

NEVADA

Subcommittee on Communication Services

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

Strategic Plan

2017 - 2021



Working Draft as of October 5, 2016



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This page recognizes the individuals who lead or participated significantly in the planning process or in the development of the plan.

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EXECUTIVE SUMMARY

This section summarizes the key information from all of the other sections of the strategic plan down into a 3-4 page executive summary. It will be written so that an outsider can easily read and understand the mission of the Commission, its overall major issues and goals, and key strategies to reach the goals.

INTRODUCTION AND PURPOSE OF THE PLAN

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) acts in an advisory capacity to telecommunication service providers, service programs, and the community. It is a subcommittee of, and reports to, the Nevada Commission on Services for Persons with Disabilities (CSPD). The mission of SOCS is to recommend policy and support development and implementation of telecommunications services, equipment distribution and advocacy for Nevadans with communication disabilities. Throughout this plan, the Subcommittee on Communication Services is referred to simply as the “Subcommittee”.

It is the responsibility of the Subcommittee to seek and solicit input from varying entities and persons with communications disabilities in creating a five-year revolving plan. The plan consists of long and short-range goals as determined through the planning process, for Communication Access (service related) programs and Telecommunications providers (Relay).

Our Vision for a Strong Nevada:

All Nevada residents who are Deaf, Deaf-Blind, Hard of Hearing and Persons with speech disabilities along with their families and professionals who support them have timely access to information, effective communication, education, and services that promote choice and independence.

Organization of Report

The report is comprised of the following six sections.

Executive Summary: This section summarizes the key information from all of the other sections of the strategic plan into an executive summary. It provides a high-level overview of the purpose of the Subcommittee, its overall major issues and goals, and key strategies to realize those goals.

Introduction and Purpose of Plan: This section provides background information about the Subcommittee and context for the development of the strategic plan.

Methods & Approach: This section outlines the methods and the approach to the strategic planning process through each phase of development.

Situational Analysis: This section of the report describes the current reality of individuals who are Deaf, Deaf-Blind, or Hard of Hearing and Persons with Speech Disabilities in each stage of life for residents throughout Nevada.

Strategic Plan Goals & Objectives: This section lists the goals of the Subcommittee over the 2017-2021 timeframe. It also provides specific objectives that will be pursued and the benchmarks to measure success or the need to modify the approach.

Evaluating & Updating the Plan: This section describes how the Subcommittee will measure and report on its success and lessons learned. Specific milestones for assessing progress are described and the frequency of reporting and discussing results.

METHODS AND APPROACH

To develop this strategic plan, a three-phased approach was used to include: Phase I – Data Collection, Outreach, and Research; Phase II – Identification of Critical Issues; and Phase III – Establishment of the Strategic plan. The three phases took place between April 2016 and October 2016.

Phase I – Data Collection, Outreach, and Research

During the first two meetings with the Subcommittee, a research and outreach approach were approved, which established the framework for initial data collection. The data collected was meant to confirm the key needs of individuals who are Deaf, Deaf-Blind, or Hard of Hearing and Persons with Speech Disabilities, and to explore what areas within the existing system should be expanded, changed, discontinued or legislated to better meet current and future needs of these individuals. There were four methods to collect data and solicit stakeholder feedback. Each is described more fully below.



Research

Research was conducted utilizing public data sets and available documents. As an additional source of information, related State Strategic Plans were reviewed and common themes compiled.



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. Some 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.



Town Hall Meetings

Town hall meetings were conducted in Reno (July 25, 2016), Elko (July 27, 2016), and Las Vegas (two meetings on August 4, 2016) to gather feedback directly from consumers, family members, care providers, and advocates about the critical issues identified as most significant to be addressed in the SOCS Strategic Plan. Town hall meetings lasted approximately two hours at each site. Participants were split into two self-identifying groups: a consumer group, and a caregiver, advocate, and provider group so that the unique perspectives each group has related to the critical issues could be heard.

Phase II – Identification of Critical Issues

Input received through data collection efforts was analyzed to identify the key needs and most critical issues of individuals who are Deaf, Deaf-Blind, or Hard of Hearing and Persons with Speech Disabilities. These results were reviewed during an in-person Subcommittee meeting. Critical issues that were identified were prioritized by the Subcommittee and served as the foundation for the establishment of the strategic goals contained in the plan.

Phase III – Establishing the Strategic Plan

The Subcommittee held **XX** working meetings July through November to complete the strategic plan document, building specific goals, objectives, and actions to be taken over the next five years. The plan was finalized at the last of these meetings in November.

SITUATIONAL ANALYSIS

The following situational analysis was completed under the direction of the Subcommittee. Prevalence data was taken from national statistics and applied to the Nevada population. This information was combined with key informant interviews, consumer surveys and town hall meetings as a mechanism to identify the strengths, challenges, and issues that the Subcommittee should consider for strategic plan action. The results of this analysis were used by the Subcommittee to prioritize critical issues and to guide the development of corresponding strategic plan goals and objectives.

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 US who identified as having a hearing difficulty, 2) the number of people in the US (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 and, 2) the number of people in the labor force with hearing difficulty. A comprehensive profile of these statistics can be found in the companion Research and Outreach Summary Report.

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.

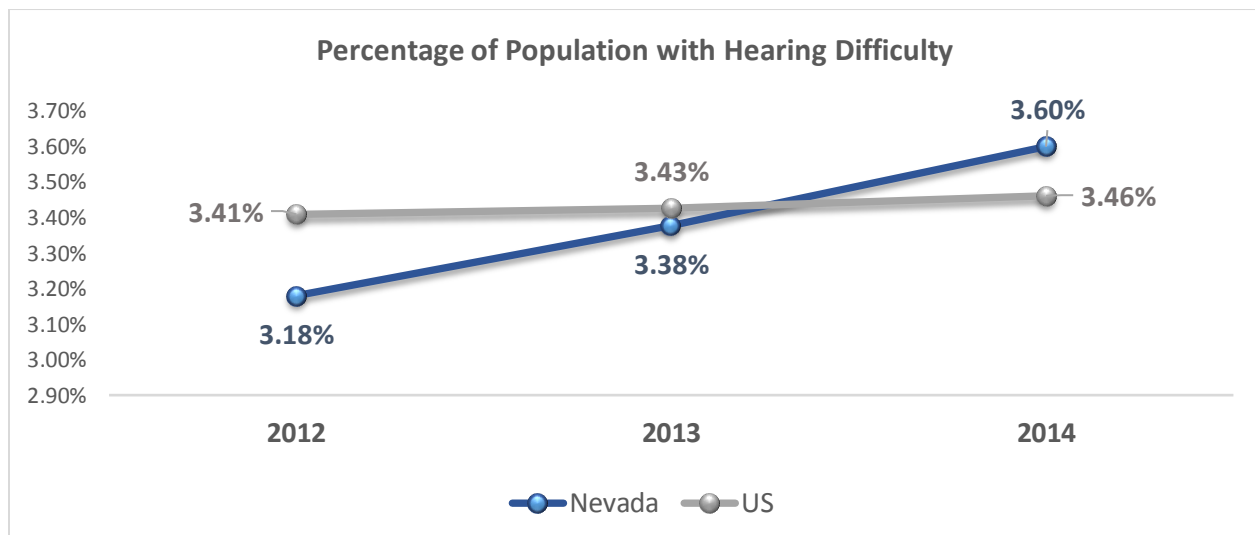
Number of People with a Hearing Difficulty

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%.



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%
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.

The information presented in the table below 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
With a Disability	14,942	475	6.2	0.2	6,909	245	17.9	0.6
Difficulty Seeing	8,077	354	3.3	0.1	3,782	184	9.8	0.5
Difficulty Hearing	7,572	320	3.1	0.1	4,152	202	10.8	0.5
Difficulty with Speech	2,818	207	1.2	0.1	843	90	2.2	0.2
Used a Hearing Aid	5,559	249	2.3	0.1	4,156	195	10.8	0.5

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

People in Nevada who are Deaf, Deaf-blind, or Hard of Hearing and Persons with Speech Disabilities have to navigate a variety of systems to access supports and services. What is available to this population often depends on where they live (rural, urban, or suburban), what their needs are (basic services, translation, transportation, information, interpretation, etc.), and how services are funded. Not surprisingly, this often presents challenges to the individual, their family members and professionals that are working to support them.

Nevada's service system for those who are Deaf, Deaf-blind, or Hard of Hearing and Persons with Speech Disabilities relies upon a variety of providers that are primary providers or secondary providers; or considered 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.

Developmental Services / Regional Centers: Developmental Services works with consumers, their families and community-based providers to provide services and specialized programs for children and adults with intellectual disabilities and related conditions to enhance the quality of life, promote independence through personal choice, and facilitate integration into their local communities.

Currently, Developmental Services operates three Regional Centers statewide. Desert Regional Center in Clark County and Southern Nevada, Sierra Regional Center in Washoe County and Rural Regional Center in Carson City and Rural Nevada. The agencies provide person-directed planning so that people can make choices about their lives, live in the least restrictive manner possible and live productively as part

of the community. Services purchased or provided include service coordination, family supports, residential supports, jobs and day training, clinical services, and quality assurance.

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/

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.

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.

Division of Public and Behavioral Health (DPBH): DPBH provides inpatient and outpatient behavioral health services to adults in Washoe and Clark Counties, and select rural communities throughout Nevada. It also provides behavioral health services to children and adolescents in rural health clinics throughout Nevada.

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. They use the goals and timelines that are developed by the Joint Committee on Infant Hearing and the Centers for Disease Control and Prevention:

- 1** – Before one month of age: Hearing Screening for all babies.
- 3** – Before three months of age: Hearing Evaluation by an audiologist if the baby did not pass hearing screening.
- 6** – Before six months of age: Early Intervention if the baby is diagnosed with hearing loss.

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

Department of Education

Career and Technical Education (CTE): Nevada's Career and Technical Education offers six programs 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://cteae.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 and are 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.²

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.

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.

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.³

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

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

² Source: <http://www.nvpep.org/newsupdates/2016/06/06/96-deaf-centers-of-nevada-and-nevada-hands-a-voices.html>

³ Source: <http://www.nvpep.org/newsupdates/2016/06/06/96-deaf-centers-of-nevada-and-nevada-hands-a-voices.html>

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.

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.

In addition to the agencies listed above, there are a number of community based organizations that serve a dual role to include direct services as well as linkage, advocacy and coordination, some of which include Deaf Centers of Nevada, Nevada Pep, and Nevada Hands & Voices.

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

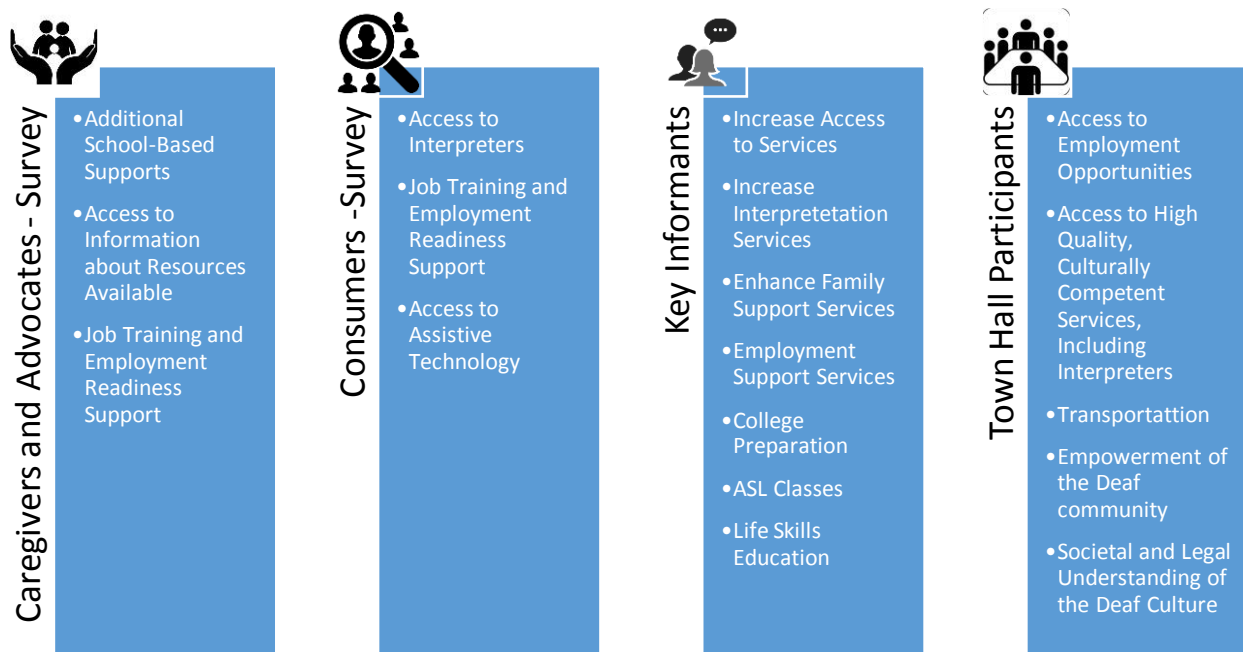
This complex system of primary and secondary service providers, supported by state and local coordination and advocacy efforts, serve a growing population of people who are Deaf, Deaf-Blind, or Hard of Hearing and Persons with Speech Disabilities. While the service population has grown, the availability of qualified staff and resources is insufficient to meet the demand. The following section describes the cross-cutting themes and recommendations as described by key stakeholders.



Cross-Cutting Themes

A number of themes were identified from an analysis of the research and outreach conducted. The following section provides a description of the key issues identified through research, key informant interviews, consumer surveys, and town hall meetings.

The chart below identified the needs that were ranked as most significant for individuals across the lifespan according to stakeholder groups.



- **Increased employment opportunities** for the Deaf and Hard of Hearing (D/HH) population was one need that was identified across all stakeholder groups (consumers, caregivers and advocates through the survey, key informants, and town hall participants).
- Additionally, **school-based supports** and **access to resources and** services were identified by three stakeholder groups.
- The last area of need that was identified by at least two of the four stakeholder groups was **increased interpretation services**.

Key Needs

Service Sufficiency: Key informants, consumers, and town hall participants identified a lack of sufficient services that are culturally appropriate to meet the needs of consumers across the lifespan and throughout Nevada, with an emphasis found in the most rural parts of the state. Services most often identified as lacking included:

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

Access to Information: The 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. Key informants, in particular, emphasized that people are "not in the know" or "completely unaware" of resources available. This sentiment was present throughout the narratives provided by consumers in their written testimony. People need to be aware of the services available and how to access them. Additionally, people need to know what their rights are in regards to services and accommodations.

Access to Interpreters: An overwhelming theme in both the outreach and the research conducted 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.

Communication Supports: Beyond access to interpreters, consumers need additional communication supports which may include ASL classes and/or assistive technology. Consumers identified that access to these type of resources, particularly assistive technology, is at times cost-prohibitive. Town hall participants felt strongly that assistive technology can be useful, but only in appropriate settings. For example, a live interpreter is highly preferred in medical settings whereas video remote interpreting (VRI) might be better suited for other non-medical situations.

Preparing Individuals for Independent Living/Adulthood: Preparing individuals and supporting them in their transition to college or workforce entry was identified as a top need for consumers. Additional support and coordination between systems are necessary to ensure consumers are prepared for independent living/adulthood. The workforce should also be ready to support individuals who are Deaf, deaf-blind, hard of hearing and persons with a speech disability to ensure they have equal access to employment opportunities.



CRITICAL ISSUES

After a review of the recommendations that came from outreach and research, members of the Subcommittee approved the following critical issues:

Critical Issue #1: Enhanced Service Spectrum to include:

- Adequate 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.
- Assistive technology.
- Sufficient ASL classes.

Critical Issue #2: Additional School-Based Supports to strengthen:

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

Critical Issue #3: High Quality and Adequately Numbered Workforce to serve those who Deaf, deaf-blind, hard of hearing and persons with a speech disability, incorporating the following components:

- High quality interpreters, teachers, professionally trained deaf individuals to support the deaf and hard of hearing population, and others that provide direct services.
- College level programs for interpreters and teachers that serve consumers.
- Interpreter certification standards.

Critical Issue #4: Increased Awareness about the target population designed to:

- Encourage wide-spread understanding about rights and required accommodation.
- Inform key stakeholders about available services and how to navigate various service systems and insurance products.
- Educate the general public about the target population, their needs, and experiences.

Critical Issue #5: Develop a Robust Family Support System to ensure:

- Families have the appropriate knowledge and skills to assist family members who are consumers.
- 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.

STRATEGIC PLAN GOALS AND OBJECTIVES

Throughout this section the term “target population” is used interchangeably with “Persons who are Deaf, Deaf-Blind, Hard of Hearing and Persons with a Speech Disability”. The target population is inclusive of family members or caregivers as appropriate to the various goals and objectives.

ACCESS TO SERVICES

Goal 1. All Nevadan’s who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability, have access to timely basic services.				
Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 1.1: <u>Health Care</u> – Equip primary care physicians and emergency room staff so they can serve the physical healthcare needs of the target population. ⁴	1.1.1 Advocate for Policy Change - Work with hospitals and medical offices to develop/implement policies which encourage recruitment and retention of ASL certified bilingual (medical) interpreters.		LEAD: SOCS - Nevada State Medical Association - Sunrise Hospital - Renown Hospital	<ul style="list-style-type: none"> <i>Hospital Recruitment Policies.</i>
	1.1.2 Collaborative Training Efforts - Partner with hospitals, advocacy organizations and medical boards to offer (CEU certified) training for medical providers in target population sensitivity, needs, access issues and accommodations.		LEAD: SOCS - Nevada State Medical Association - Sunrise Hospital - Renown Hospital - NV Board of Medical Examiners	<ul style="list-style-type: none"> <i>Number of Trainings provided to primary care physicians and emergency room staff regarding service to target population.</i> <i>Number of providers trained regarding target population.</i>

⁴ Throughout the goals and objectives section, the term “target population” is used interchangeably with “Persons who are Deaf, Deaf-Blind, Hard of Hearing and Persons with a Speech Disability”. The target population is inclusive of family members or caregivers as appropriate to the various goals and objectives.

Goal 1. All Nevadan's who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability, have access to timely basic services.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 1.1: (CONT.) <u>Health Care</u> – Equip primary care physicians and emergency room staff so they can serve the physical healthcare needs of the target population. ⁵	1.1.3 Enhance Education Efforts - Partner with medical schools to incorporate education and information to increase awareness and understanding of culture and rights of the target population related to overall health care.		LEAD: SOCS - UNR School of Medicine - UNLV School of Medicine - Touro University	<ul style="list-style-type: none"> • <i>Revised Curriculum in Medical Schools.</i>
	1.1.4 Outreach and Educate - Develop educational materials (e.g., printed pamphlets, flyers, etc.) to increase sensitivity and understanding about target population's access and rights, and distribute to primary care physicians and hospital emergency rooms.		LEAD: SOCS - Nevada State Medical Association - Sunrise Hospital - Renown Hospital	<ul style="list-style-type: none"> • <i>Outreach Materials</i> • <i>Number of primary care physicians and emergency rooms that have been provided with educational materials.</i>

⁵ Throughout the goals and objectives section, the term "target population" is used interchangeably with "Persons who are Deaf, Deaf-Blind, Hard of Hearing and Persons with a Speech Disability". The target population is inclusive of family members or caregivers as appropriate to the various goals and objectives.

Goal 1. All Nevadan's who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability, have access to timely basic services.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 1.2: <u>Mental Health</u> – Increase access to mental health providers that are Deaf themselves or that have a unique understanding of the target population. ⁶	1.2.1 Workforce Recruitment - Work with State Government, Mental Health Associations, Medical Schools, and other interested parties to develop a recruitment plan to attract more individuals with a unique understanding of the target population to provide mental health services in Nevada.		LEAD: SOCS - Nevada Mental Health Counselors Association - Nevada Counseling Association - Nevada Alliance on Mental Illness	<ul style="list-style-type: none"> 10% increase per year of the number of mental health professionals serving the target population.
	1.2.2 Collaborative Training Efforts - Partner with the mental health association to incorporate education and information to mental health providers aimed at increasing awareness and understanding of culture and rights of the target population.		LEAD: SOCS - Nevada Mental Health Counselors Association - Nevada Counseling Association - Nevada Alliance on Mental Illness	<ul style="list-style-type: none"> Number of Trainings provided to mental health professionals regarding service to target population. Number of providers trained regarding target population.

⁶ Throughout the goals and objectives section, the term “target population” is used interchangeably with “Persons who are Deaf, Deaf-Blind, Hard of Hearing and Persons with a Speech Disability”. The target population is inclusive of family members or caregivers as appropriate to the various goals and objectives.

Goal 1. All Nevadan's who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability, have access to timely basic services.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 1.2: (CONT.) <u>Mental Health</u> – Increase access to mental health providers that are Deaf themselves or that have a unique understanding of the target population.	1.2.3 Partner with Existing Efforts - Partner with existing state efforts to increase the number of mental health providers and innovative service provision throughout Nevada.			<ul style="list-style-type: none"> • INSERT
Objective 1.3: <u>Education</u> - Implement effective educational approaches, supports, and transitions throughout Nevada for school-aged target population. ⁷	1.3.1 Advocate for Policy Change - Work with the Department of Education (DOE) to change endorsement language (NRS 656A) making it more specific to the knowledge and proficiency levels needed for quality services to the target population.		LEAD: SOCS - Nevada Disability Advocacy Law Center - Nevada Department of Education	<ul style="list-style-type: none"> • <i>Revised statute.</i>
	1.3.2 Advocate for Policy Change - Work with the DOE to reflect that schools are responsible for tracking, supporting and training their educational interpreters to the appropriate skill level.		LEAD: SOCS - Nevada Department of Education	<ul style="list-style-type: none"> • <i>Revised DOE policies.</i>

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Goal 1. All Nevadan's who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability, have access to timely basic services.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 1.3: (Cont.) <u>Education</u> - Implement effective educational approaches, supports, and transitions throughout Nevada for school-aged target population. ⁸	1.3.3 Advocate for Policy Change - Work with the DOE to incorporate Certified Educational Interpreters as a consistent, standardized component of the education system, ensuring the appropriate level interpreter is assigned to individual children.		LEAD: SOCS - Nevada Department of Education	<ul style="list-style-type: none"> <i>Revised DOE policies.</i>
	1.3.4 Advocate for Consistent Service Approach - Work with DOE to create and utilize a universal/standard communication plan when the IEP process identifies a child within the target population.		LEAD: SOCS - Nevada Disability Advocacy Law Center - Nevada Department of Education	<ul style="list-style-type: none"> <i>Establishment of standardized communication plan.</i> <i>Number of children within the target population that have a standardized communication plan developed as a component of their IEP process.</i>

⁸ Throughout the goals and objectives section, the term “target population” is used interchangeably with “Persons who are Deaf, Deaf-Blind, Hard of Hearing and Persons with a Speech Disability”. The target population is inclusive of family members or caregivers as appropriate to the various goals and objectives.

Goal 1. All Nevadan's who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability, have access to timely basic services.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 1.3: (Cont.) <u>Education</u> - Implement effective educational approaches, supports, and transitions throughout Nevada for school-aged target population. ⁹	1.3.5 Advocate for Enhanced Services - Work with Department of Education and other interested partners to support availability of transition specialists throughout every school district in Nevada.		LEAD: SOCS - Nevada Department of Education	<ul style="list-style-type: none"> • <i>Number of transitional specialist available throughout Nevada by school district.</i>
	1.3.6 Advocate for Policy Change - Work with State of Nevada Speech-Language Pathology, Audiology, and Hearing Aid Dispensing Board to include language about certification proficiency for pathologists' interpreters licensing purposes.		LEAD: SOCS - Nevada Speech-Language Pathology, Audiology, and Hearing Aid Dispensing Board	<ul style="list-style-type: none"> • <i>Revised licensing standards.</i>
	1.3.7 Advocate for Policy Change - Work with Vocational Rehab to identify best practices in providing transitional supports to students within the target population and support them in their efforts to adjust their practice/policies accordingly.		LEAD: SOCS - Nevada Vocational Rehab - Nevada Department of Education	<ul style="list-style-type: none"> • <i>Best Practices Framework for Nevada.</i> • <i>Revised Vocational Rehab Policy/Practices.</i>

⁹ Throughout the goals and objectives section, the term "target population" is used interchangeably with "Persons who are Deaf, Deaf-Blind, Hard of Hearing and Persons with a Speech Disability". The target population is inclusive of family members or caregivers as appropriate to the various goals and objectives.

Goal 1. All Nevadan's who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability, have access to timely basic services.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 1.4: <u>Employment</u> – Enhance employment readiness, supports, and opportunities for the target population. ¹⁰	1.4.1 Workforce Development - Advocate with State Human Resources to support 5% pay enhancement for state employees who are ASL certified – to enhance the ability of state staff to communicate with and best serve the needs of the target population.		LEAD: SOCS - Nevada State Human Resources	<ul style="list-style-type: none"> Revised salary structure to account for 5% pay enhancement.
	1.4.2 Employer Recruitment - Partner with human resource groups and associations (e.g., Society for Human Resource Management) to promote the hiring of individuals within the target population by Nevada employers.		LEAD: SOCS - Nevada State Human Resources - Society for Human Resources Management	<ul style="list-style-type: none"> INSERT

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Goal 1. All Nevadan's who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability, have access to timely basic services.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 1.4: (Cont.) <u>Employment</u> – Enhance employment readiness, supports, and opportunities for the target population.	1.4.3 Partner with Existing Efforts - Partner with the Integrated Employment Task Force efforts to promote and encourage recruitment and hiring of the target population within the state.		LEAD: SOCS - Integrated Employment Task Force	<ul style="list-style-type: none"> • INSERT
Objective 1.5: <u>Communication Access</u> – Increase the availability of ASL and assistive technology throughout Nevada for the target population. ¹¹	1.5.1 Research and Advocate for Innovative Practices - Partner with stakeholders throughout Nevada to identify the newest assistive technology options and advocate for their use.		LEAD: SOCS - Easter Seals - Deaf Centers of Nevada (DCN)	<ul style="list-style-type: none"> • <i>Position statement on innovative technology options.</i>
	1.5.2 Advocate for Expanded ASL Classes - Research options for expanding ASL classes throughout the state and work with educational institutions to implement affordable access.		LEAD: SOCS - UNR - UNLV - Touro University	<ul style="list-style-type: none"> • <i>Number of additional ASL classes available throughout Nevada.</i>

¹¹ Throughout the goals and objectives section, the term “target population” is used interchangeably with “Persons who are Deaf, Deaf-Blind, Hard of Hearing and Persons with a Speech Disability”. The target population is inclusive of family members or caregivers as appropriate to the various goals and objectives.

Goal 1. All Nevadan's who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability, have access to timely basic services.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 1.5: (Cont.) <u>Communication Access</u> – Increase the availability of ASL and assistive technology throughout Nevada for the target population.	1.5.3 Outreach and Educate - Outreach to Nevada employers (through Rotary or other professional networks) to introduce communication access options and encourage their use in supporting employment of the target population.		LEAD: SOCS - Rotary - Small Business Association - Better Business Bureau - Economic Development Authority	<ul style="list-style-type: none"> • <i>Number of presentations to Nevada employers regarding communication access issues.</i> • <i>Number of Nevada employers that are utilizing innovative strategies to support communication in the workforce with target population.</i>
Objective 1.6: <u>Transportation</u> – Expand and enhance access to transportation services for the target population. ¹²	1.6.1 Coordinate Advocacy Efforts - Identify other entities (groups, coalitions, commissions, etc.) in which transportation has been identified as an access issue for target population and develop a shared agenda for action.		LEAD: SOCS - INSERT - INSERT	<ul style="list-style-type: none"> • <i>Shared Advocacy Agenda.</i>

¹² Throughout the goals and objectives section, the term “target population” is used interchangeably with “Persons who are Deaf, Deaf-Blind, Hard of Hearing and Persons with a Speech Disability”. The target population is inclusive of family members or caregivers as appropriate to the various goals and objectives.

Goal 1. All Nevadan's who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability, have access to timely basic services.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 1.6: (Cont.) <u>Transportation</u> – Expand and enhance access to transportation services for the target population. ¹³	1.6.2 Partner to Expand Traditional Services - Partner with existing transportation providers to create an asset map, understand how to best serve the target population, and to advocate for increased services.		LEAD: SOCS - INSERT - INSERT	<ul style="list-style-type: none"> Strategic Plan to Expand Transportation Services.
	1.6.3 Coordinate with Alternative Providers - Work with Uber (and other private transportation providers) to identify and implement ways to better promote services to/for the target population.		LEAD: SOCS - INSERT - INSERT	<ul style="list-style-type: none"> Number of nontraditional transportation providers that are serving target population with a specialized focus and strategy.

¹³ Throughout the goals and objectives section, the term “target population” is used interchangeably with “Persons who are Deaf, Deaf-Blind, Hard of Hearing and Persons with a Speech Disability”. The target population is inclusive of family members or caregivers as appropriate to the various goals and objectives.

INTERPRETER WORKFORCE

Goal 2. There is a sufficient number of high quality interpreters available to provide services to individuals who are Deaf, Deaf-Blind, Hard of Hearing and Persons with a Speech Disability.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 2.1: Develop a sufficient number of 1) deaf interpreters, 2) certified deaf interpreters, and 3) interpreters providing services within educational settings to the target population ¹⁴ throughout Nevada.	2.1.1 Partner to Encourage Growth in Field - Coordinate with high schools and colleges to develop and promote interpreting as a high-demand career opportunity with a clear pathway.		LEAD: SOCS - Nevada Association of School Administrators - Nevada DOE - UNR - UNLV - Touro University	<ul style="list-style-type: none"> • 10% increase per year of the number of deaf interpreters. • 5% increase per year of the number of certified deaf interpreters. • 5% increase per year of the number of interpreters in education settings.
	2.1.2 Partner to Enhance Certification Options – Coordinate with UNLV, UNR and other colleges to expand and promote degree programs for interpreters.		LEAD: SOCS - UNR - UNLV - Touro University	

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Goal 2. There is a sufficient number of high quality interpreters available to provide services to individuals who are Deaf, Deaf-Blind, Hard of Hearing and Persons with a Speech Disability.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 2.2: Adopt quality standards for interpreters (including CDI) working in Nevada within education, legal, mental health, and other professional fields which serve the target population. ¹⁵	2.2.1 Research and Identify – Research other state’s standards and identify ideal framework for use in Nevada.		LEAD: SOCS	<ul style="list-style-type: none"> <i>Best Practices Framework for quality standards in Nevada.</i>
	2.2.2 Develop Policy Statement - Develop a policy statement that describes the need for quality standards and justifies the incorporation of such standards into law/regulations.		LEAD: SOCS	<ul style="list-style-type: none"> <i>Policy statement on quality standards.</i>
	2.2.3 Advocate for Policy Change - Advocate with legislature to change laws/regulations to incorporate quality standards of practice.		LEAD: SOCS	<ul style="list-style-type: none"> <i>Revised legislation.</i>

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AWARENESS

Goal 3. There is awareness about and support for individuals who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 3.1: Ensure that there is a wide-spread understanding of services available to the target population. ¹⁶	3.1.1 Develop Resource Guide - Develop and disseminate an up to date services/resource guide for target population (may be via website or hardcopy)		LEAD: SOCS - Deaf Centers of Nevada - Nevada 2-1-1	<ul style="list-style-type: none"> • <i>Resource Guide.</i>
	3.1.2 Conduct Public Outreach Campaign - Conduct a wide-spread public outreach campaign via traditional and social media outlets, to include PSA's and advertisements.		LEAD: SOCS - Deaf Centers of Nevada - Nevada Hands & Voices	<ul style="list-style-type: none"> • <i>Number of each outreach effort and statistics regarding reach (if available).</i>

¹⁶ Throughout the goals and objectives section, the term “target population” is used interchangeably with “Persons who are Deaf, Deaf-Blind, Hard of Hearing and Persons with a Speech Disability”. The target population is inclusive of family members or caregivers as appropriate to the various goals and objectives.

Goal 3. There is awareness about and support for individuals who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 3.2: Promote a culture of appreciation to the general population of the target population.	3.2.1 Host Community Social(s) – Host community social events: <ul style="list-style-type: none"> - With different sectors of target population to grow sense of “community.” - With local leaders, target population and general public to increase dialogue and understanding. 		LEAD: SOCS <ul style="list-style-type: none"> - Deaf Centers of Nevada - Nevada Hands & Voices 	<ul style="list-style-type: none"> • <i>Number of social events hosted.</i> • <i>Number of individuals attending social events.</i> • <i>Change in attitude/perception of individuals having attended social events (if available through use of pre/post survey).</i>
	3.2.2 Coordinate Training Opportunities – Coordinate with Nevada Deaf Centers (NDC) and other stakeholders to provide trainings for community service providers aimed at enhancing knowledge and appreciation of target population.		LEAD: SOCS <ul style="list-style-type: none"> - Deaf Centers of Nevada - Nevada Hands & Voices 	<ul style="list-style-type: none"> • <i>Number of training events provided.</i> • <i>Number of community service providers attending training events.</i> • <i>Change in attitude/perception of individuals having attended trainings (if available through use of pre/post survey).</i>

Goal 3. There is awareness about and support for individuals who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 3.3: Equip consumers, family members, and advocates with information about rights and required accommodations and how to advocate on behalf of the target population. ¹⁷	3.3.1 Collaborative Training Efforts - Partner with Nevada Disability Advocacy & Law Center (NDALC) to provide training to target population about Americans with Disabilities Act (ADA) issues and how to advocate for themselves.		LEAD: SOCS - Nevada Disability Advocacy Law Center	<ul style="list-style-type: none"> • <i>Number of training events provided.</i> • <i>Number of individuals attending training events.</i>
	3.3.2 Outreach and Educate: Develop and disseminate materials that educate target population about their rights.		LEAD: SOCS - Nevada Disability Advocacy Law Center	<ul style="list-style-type: none"> • <i>Informational materials.</i> • <i>Number of each outreach effort and statistics regarding reach (if available).</i>
	3.3.3 Monitor Government Policies – Identify, monitor and make recommendations regarding relevant government policies affecting the target population.		LEAD: SOCS	<ul style="list-style-type: none"> • <i>Number of governmental policies that were developed, monitored and/or influenced by SOCS committee each year.</i>

¹⁷ Throughout the goals and objectives section, the term “target population” is used interchangeably with “Persons who are Deaf, Deaf-Blind, Hard of Hearing and Persons with a Speech Disability”. The target population is inclusive of family members or caregivers as appropriate to the various goals and objectives.

Goal 3. There is awareness about and support for individuals who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 3.4: Fully develop a one-stop community resource center network to support the target population.	3.4.1 Support Existing Efforts - Support NDC's efforts to expand service options (identify and support grant applications, etc.).		LEAD: SOCS - Deaf Centers of Nevada	<ul style="list-style-type: none"> • INSERT
	3.4.2 INSERT			<ul style="list-style-type: none"> •

FAMILY SUPPORTS

Goal 4. Families have the services and supports necessary to adequately care for family members who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 4.1: Increase access and availability of family related services and activities that support full inclusion, support and understanding of family members who are within the target population. ¹⁸	1.3.8 Advocate for Enhanced Services - Work with ADSD, DPBH, and other nonprofit organizations serving the target population to support additional resource allocations geared specifically for family support services.		LEAD: SOCS - ADSD (INSERT SPECIFIC PROGRAMS) - DPBH (INSERT SPECIFIC PROGRAMS)	<ul style="list-style-type: none"> 10% increase in resources for target population services within ADSD and DPBH per year.
	3.3.4 Support Training Efforts - Partner with community service providers to offer training and coaching to increase parent's knowledge and understanding of education laws and children's educational rights.		LEAD: SOCS - Deaf Centers of Nevada - Nevada Hands & Voices - Nevada PEP - Nevada Disability Advocacy Law Center	<ul style="list-style-type: none"> Number of training events provided. Number of parents attending training events.

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Goal 4. Families have the services and supports necessary to adequately care for family members who are Deaf, Deaf-Blind, Hard of Hearing and those with a Speech Disability.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	POTENTIAL Benchmarks for Measuring Success
Objective 4.2: Increase access to Peer-Mentors to provide guidance and support in managing and advocating for families members who are within the target population.	4.2.1 INSERT			•
	4.2.2 INSERT			•

EVALUATING AND UPDATING THE PLAN

Agreements by the SOCS Strategic Planning Steering Committee regarding how and when the plan will be reviewed and (as needed) updated should be placed here. It is important to be explicit about who has the responsibility to ensure that the plan is updated as needed; otherwise, there is a greater risk that the plan slowly becomes obsolete and stops being used.

APPENDIX

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/>