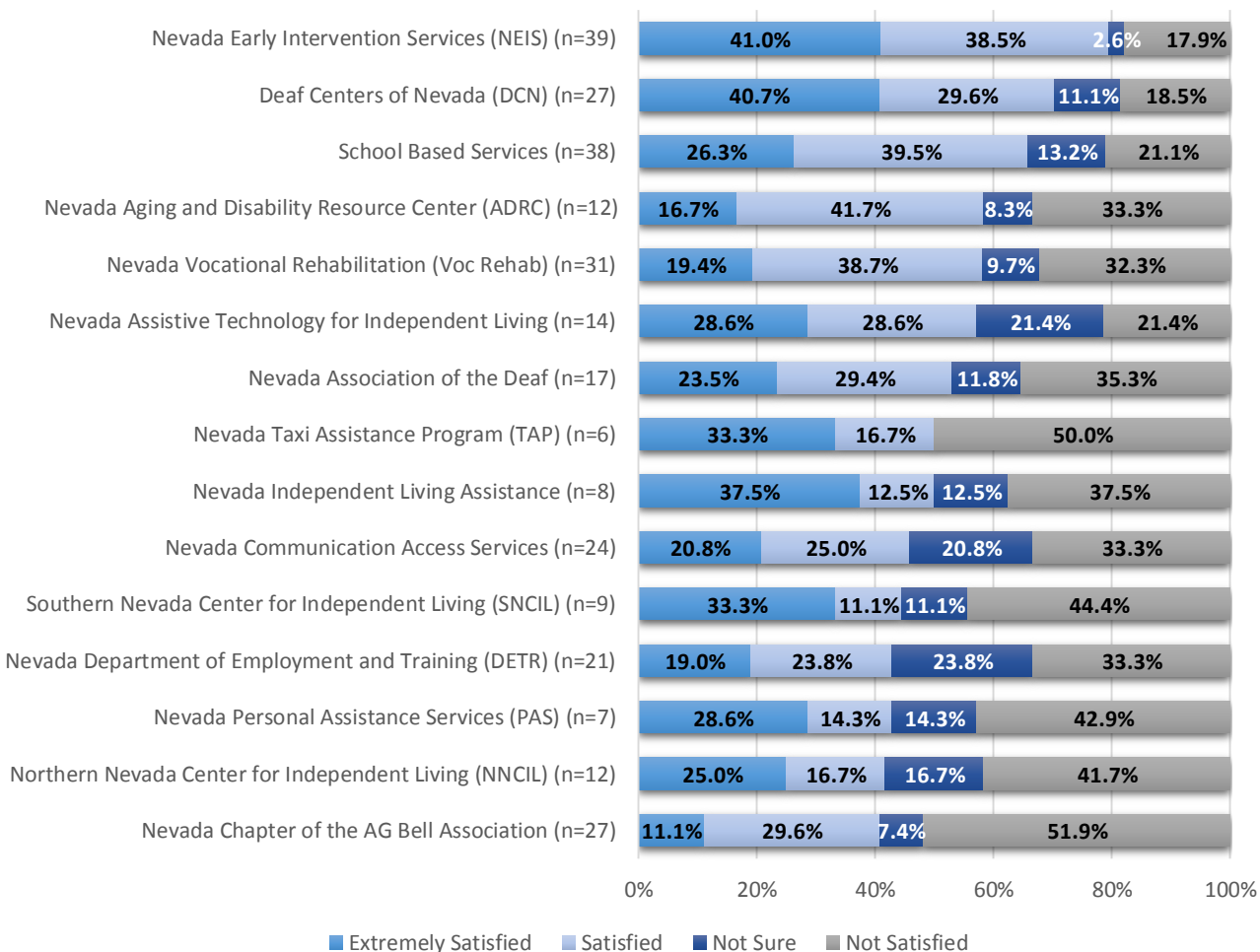
A majority of the respondents were White (78.9%) while Hispanics made up the next largest group (8.4%). The combination of the other races represented 12.7% of the respondents. There were no respondents that identified as Pacific Islander or Other.



Satisfaction with Services

Survey respondents were asked to rate how satisfied they were with the services that are available through specific service programs/providers throughout Nevada.

Satisfaction with Services



Services that received the highest amount of satisfaction (with people indicating either extreme satisfaction or satisfaction) were Nevada Early Intervention Services (79.5% satisfied), Deaf Centers of Nevada (78.3% satisfied), and School Based Services (65.8% satisfied).



79.5% of survey respondents were either extremely satisfied or satisfied with **NV Early Intervention** services.

78.3% of survey respondents were either extremely satisfied or satisfied with **Deaf Centers of NV** services.

65.8% of survey respondents were either extremely satisfied or satisfied with **School-based services**.

To further understand satisfaction with services, responses were separated by those that self-identified as someone who is a consumer (a person who is deaf, deaf-blind, hard of hearing and/or person(s) with speech disabilities) and someone who identified as a caregiver/advocate. Respondents who identified as someone in need of Aging and Disability Services but not currently receiving them were not included in the analysis. Six respondents identified with both groups (consumer and caregiver) and are represented in both categories.

Service	Consumers		Caregivers & Advocates	
	n	Extremely Satisfied or Satisfied	n	Extremely Satisfied or Satisfied
Nevada Early Intervention Services (NEIS)	9	44.4%	30	90.0%
Nevada Aging and Disability Resource Center (ADRC)	5	40.0%	7	85.7%
Nevada Assistive Technology for Independent Living (AT/IL)	7	42.9%	7	85.7%
Nevada Communication Access Services	13	30.8%	11	63.6%
Nevada Taxi Assistance Program (TAP)	3	33.3%	2	100.0%
Nevada Department of Employment and Training (DETR)	12	41.7%	10	60.0%
Nevada Vocational Rehabilitation (Voc Rehab)	17	58.8%	15	66.7%
Nevada Personal Assistance Services (PAS)	4	50.0%	3	66.7%
Nevada Independent Living Assistance	5	60.0%	3	66.7%
Northern Nevada Center for Independent Living (NNCIL)	7	42.9%	6	66.7%
Southern Nevada Center for Independent Living (SNCIL)	5	40.0%	4	75.0%
School Based Services	11	63.6%	28	64.3%
Deaf Centers of Nevada (DCN)	14	57.1%	13	92.3%
Nevada Association of the Deaf	12	41.7%	6	83.3%
Nevada Chapter of the AG Bell Association	12	33.3%	15	53.3%



As the table above indicates, a higher percentage of caregivers and advocates were satisfied with services compared to those who identified as consumers. Services with over a 40% difference in satisfaction were Nevada Early Intervention Services (NEIS), Nevada Aging and Disability Resource Center, Nevada Assistive Technology for Independent Living, Nevada Taxi Assistance Program, Deaf Centers of Nevada, and Nevada Association of the Deaf.

Barriers to Services

Respondents were asked to identify, among a list of issues, those they believed were barriers to services. A total of 77 respondents answered this portion of the survey (n=77). The issue that was identified most was that there are not enough service providers, with 73% of the survey respondents identifying it as a barrier. This was closely followed by not knowing where to get the help needed and not enough services available, both of which were rated as barriers by 71% of survey respondents.



73% of survey respondents (n=56) identified **not enough service providers** as a barrier.

Of those 56 respondents, 71.5% of them rated the issue as a big or medium problem.



71% of survey respondents (n=55) identified **not knowing where to get the help they needed** as a barrier.

Of those 55 respondents, 76.4% of them rated the issue as a big or medium problem.



71% of survey respondents (n=55) identified **not enough services available** as a barrier.

Of those 55 respondents, 70.9% of them rated the issue as a big or medium problem.



69% of survey respondents (n=53) identified **no local services available** as a barrier.

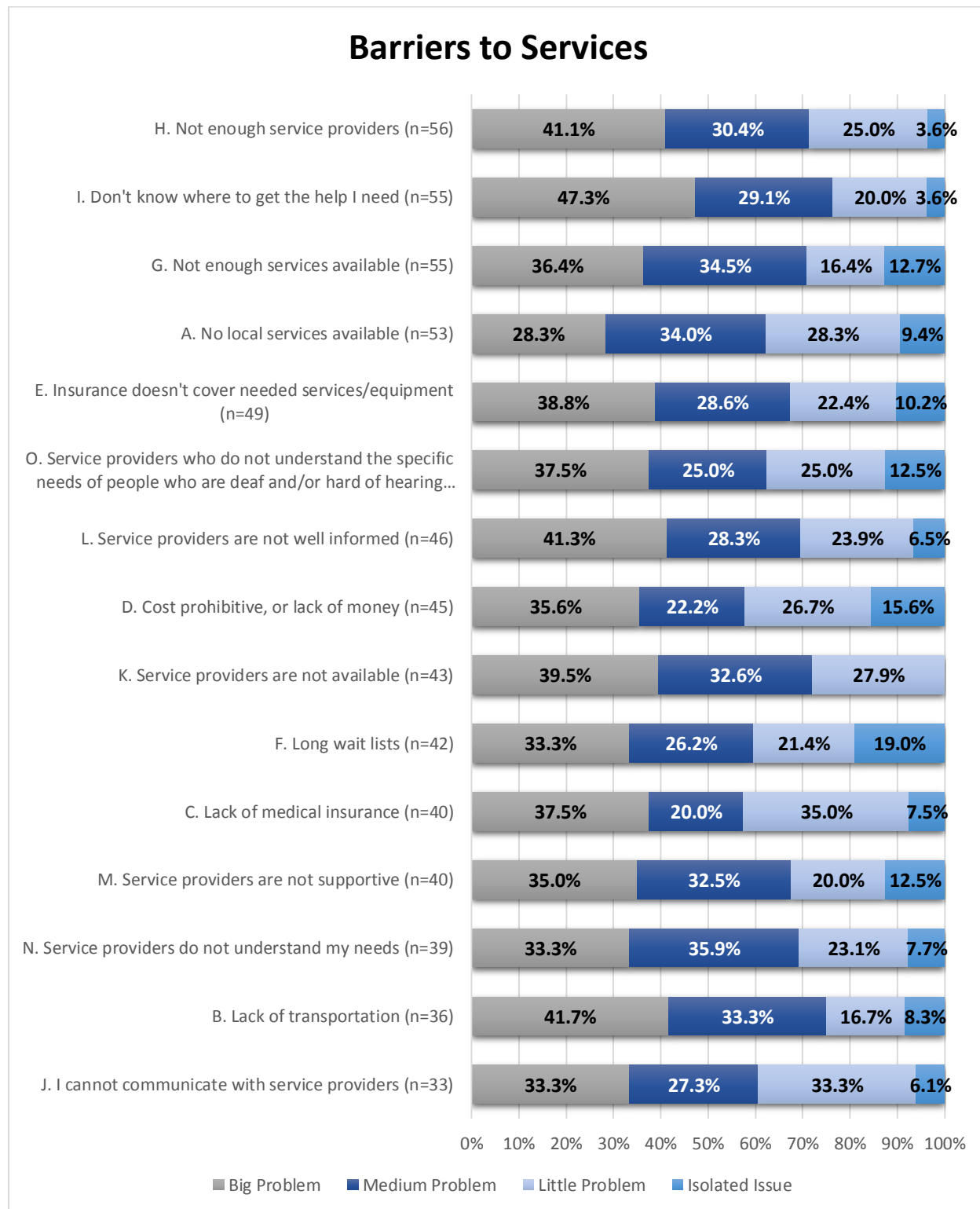
Of those 53 respondents, 62.3% of them rated the issue as a big or medium problem.



64% of survey respondents (n=49) identified **insurance not covering needed services/equipment** as a barrier.

Of those 49 respondents, 67.4% of them rated the issue as a big or medium problem.

The chart below lists the barriers to services by order of how many people thought it was a problem. It also includes the extent to which it was identified as a problem (big, medium, little, isolated issue)



Further analysis of the barriers to accessing services reveals that consumers identified issues to be a big problem more often than caregivers and advocates. The chart below demonstrates the differences when separating the responses from these two groups of survey respondents.

Barriers	Consumers		Caregivers & Advocates	
	n	Barrier Identified as a Big Problem	n	Barrier Identified as a Big Problem
No local services available	26	34.6%	30	23.3%
Lack of transportation	14	64.3%	22	27.3%
Lack of medical insurance	18	44.4%	21	28.6%
Cost prohibitive, or lack of money	22	36.4%	25	28.0%
Insurance doesn't cover needed services/equipment	23	52.2%	29	20.7%
Long wait lists	19	36.8%	25	24.0%
Not enough services available	27	33.3%	31	38.7%
Not enough service providers	25	44.0%	34	38.2%
Don't know where to get the help I need	24	54.2%	32	40.6%
I cannot communicate with service providers	16	37.5%	20	25.0%
Service providers are not available	21	52.4%	24	29.2%
Service providers are not well informed	23	52.2%	26	30.8%
Service providers are not supportive	21	52.4%	21	19.0%
Service providers do not understand my needs	19	47.4%	22	22.7%
Service providers who do not understand the specific needs of people who are deaf and/or hard of hearing	23	47.8%	28	32.1%



The only area in which caregivers and advocates rated a barrier to be a big problem more often than consumers was in regards to not enough services being available. This is likely due to their role in the lives of consumers, assisting them in accessing care as a primary responsibility.

Barriers that had over a 30% difference between the two groups were a lack of transportation, insurance doesn't cover needed services/equipment, and service providers are not supportive.

Critical Issues

Respondents were asked to identify what should be the focus of efforts to address the needs of people who are Deaf, Deaf-blind, or Hard of Hearing and Persons with Speech Disabilities. Responses are separated by consumer and caregiver/advocate.

Consumers



- #1** *Access to Interpreters*
- #2** *Job training and employment readiness support*
- #3** *Access to assistive technology*



Caregivers/Advocates

- #1** *Additional school-based supports*
- #2** *Access to information about resources available – through the use of a website*
- #3** *Job training and employment readiness support*

One item that was not listed on the survey as a potential area to focus on was ASL classes. Six of the 12 people who selected 'other' in the survey tool indicated ASL classes (some specified classes for family members) as a top issue to focus on. ASL classes and their affordability was also mentioned in one of two Facebook comments on a post used to promote the survey.

It is possible that had ASL classes been offered as an option, that more people would have indicated it as an area to focus on.

Combined results for all survey respondents are provided in the table below according to the total number of respondents.

Top Issues to Focus Efforts	Number of Respondents
Job training and employment readiness supports.	33
Additional school-based supports.	31
Access to information about resources available - through the use of a website.	30
Access to assistive technology.	24
Access to interpreters.	20
Access to screening and diagnosis services.	16
Employment accommodations.	15
Access to mental health services.	9
Emergency preparedness.	8
Post-employment supports.	5
Other: ASL Classes	5
Other: Access to knowledgeable person	1
Other: Health Insurance	1
Other: Housing	1
Other: Infant-Toddler Programs	1
Other: Money to buy glasses or hearing aids	1
Other: Specific social workers and professionals for Department of Health and Human Services	1
Other: State access violations	1



Personal Experiences

The survey asked respondents to provide a voluntary testimonial as a way to further understand the unique family experiences of individuals who are Deaf, Deaf-blind, or Hard of Hearing and Persons with Speech Disabilities. The following section provides respondent testimonials. Names and other identifying information have been removed, otherwise comments are provided as submitted.

Survey Respondent Testimonials	
1	<p>I have personal friendships with Deaf/deaf/HOH individuals in my city. They all have stories and frustrations about the services, or lack of services (or efficiency of services), for them. For example, one of my closest friends decided to get cochlear implants and her insurance (thankfully) covered her surgeries. Post-surgery, there was ONE SLP in Las Vegas that could activate/map her implant. This SLP did not use sign language and furthermore, she is not qualified to map (she is not an audiologist). But due to [not] having ANY other options we had to settle for that. Thankfully, she soon left NV to attend graduate school at RIT where she received auditory-verbal therapy. Furthermore, I have heard that LV surgeons are no longer accepting Medicaid due to billing issues in our city. This is just one example of a frustrating situation that keeps circulating in Las Vegas! There are limited resources and those resources themselves are severely LIMITED. Thank you!</p>
2	<p>I was very lucky to get my hearing checked by Anderson Audiology who referred me to RAGE when I mentioned that I couldn't afford new hearing aids. After RAGE moved my case for hearing aids to Easter Seals who was nice enough to get me hearing aids recently. It took two years which was difficult, but I am very appreciative. [a staff person – name removed] from Anderson Audiology was nice enough to get me in touch with [a staff person – name removed] from Captel. She was not only great about getting me my caption phone yesterday. She is also nice enough to be helping me get a doorbell with the strobe as I mentioned to her that I have trouble hearing the doorbell. I am so glad to be getting the help and will pass the information on to help others as well.</p>
3	<p>I [was] diagnosed as individual with hard of hearing since I was five years old. We moved to California so I could attend a school for deaf and hard of hearing. Once the teachers told my parents that I had advanced in my academic skills, we moved back to Nevada. My experience in the CCSD was that I had to be a advocate for myself regarding my hearing loss. I was never classified as Special Education, but I needed to work twice as hard to be successful in school. I was able to graduate from high school and from college with Bachelors and Masters degree in Special Education. Personally, I think there should be a bachelor, masters, or a doctorate degree program for those who would like to educate or service the deaf or hard of hearing individuals.</p>

4	I am retired deaf Vocational Counselor from CA Dept of Rehab for deaf & hard of hearing. Services are not available in Reno area. I had medical facilities refuse to provide interpreters for appointments, treatment & communication access. There are no closed captioned movies available in theaters in Reno & businesses refuse to provide interpreters. Very frustrating for my ability to be heard.
5	It can be isolating to feel like once you become an adult you are abandoned & left to fend for yourself and told you no longer need services & rehabilitation even though Deafness is a lifelong disability!!
6	HH father, deaf mother with deaf 11 year old son. We both work for the county. NV is HORRIBLE for the deaf community.
7	A lot of people struggle here. They make a lot of comparison with California. I believe we need to look at programs/agencies such as CTAP, NorCal Center in Deafness, Greater Los Angeles Agency on Deafness (GLAD), CSD school and their college career/work readiness program.
8	I have issues with doctors denying interpreters or only willing to provide Video Relay Interpreters. I went to an E.N.T. last year. The doctor REFUSED to provide an interpreter. I had to fight with his clinic over this. He still refused. I filed an ADA complaint and they found him in the wrong.
9	I don't understand why Medicare won't pay for hearing aids, dentures, or special eye glasses.... it creates a BIG PROBLEM.
10	I don't know what services are provided for those who are Deaf/Blind. Is there a way to get assistive technology with little or no cost to me? Is there transpiration provided for someone like me other than public or taxi? Are there other people out there who are Deaf/Blind that I can collaborate with or get to know? Where is the Deaf community? When and where do they meet? Will the place have enough light for me to be able to interact? Are there any events that are in the North Las Vegas or at least central Las Vegas?
11	my son, now 44, seemed like he was okay, so we did not pay attention, and as years went by, he seemed to lose connection with people, became socially isolated, then medical problems occurred, now he is a dialysis patient (heart/kidneys). I feel he and others should be followed in school system through college to ensure services and help engage them with society, as well as families being educated about how to better support these family members. from his mother. thank you.

12	<p>I used lived in California six years for deaf school In Fremont, I moved back to Sparks because my families lived there and got job of ups but what I face most lack service when I need most this area, no Interpret allow in hospital or dmv and hard time to get other job most of them said deaf not allow because of communication. This huge problem with this Nevada. We need set up new deaf center with help what we need from A to Z from employment to College and doctor to DMV. To cross all the state</p>
13	<p>I live in South Lake Tahoe and basically the ONLY accommodation we have here is Interpreting services that's it</p>
14	<p>I will complete my studies/training next year. I am concerned in finding a job. Will I have an interpreter who understands what's involved? Will I secure an interpreter on the short notice? on the very short notice? That will be problematic when schools are in sessions when I need an interpreter for job interviews, accommodation when newly hired, etc. Severe shortage of interpreters in Reno - Carson City area. Are there employers eager to hire deaf people? Into the respectable positions that give prestige and dignity to the employees? Significant job availability in the area - how do deaf people get involved in networking? They have no way to know the current job availability - they usually are at the disadvantage... How can they get ahead? How about giving them the equity - someone who invests in the best interests in these prospective deaf job seekers</p>
15	<p>Nevada is one of fewest states that have many lack of services for deaf and hard of hearing residents. Focus on common issues that need to be addressed here in Nevada. Need to educate all health clinics, hospitals, courthouses, law enforcements about deaf people's communication access through interpreters regarding ADA law. We still have issues with doctors who refuse to provide interpreters because they are quite expensive to hire. They ask us to bring a friend or a family member to interp. It is completely wrong. Hospitals/clinics should take their responsible to replace VRIs immediately when they have tech problem instead of leaving them useless. I was surprised they did not ship the broken one immediately. I don't know if they addressed it right away</p>
16	<p>Because of my speech, people think I am Developmentally Disabled and I'm not, I am a highly functional/intelligent women, I have attempted to get hearing aids, I've gone through Voc rehab @ Job connect, but because I couldn't do the research they wanted me to do, they wouldn't help me, I have been trying for 5 years to get implants to help with my speech because my teeth are falling out but the one dentist I am going through wants an astronomical amount of money for just a crown, and out sources everything, he is also not in my dental plan network. I just need help in these 2 areas and don't know where to find it!</p>

17	<p>My family is trying very hard to learn ASL to support our youngest daughter. She is vision and hearing impaired and has other health issues. We receive many therapies and support from NEIS, including family ASL classes in our home. I would like additional formal ASL learning opportunities for our family, especially for my school-aged children. We are never going to become fluent with lessons 2x's a month.</p>
18	<p>It sucks</p>
19	<p>Though not deaf or hard of hearing myself I have worked with these individuals and their families for most of my career. There is not enough support for families of Deaf/HOH children beginning when a hearing loss is suspected. There are not enough audiologists who work with little children, not enough access to appropriate hearing aids/cochlear implants. School services need to be improved in every area and at every age; a separate school campus for Deaf/Hard of Hearing students is paramount to provide access to supports inside and outside the classroom. There needs to be better communication among the stakeholders. Not enough students graduate with a regular diploma ready to move onto college or the workplace with appropriate skills. We must prepare our students to be literate tax payers.</p>
20	<p>Long school bus rides to D/HH programs in various parts of the city. Better to have programs together to support language, socialization and shared resources.</p>
21	<p>What I find most often is that the parents are not informed about the services available for their students. They do not know how or where to look for them and there is often a language, non-English speaking, barrier. As an educator, I am not aware of all the services that are available in the state of Nevada. I would love information on all of the various services for our students.</p>
22	<p>When my youngest child was born 01/21/10 she did not pass her hearing test, repeated tests were done in the hospital she failed all. I was referred to Ear, Nose and Throat Consultants of NV the only office that accepts the Nevada HMO HPN plan. She was 6 mo. old and very cranky that day, the test was inconclusive I was advised not to be too concerned and since my other two children 9 & 10 had normal hearing. But by the age of 2 1/2 my daughter had not developed normal speech like others her age, I then discussed my concerns w/her pediatrician, who referred me to child find, there is where my daughter had an appt. with the audiologist and then begin preschool through special education services and received her first pair of hearing aids through my ins when she was 3 1/2 years old. When my daughter was 6 months I should have pursued further and she could have had her hearing aids before 1yrs old which would have helped with her speech, I wish I had been better informed about the importance of when your baby does not pass the newborn hearing test and what it indicates, steps to take etc.</p>

23	<p>We need a site-based deaf education program again. Since they broke up the deaf/hard of hearing students, their education has gone down-hill. They need to be on one campus and not be in multi-grade classes. We need a standard for ASL skills for all the staff working with the d/hh students. We need administration who have training and care about our kids. We need a program for deaf-blind students again. We need programs for the deaf-autistic and deaf-intellectually impaired students. We need stronger language models for the d/hh students. We need vocational programming for them so they can work after finishing school and not relying on SSI. We need parent involvement and for the parents to learn ASL.</p>
24	<p>Kiana is 16, almost 17 years old and we have had to fight for the little bit of assistance, resources and education that we receive. She has deaf plus issues and a lot of the different groups state that they are unable to help because she isn't JUST deaf. We tried to get with other families for support and socially but most of the families are too overwhelmed or don't want to join. Programs or groups would start up but then quickly dissolve due to attendance issues and lack of information/support.</p>
25	<p>My husband has been wearing hearing aids the last 7 years. He is not satisfied with personnel in Elko and has tried to access information from these specialists regarding new aids or new "techniques". I have asked him to check with the university settings where there might be new research or a "choice" for specialists but that means he will have to travel at least 4 hours to see a new person. That may be the price we pay for in Elko county, I respond, but he is frustrated with services here.</p>
26	<p>Others do not understand being hard of hearing.</p>
27	<p>As a parent of a child who is deaf and implanted with a cochlear, the journey begin with much confusion and not knowing what to do. We unfortunately were not informed about all of our child's options because of the language barrier (no Spanish interpreter...this is being typed by my friend who speaks English). We were fortunate to be introduced to [a staff person – name removed] from NEIS. What a wonderful and refreshing contrast to the professionals in the community we first were set up with. We wanted our child to speak but were unaware of the choices we had though we expressed many times that we wanted to try anything to be able to communicate with my son. My wife and I are well educated and understood the importance for our son to be able to communicate. [a staff person – name removed] referred us to [a staff person – name removed] and together, we worked on education and developing our son's ability to communicate. There were no judgments or no preconceived ideas on how my son should be communicating. The start was slow, but after time, he started to communicate verbally with the assistance of sign. I hope that other families do not have to experience what we did with the lack of communication, but thankfully, with the support and assistance of those mentioned above, I know my son will continue to progress and communicate effectively with his mother, myself and his siblings....and others!</p>

28	My daughter is deaf and I have a hard time when people speak to my child and she doesn't acknowledge them because I try to come off rude but people seem to take me the wrong way when I tell them I'm sorry she doesn't hear you she is deaf
29	My son never gets speech (how to learn speech) at elementary school since he was in 2013 to stop from school lady never taken him to learn to speech. He unhappy.
30	I have acquired hearing loss and support school aged children. It is difficult for me at times and I can't imagine how our kids struggle. It seems the hearing always know what we can hear and what our experience is....they are so wrong. CCSD does not serve our kids and the outcomes speak for themselves. Most of our kids don't graduate....can't effectively function in the hearing or deaf culture. Teachers need to be competent and proficient in ASL which would provide the language base our kids need to become successful. Serious efforts need to be invested in getting competent teachers....not the one that say oh I sign....ASL in English word order....what? I want teachers who are trained in deaf/hard of hearing, want competency testing for signing teachers and want a continuum of services for students.....total communication does not work
31	I raised two deaf sons in Nevada and it's sad, but after high school, I encouraged them to leave this state. One lives in California and works in IT in the defense industry. He has access to a large, Deaf community and though he works well in a hearing world, he's grateful for easy access to interpreting services, assistive technology and employment accommodations. His younger brother is studying for his PhD in psychology at Gallaudet and also has a large Deaf community for support. He is considering an internship at UNLV to save on some costs but I am encouraging him to look in areas with a younger and larger Deaf population.
31	Work experiences in the past have been a challenge, I felt I could not move up in the company due to my hearing, if I had the chance or the knowledge of knowing what services or support I can get as for technology. Another was the knowledge or Resources into having my own business. Being a minority female and nearly deaf and I was told from SCORE at UNR that there was no such loan or support to help the individuals to opening a business because they never heard of any, which I know is very untrue but I didn't know who to turn too. Therefore gave up on pursuing my dreams.
32	My beloved parents were deaf; there are some relatives members who are hard of hearing. Moving to Nevada from Massachusetts was cultural shock about 26 years ago. I noticed that Nevada has very very limited services for the deaf and hard of hearing comparing to Massachusetts. The state has many services and mental health services for the deaf and hard of hearing, ages 0 to elderly.

33	<p>I provide early intervention services and work in a charter school setting as an SLP. I am fortunate to work in great settings with great team support. We have been able to use resources and education to service my caseload. I work with language delay children and EI is a great service with a great team of therapist who are able to educate and support families. In the charter schools, the children I service are able to get individualized and/or small group therapy focusing on their needs and there is great communication with families</p>
34	<p>Lack of communication in Nevada. Not aware of any services that could have been available to me, It's like a big secret.</p>
35	<p>Would like to see resources for family members for Deaf and HOH. The ASL classes offered are only through the university, where you must register as a student, and then fight to get into a class against students who are taking it for fun or just a credit where we as family members actually NEED it to communicate with our loved ones. Would like to see the community offer classes here locally in Washoe County for the family members. I believe I have seen it offered in Vegas but not yet here in Washoe.</p>
36	<p>It's can be difficult to meet or socialize with other parents of deaf children. It's also hard to take classes etc. when it's hard to find quality and trust worthy care so we can attend these event without worry. The Internet can be overwhelming sometimes and it nice to be able to have a mentor or guide that can help you unbiasedly.</p>
37	<p>When our child was being diagnosed with hearing loss the professional ENT community really does not understand how and what is appropriate testing for children under the age of 3. Families are given wrong information like you can't fit a hearing aid until the child is 6 months old or that there is no way to test a child for hearing loss as an infant. Our son was tested on equipment for infants but he was the first child on this equipment which really bothered me since how do I know the test is valid and when they did confirm it the ENT and Audiologist did not agree on next steps. Audiologist is saying start with aids now at 2 months old and ENT is saying no we can wait until older. Time is of the essence, I know things have changed a lot since our child was diagnosed but the ENT community still is uneducated of what is appropriate and timeliness of identification and supports. I just wish the ENT community in the state wasn't so stand off about learning and being up to speed on best practices when it comes to younger children.</p>

State Plan Comparison

Research was conducted to identify approaches taken to address consumer needs in other states. This information was gathered to help Nevada understand what opportunities may exist to leverage priorities and actions taken by other systems.

Issues that were identified across multiple states are presented, as are the actions identified to address each issue.

Issue	Action Taken to Address Issue
<p>Lack of information about resources and services available.</p>	<ul style="list-style-type: none"> • Increase the availability of information through the use of traditional and digital communication tools. • Utilize social marketing to promote the rights, needs and services of the deaf and hard of hearing. • Expand and coordinate training opportunities for community service providers to increase outreach to the Deaf, Hard of Hearing and Deaf-Blind community. • Provide accessible, accurate, timely and meaningful information through state website and email alert. • Maintain and update a comprehensive electronic community resource directory. • Update or develop information sheets, guides, and best-practice recommendations, brochures, and other printed media. • Perform outreach and educate the public about the availability of the Telecommunications Equipment Distribution Program (TEDP). • Develop and implement annual outreach plan (TRS).
<p>Need to develop better employment supports.</p>	<ul style="list-style-type: none"> • Secure an executive order to increase state government employment of people who are deaf, deafblind and hard of hearing and support its implementation. • Establish a centralized accommodations fund for communication access within state government and promote it as a best practice in other sectors. • Educate employers about D/DB/HH employees to improve access to employment; address workplace communication issues the hiring process and advocate for accessible Workforce Centers.

Issue	Action Taken to Address Issue
<p>Need to develop better employment supports.</p>	<ul style="list-style-type: none"> • Increase access to post-secondary training programs, apprenticeships, and internships, and employment through advocacy for implementation of the state's Olmstead Plan and fostering creative solutions from providers and agencies. • Improve job development, placement, and annual follow-up services for technical and professional jobs. <ul style="list-style-type: none"> - Train all Deaf Support Specialist to better assist counselors with job development and placement services. - Increase opportunities for consumers to have on-the-job training experiences. - Counselors will provide comprehensive and individualized counseling and coping strategies to persons who are deaf, hard of hearing, or deafblind to maximize independence and improve employability. - Encourage the utilization of job placement services offered by colleges and universities to their graduates. • Provide more rehabilitation audiology services to ensure appropriate accommodations for independence and employment. • Develop and strengthen partnerships that lead to better employment outcomes for deaf, deafblind, and hard-of-hearing consumers. <ul style="list-style-type: none"> - Establish and maintain collaborative agreements and working relationships with community rehabilitation programs, colleges/universities, other agencies or programs that will improve employment outcomes for consumers. - Establish consistent methods of gathering consumer input on program quality and outcomes for services to individuals who are deaf, hard-of-hearing, and deafblind.

Issue	Action Taken to Address Issue
<p>Need to improve educational outcomes. Prepare children and youth to be ready to enter post-secondary education and workforce.</p>	<ul style="list-style-type: none"> • Establish transition teams which support transition efforts between schools, to postsecondary options, and employment opportunities. • Increase awareness of VR services available for agency professionals, Secondary educators, postsecondary staff, and families. • Improve students’ potential for successful transition into postsecondary education, vocational training and/or employment. <ul style="list-style-type: none"> - Increase appropriate work experience opportunities for mainstream and residential students. - Continue to improve the effectiveness of the College Prep program. - Identify/develop transition resources for deaf, hard-of-hearing, and deaf-blind students and their parents. - Provide specialized training opportunities to improve skills in working with youth in transition. • Host, support, implement and evaluate the State Collaborative Outcomes Education Plan initiatives. • Advocate for and support quality, culturally and linguistically appropriate, evidence-based services for all children and families. • Advance legislation that provides a framework for academic placement, communication centered IEPs and high standards for staff to provide culturally appropriate instruction in all modalities.
<p>Lack of highly qualified, diverse staff to work with persons who are deaf, hard of hearing, or deaf-blind.</p>	<ul style="list-style-type: none"> • Improve Recruitment and Retention plan to attract highly qualified Rehabilitation Counselors, Sign Language Interpreters, Audiologists, and Deaf Support Specialists. <ul style="list-style-type: none"> - Continue to recruit and hire qualified individuals who are deaf, hard of hearing, and deafblind. • Develop training DVD for social workers.

Issue	Action Taken to Address Issue
<p>Shortage of skilled certified Sign Language interpreters.</p>	<ul style="list-style-type: none"> • Apply for funding for ASL mentoring program. • Provide annual professional development opportunities for interpreters. • Work with local colleges to develop interpreter training programs. • Provide information to high school students about interpreting as a profession. • Advocate for a high level of competence in ASL by employees and consultants who work with people who are D/DB/HH, especially interpreters and mental health practitioners. • Expand the pool of Certified Deaf Interpreters (CDI’s) and Communication Access Real-time Translation (CART) service providers. • Implement a “Sign Communication Proficiency Interview” system (SLIM). • Establish a list of sign language interpreters for use by Courts (SLIM). • Establish and maintain an ongoing system to promote the utilization of qualified interpreters. <ul style="list-style-type: none"> - Maintain an interpreter registry with appropriate fees. - Continue interpreter taskforce meetings twice yearly or more often if needed to solicit input and understand needs.
<p>Improve communication access to services.</p>	<ul style="list-style-type: none"> • Expand and coordinate training opportunities for community service providers to increase outreach to the Deaf, Hard of Hearing and Deaf-Blind community. • Conduct statewide training to private entities serving consumers. • Be an exemplary example of best practices in providing communication access. • Expand assistive technology programs.

Issue	Action Taken to Address Issue
<p>Improve communication access to services.</p>	<ul style="list-style-type: none"> • Support and strengthen the capacity of the Regional Service Centers staff to serve by fostering relationships with the Advisory Committee and local policy makers and by increasing the training they provide to the public on the communication needs of people with hearing loss. • Work with State to plan and advocate for the Telecommunication Access Fund and 911 systems to meet the State's ever-changing communication access needs. • Advocate for State to take a lead role in making affordable broadband available at speeds that support video remote interpreter access and video phones. • Continue to work with the Travel Commission to monitor and improve communication access for travelers who are deaf, deafblind and hard of hearing. • Expand the use of remote services (Video Remote Interpreting and remote CART). • Establish cross-referral and enhance service provider accessibility. • Provide support and technical assistance to organizations and agencies to establish accessible services to consumers. • Provide training opportunities for the public to learn how to make services and activities accessible to consumers. • Create a sustainable mentoring program for auxiliary service providers. • Administer National Deaf-Blind Equipment Distribution Program (TED-NDBEDP). • Provide telecommunication relay services and features (TRS). • Expand the assistive listening systems delivery system (ACT).

Issue	Action Taken to Address Issue
<p>Lack of services (mental health, youth) and resources.</p>	<ul style="list-style-type: none"> • Provide home-based services (reimbursement to providers for admin/travel fees). • Collaborate with the interpreter certification program to develop a mental health specialty. • Develop and implement statewide lifelong learning opportunities for individuals who are Deaf or Hard of Hearing. • Provide regular adult education classes. • Establish distance learning opportunities. • Create a Communication Access Fund for statewide access to legal and medical services. • Hold a legislative forum with public and private entities, community organizations, and consumers or interested stakeholders when needed. • Establish access to mental health and substance abuse treatment services. • Establish quality living options. • Utilize staff and contracted interpreters in piloting Video Remote Interpreting (VRI) for traffic court.
<p>Need to empower individuals and families to advocate for their needs.</p>	<ul style="list-style-type: none"> • Increased civic engagement and development of leadership skills for people who are deaf, deafblind and hard of hearing. • Enhance guidance and develop new tools and resources for Deaf, Hard of Hearing and Deaf-Blind consumers to improve self-advocacy. • Develop advocacy programs for individuals who are Deaf and Hard of Hearing. • Develop and distribute self-help packets. • Conduct "lobby day" and provide the training, information and supports necessary to mobilize citizens to advocate for issues vital to the community. • Educate legislators, communities, and the general public on priority public policy issues set by the Commission.

Issue	Action Taken to Address Issue
<p>Need to empower individuals and families to advocate for their needs.</p>	<ul style="list-style-type: none"> • Create a clearinghouse of information for parents through the website. • Provide support groups for Kids of Deaf Adults (KODA’s) Siblings of Deaf Adults (SODA’s) and parent of deaf and hard of hearing children. • Assist consumers with ADA compliance issues. • Conduct training and coaching to increase parents’ knowledge and understanding of education laws and children’s educational rights. • Identify, monitor and make recommendation regarding relevant governmental policies affecting the deaf and hard of hearing.

References for State Plans

Utah

Utah Division of Services to the Deaf and Hard of Hearing Strategic Plan (2010)

Downloaded on April 19, 2016 from:

<http://deafservices.utah.gov/dsdhh-strategic-plan/>

Minnesota

Commission of Deaf, Deafblind, & Hard of Hearing Minnesotans Five Year Strategic Plan

Downloaded on April 19, 2016 from:

<http://mn.gov/deaf-commission/about/strategic-5-year-plan.jsp>

Colorado

Colorado Commission for Deaf and Hard of Hearing Strategic Plan (2013-2017)

Downloaded on April 19, 2016 from:

<http://ccdhh.com/index.php/agency-goals-objectives/>

Iowa

Deaf Services Commission of Iowa Department of Human Rights Strategic Plan (2007-2012)

Downloaded on April 19, 2016 from:

<http://publications.iowa.gov/6778/1/StrategicPlanUpdated2-07DHR-DS.pdf>

Illinois

Illinois Deaf and Hard of Hearing Commission Strategic Plan (2014-2019)

Downloaded on April 19, 2016 from:

<https://www.illinois.gov/idhhc/inside/Documents/5%20Year%20Strategic%20Plan.pdf>

Alabama

Strategic Plan for Services to Individuals who are Deaf, Hard of Hearing, and Deafblind (2011-2014)

Downloaded on April 19, 2016 from:

<http://webcache.googleusercontent.com/search?q=cache:toWrnXbpeDEJ:www.rehab.alabama.gov/docs/vocational-rehabilitation-service/strategic-plan-2011-2014.docx%3Fsfvrsn%3D0+&cd=2&hl=en&ct=clnk&gl=us>

Massachusetts



Massachusetts Commission for the Deaf and Hard of Hearing Strategic Plan (2012-2014)

Downloaded on April 19, 2016 from:

<http://mgcmtraining.mass.gov/eohhs/gov/commissions-and-initiatives/ehs-strategic-plan/strategic-plan-summaries.html>

Washington



Washington State Department of Social and Health Services, Office of the Deaf and Hard of Hearing Business Plan (2013-2015)

Downloaded on April 19, 2016 from:

<https://www.dshs.wa.gov/sites/default/files/SESA/spmrw/documents/odhh.pdf>

West Virginia



West Virginia Commission for the Deaf and Hard of Hearing DRAFT Strategic Plan (2015-2019)

Downloaded on April 19, 2016 from:

<https://www.wvdhhr.org/wvcdhh/pdf/DRAFT%20Strategic%20Plan%20-%20for%20website%20April%202014.pdf>

Appendix

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Additional Prevalence and Service Statistics Regarding Consumer Populations

Prevalence Data

Number of Newborns with a Hearing Difficulty

The chart below shows the prevalence of permanent hearing loss among infants within Nevada compared to those in the U.S. The numbers in the table represent permanent hearing loss of infants per 1,000 screened.

Newborn Permanent Hearing Loss Prevalence (year 2012)

Year	Nevada	U.S.
2006	NA	1.1
2012	1.2	1.6



Source: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6413a4.htm>

Prevalence of permanent hearing loss in infants throughout the U.S. has increased from 1.1 infants per 1,000 screened, in 2006, to 1.6 in 2012.

An additional data set that is useful in understanding the issue, is the number of infants identified as Deaf or Hard of Hearing.



Source: Source: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities: <http://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html>

Infants identified as deaf or hard of hearing have increased from 855 in the year 2000 to 5,719 in 2012.

The table on the following page shows the percent of newborns that were screened for a hearing loss, the number of those screened that did not pass the screening, the number of those screened that were identified as having a permanent hearing loss, and the percent of those enrolled in early intervention.

Newborn Hearing – Screening, Diagnosis, and Early Intervention (year 2012) – in Nevada

Geography	Percent of Newborns Screened	Did Not Pass Screening	Percent Permanent Hearing Loss	Percent Enrolled in Early Intervention
Nevada	95.8%	340	12.1% (41 newborns)	82.9% (34 newborns)
U.S.	96.6%	52,961	10.3% (5,475 newborns)	61.7% (3,527 newborns)

Source: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6413a4.htm>

In 2012, 12.1% of Nevada’s newborns, who did not pass their screening for hearing, had permanent hearing loss. This is slightly above the U.S. rate of 10.3%.

Number of People in the Workforce with Hearing Difficulty

In the Labor Force (year 2013 – ages 16 and over) – in Nevada

Population in Labor Force	Population with Hearing Difficulty in Labor Force	Employed	Unemployed
1,322,977	24,063	20,134	3,929
-	1.8%	83.7%	16.3%

In Nevada, 1.8% of the labor force population have some kind of hearing difficulty. Of the labor force population with hearing difficulty, 83.7% were employed and 16.3% were unemployed. Population groups that are not included in the labor force are the institutionalized population and those in the armed forces.

Trend Data of Population in Labor Force

Year	Population Labor Force	Population with Hearing Difficulty in Labor Force	Employed	Unemployed
2013	1,322,977	1.8%	83.7%	16.3%
2012	1,318,279	1.7%	83.3%	16.7%
2011	1,323,039	1.7%	83.2%	16.8%
2010	1,330,504	1.7%	87.4%	12.6%

Source: U.S. Census Bureau, 2011-2013 3-Year American Community Survey:

http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_3YR_B18120&prodType=table

The percentage of people in the Nevada labor force with hearing difficulty has remained stable since 2010, with 2013 having the highest percentage of people with hearing difficulty at 1.8%. The

employment and unemployment percentages for people with hearing difficulty have also been similar between 2010 and 2013 with about 83% employment and 16% unemployment.

Service Data

There are a variety of different systems in the state of Nevada that provides services to individuals who are deaf or hard of hearing.

Nevada Early Hearing Detection and Intervention (NV EHDI)

Hearing loss affects approximately 1.5 out of every thousand infants. Between the years of 2010 and 2013, Nevada’s rate was about 1.0 infant with confirmed hearing loss per 1,000.

More than 97% of infants born in Nevada hospitals receive hearing screening before they are discharged. The remaining newborns who are not screened are generally home births or parents who choose not to have their child screened.

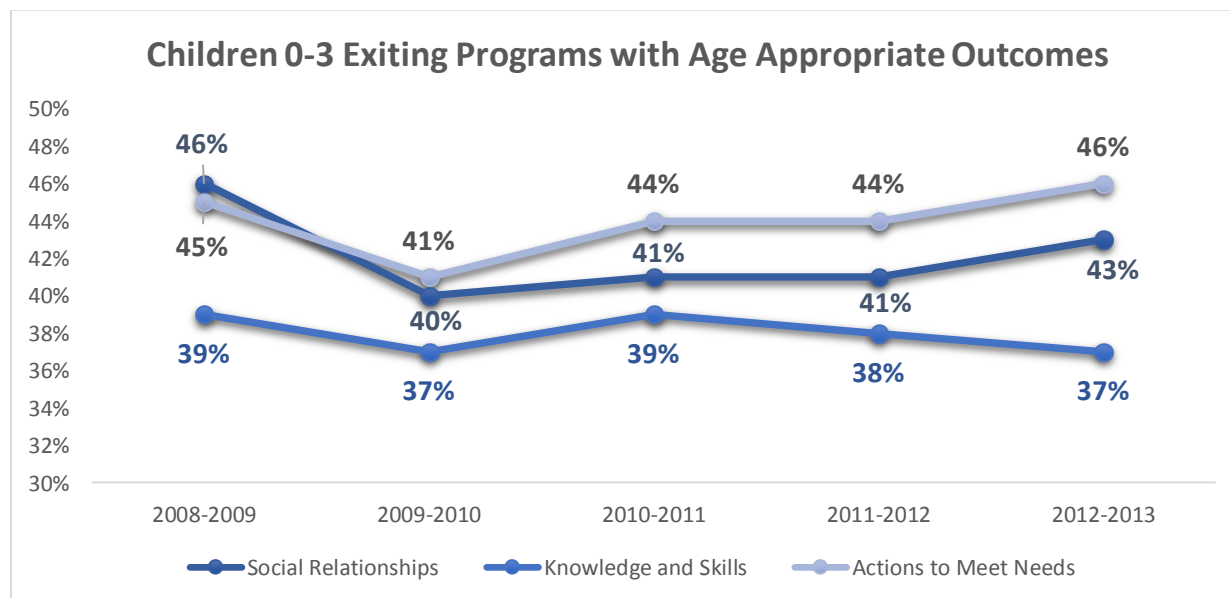
In 2012, of 41 children with confirmed hearing loss, 34 (82.9%) of them enrolled in early education. Similarly, in 2013, 40 children had confirmed hearing loss and 34 (85.0%) of them enrolled in early education.

Source: Nevada Division of Public and Behavioral health (DPBH) – Early Hearing Detection and Intervention (EHDI): [http://dpbh.nv.gov/Programs/EHDI/dta/Publications/Early_Hearing_Detection_and_Intervention_\(EHDI\)_-Publications/](http://dpbh.nv.gov/Programs/EHDI/dta/Publications/Early_Hearing_Detection_and_Intervention_(EHDI)_-Publications/)

IDEA (Part C)

In 2014, a total of 2,889 children ages 0-2, were provided intervention services through IDEA Part C.

The following chart demonstrates the number of children participating in IDEA Part C services which have exited the program with age-appropriate outcomes.



Source: Nevada Department of Health and Human Services, IDEA Part C Office State Systems Improvement Plan: <http://dhhs.nv.gov/Programs/IDEA/Publications/>

Since 2009, the percentage of children who exited programs with age-appropriate outcomes in Actions to Meet Needs and Social Relationships domain has been increasing. On the other hand, the percentage of children exiting programs within the Knowledge and Skills domain, for their age, has decreased since 2010. By 2013, 46% of children exited programs with age expectations in Actions to Meet Needs domain, 43% in Social Relationships domain, and 37% in Knowledge and Skills domain.

Source: Nevada Department of Education, Federal Special Education (SEC618) Data:
[http://www.doe.nv.gov/Special_Education/Federal_Special_Education_\(Sec618\)_Data/](http://www.doe.nv.gov/Special_Education/Federal_Special_Education_(Sec618)_Data/)

College Enrollment

From the Nevada Department of Education, of 798 students with a disability who graduated high school in 2011-12 academic year, 409 of them (51.3%) enrolled in college within 16 months of graduation.

Source: State of Nevada Department of Education, Annual Reports College-Going and College Credit Accumulation Rates:
http://www.doe.nv.gov/DataCenter/Annual_Rpts_College_Going_College_Credit_Accum_Rates/

Career and Technical Education (CTE) – Secondary Academic Attainment (High School): 2014-15
 CTE concentrators are students who enroll in CTE programs and demonstrates attainment of at least half of the CTE program competencies and learning outcomes. Students in the CTE programs who are Deaf and hard of hearing are included within the CTE population who have disabilities. Of the disabled CTE concentrators in high school, 88.64% of them either move on to postsecondary education or into employment.

Description	Number of disabled CTE Concentrators	State Adjusted Level of Performance (Target)	Actual Level of Performance
CTE concentrators who have completed a CTE program and have passed a state-approved end-of-program technical assessment.	185	45.00%	23.24%
CTE concentrators completing a CTE program who graduated and were placed in postsecondary education or advanced training, in the military service, or employment in the 2 nd quarter following the program year in which they left secondary education.	44	95.00%	88.64%
CTE concentrators for underrepresented gender groups who completed a program that leads to employment in nontraditional fields during the reporting year.	147	22.00%	12.93%

Source: State of Nevada Department of Education, 2014-2015 Performance Indicators:
http://ctee.nv.gov/Career_and_Technical_Education/Accountability/2014-2015_Performance_Indicators/

Career and Technical Education (CTE) – Postsecondary Technical Skill Attainment (College/University): 2014-15

Description	Number of disabled CTE Concentrators	State Adjusted Level of Performance (Target)	Actual Level of Performance
CTE concentrators with a GPA of 2.0 or higher in their CTE courses	568	90.00%	89.96%
CTE concentrators who received a certificate or degree	208	53.00%	69.71%
CTE concentrators receiving a certificate or degree who were placed or retained in employment, or placed in military service or apprenticeship programs in the 2 nd quarter following the program year in which they received a certificate or degree.	64	92.00%	85.94%
CTE participants who enrolled in courses from a program that leads to employment in nontraditional fields during the reporting year (2014-2015)	329	30.62%	34.04%
CTE concentrators who attain a Certificate of Achievement or a degree in a program that leads to employment in nontraditional fields during the reporting year (2014-2015)	51	22.00%	9.80%

Source: State of Nevada Department of Education, 2014-2015 Performance Indicators: http://ctae.nv.gov/Career_and_Technical_Education/Accountability/2014-2015_Performance_Indicators/

More than half (69.71%) of college students who participate in CTE programs, with disabilities, receive a certificate or degree. Of the 64 CTE concentrators, with a disability, who received a certificate or degree, 85.94% of them were placed in some kind of employment.

Key Informant Interview Questions

These questions were provided to Key Informants in advance of the interviews.

1. What group(s) of people do you feel like you represent?
(people may represent a specific subpopulation, age of consumer, or geographic area served)
2. What are the most significant needs or challenges facing people who need/use services?
3. What are the biggest gaps in services? Are certain gaps more of a problem in different parts of the state?
4. Do programs work well together to help people?
5. What works well in Nevada when people try to get the services they need?
6. What doesn't work well in Nevada when people try to get the services they need?
7. Are people knowledgeable about available services?
8. What are the most important issues to address to meet the needs of people?
9. Do you know about anything happening somewhere else that we should consider in Nevada?
10. Is there anything else you would like to share at this time?

Consumer Survey Tool

We are collecting information from Nevadans’ who are deaf, deaf-blind, or hard of hearing and persons with speech disabilities to help the state understand what kind of services are needed. We are also trying to identify what prevents people who need assistance from getting the help they require. We are collecting this information to help the state of Nevada plan how to provide the best services possible to people.

All responses will remain anonymous. If you would like to take this survey online, please go to:





https://www.surveymonkey.com/collect/?sm=DnfCLDcsHSo8awgDrsC9f40_2FgR22AyFEWmO2_2BzBl_2BjE_3D

QUESTIONS ABOUT YOU

<p>Please answer the following questions to help us understand who you are.</p> <p>1. Which of the following best describes you? <i>(check all that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Someone who is deaf <input type="checkbox"/> Someone who is deaf-blind <input type="checkbox"/> Someone who is hard of hearing <input type="checkbox"/> Someone who has a speech disability <input type="checkbox"/> Someone who is receiving services <input type="checkbox"/> Someone in need of Aging and Disability Services (ASDS) but not currently receiving them. <input type="checkbox"/> Someone who cares for individual(s) who is/are deaf, deaf-blind, hard of hearing and/or person(s) with speech disabilities. <input type="checkbox"/> Advocate for individual(s) who is/are deaf, deaf-blind, hard of hearing and/or person(s) with speech disabilities. <input type="checkbox"/> Not sure. 	<p>Please answer the following questions.</p> <p>2. What is your gender?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>3. What is your age?</p> <p><input type="checkbox"/> 5-12 <input type="checkbox"/> 25-44 <input type="checkbox"/> 13-17 <input type="checkbox"/> 45-64 <input type="checkbox"/> 18-20 <input type="checkbox"/> 65-74 <input type="checkbox"/> 21-24 <input type="checkbox"/> 75+</p> <p>4. What is your race/ethnicity?</p> <p><input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Mixed Race <input type="checkbox"/> Other</p> <p>5. What County do you live in?</p> <p><input type="checkbox"/> Carson City <input type="checkbox"/> Lincoln <input type="checkbox"/> Churchill <input type="checkbox"/> Lyon <input type="checkbox"/> Clark <input type="checkbox"/> Mineral <input type="checkbox"/> Douglas <input type="checkbox"/> Nye <input type="checkbox"/> Elko <input type="checkbox"/> Pershing <input type="checkbox"/> Esmeralda <input type="checkbox"/> Storey <input type="checkbox"/> Eureka <input type="checkbox"/> Washoe <input type="checkbox"/> Humboldt <input type="checkbox"/> White Pine <input type="checkbox"/> Lander</p> <p>6. What is your zip code? _____</p>
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QUESTION ABOUT THE SERVICES YOU HAVE RECEIVED

7. There are a number of different services available to individuals who are deaf, deaf-blind, hard of hearing and/or those with a speech disability. Can you please tell us which of these services you have received and how satisfied you were with that service?

Service / Service Provider	Have you received this kind of service?	If you answered yes, please indicate your level of satisfaction.			
	Yes	Extremely Satisfied 	Satisfied 	Not Sure 	Not Satisfied 
A. Nevada Early Intervention Services (NEIS)					
B. Nevada Aging and Disability Resource Center (ADRC's)					
C. Nevada Assistive Technology for Independent Living (AT/IL)					
D. Nevada Communication Access Services					
E. Nevada Taxi Assistance Program (TAP)					
F. Nevada Department of Employment and Training (DETR)					
G. Nevada Vocational Rehabilitation (Voc Rehab)					
H. Nevada Personal Assistance Services (PAS)					
I. Nevada Independent Living Assistance					
J. Northern Nevada Center for Independent Living (NNCIL)					
K. Southern Nevada Center for Independent Living (SNCIL)					
L. School Based Services					
M. Deaf Centers of Nevada (DCN)					
N. Nevada Association of the Deaf					
O. Nevada Chapter of the AG Bell Association					
P. Other (Please Describe):					

QUESTION ABOUT WHY PEOPLE HAVE DIFFICULTY GETTING SERVICES

8. There are a number of reasons that people may not receive the assistance they need. We want to understand why people who need services may not be able to get those services. Please indicate which of the following prevents you or other people from accessing services, treatments and/or supports. We would also like to know how big the problem is.

Barriers to Services	Is this an issue?	If you answered yes, please indicate how big of a problem this is.			
	Yes	Big Problem 	Medium Problem 	Little Problem 	Isolated Issue 
A. No local services available					
B. Lack of transportation					
C. Lack of medical insurance					
D. Cost prohibitive, or lack of money					
E. Insurance doesn't cover needed services/equipment					
F. Long wait lists					
G. Not enough services available					
H. Not enough service providers					
I. Don't know where to get the help I need					
J. I cannot communicate with service providers					
K. Service providers are not available					
L. Service providers are not well informed					
M. Service providers are not supportive					
N. Service providers do not understand my needs					
O. Service providers who do not understand the specific needs of people who are deaf and/or hard of hearing (example – an audiologist may be available, but doesn't really understand the needs when it comes to working with a person who is deaf or hard of hearing)					
P. Other (please describe)					

QUESTIONS ABOUT WHAT YOU THINK WE SHOULD DO TO IMPROVE THINGS

9. What do you think we should focus on to address the needs of people who are deaf, deaf-blind, or hard of hearing and persons with speech disabilities? **Please only check the top 3 issues you would like us to address.**

- Access to assistive technology.
- Access to screening and diagnosis services.
- Access to information about resources available – through the use of a website.
- Additional school-based supports.
- Job training and employment readiness supports.
- Employment accommodations.
- Post-employment supports.
- Access to interpreters.
- Access to mental health services.
- Emergency preparedness.
- Other: _____

SHARE WITH US A LITTLE ABOUT YOUR EXPERIENCE

10. We would like to understand the unique family experiences of individuals who are deaf, deaf-blind, or hard of hearing and persons with speech disabilities. Please provide us with an experience that you have had as someone who is deaf, deaf-blind, hard of hearing or as someone with a speech disabilities. Your story will help us describe how it feels to be you living in Nevada. (500 word maximum)

Thank you for taking the time to complete this survey. Your input is valuable and appreciated