

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 September 14, 2016



ACKNOWLEDGEMENTS

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”.

Enter Vision Statement Here

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).

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 mission 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. It explores the most pressing needs facing the population, as well as strengths and weaknesses of the service system.

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 October 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 October.

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 as well 2) the number of people in the labor force with hearing difficulty. **These statistics are provided in the appendix of this 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.

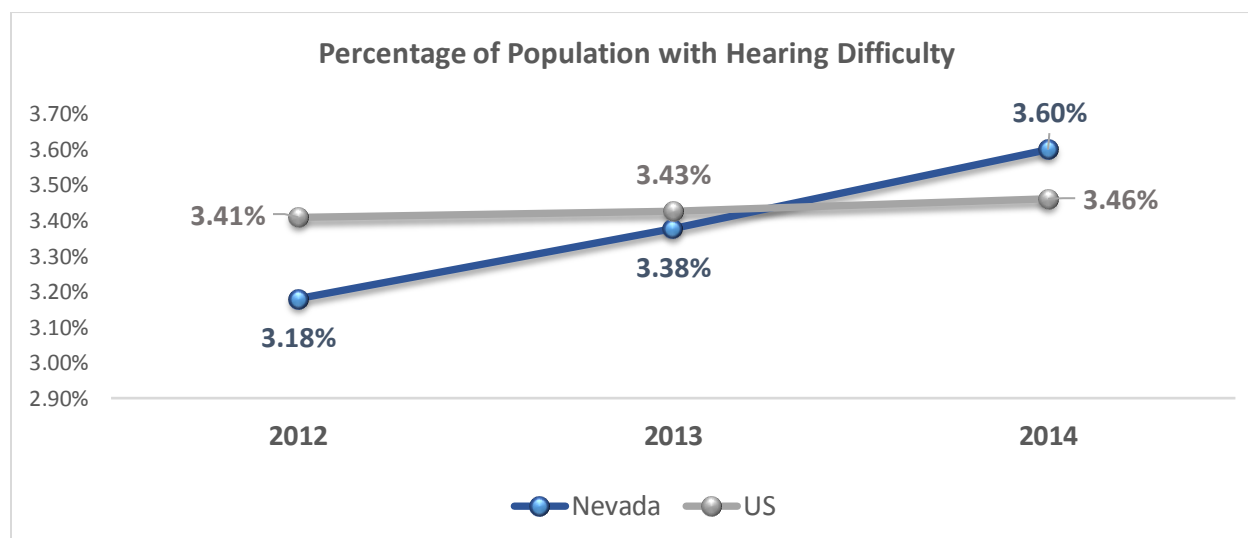
Number of People with a Hearing Difficulty

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 US, 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 US (3.60% compared to 3.46%).

The percentage of the population with hearing difficulty, in Nevada, range from 3.25% to 11.89% among the 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.²

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.

² U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

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.

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/>

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.
- 2 – Before three months of age: Hearing Evaluation by an audiologist if the baby did not pass hearing screening.
- 3 – 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://cte.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 and 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.³

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.

Source: Nevada Registry of Interpreters for the Deaf: <http://nvridd.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 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

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

to maximize their quality of life through equal access to communication, health, and human services, as well as social activities.⁴

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/>

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.

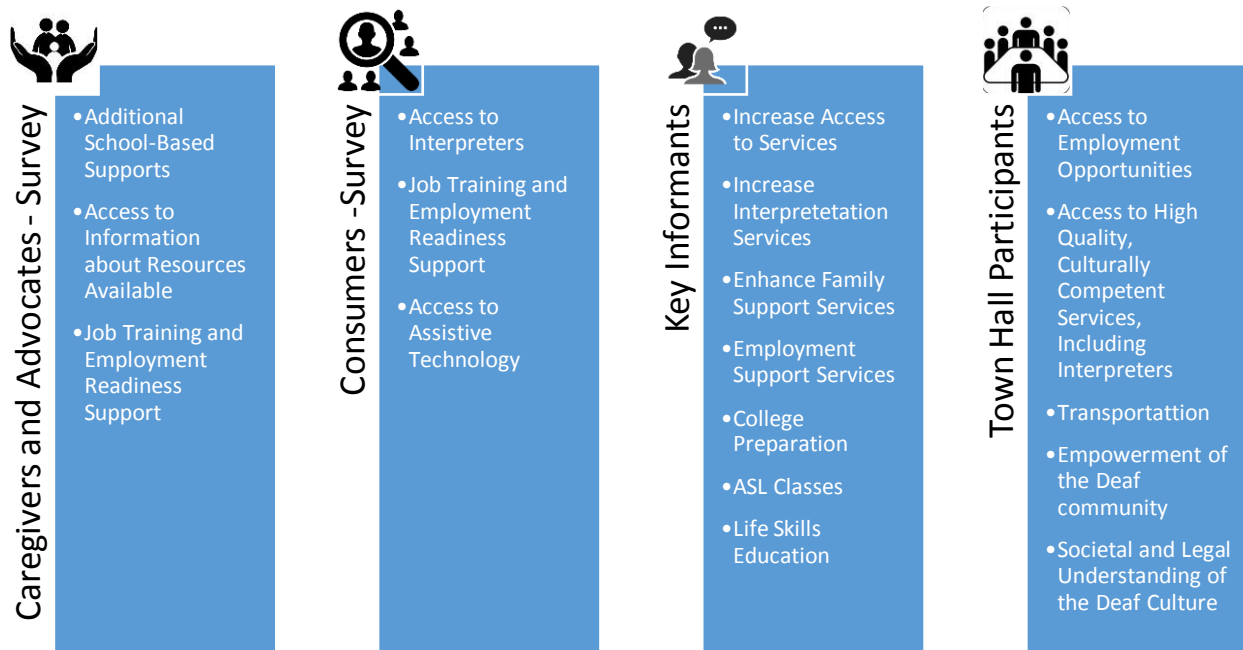


⁴ Source: <http://www.nvpep.org/newsupdates/2016/06/06/96-deaf-centers-of-nevada-and-nevada-hands-a-voices.html>

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, their rights and the services available, designed to:

- Inform consumers about their rights, 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 “Deaf community” is used interchangeably with “persons who are Deaf, deaf-blind, hard of hearing and persons with a speech disability”. The Deaf community is inclusive of family members or caregivers as appropriate to the various goals and objectives.

ACCESS TO SERVICES

Goal 1. Increase access to, and availability of timely basic services to all individuals who are Deaf, deaf-blind, hard of hearing and persons with a speech disability throughout Nevada.				
Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
Objective 1.1: <u>Health Care</u> - Increase primary care physicians and emergency room staff who are equipped to appropriately serve the physical healthcare needs of the Deaf community.	1.1.1			•
	1.1.2			•
	1.1.3			•
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 Deaf community.	1.2.1			•
	1.2.2			•
	1.2.3			•

Goal 1. Increase access to, and availability of timely basic services to all individuals who are Deaf, deaf-blind, hard of hearing and persons with a speech disability throughout Nevada.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
Objective 1.3: <u>Education</u> - Implement effective educational approaches, supports, and transitions throughout Nevada for school aged children who are Deaf.	1.3.1			•
	1.3.2			•
	1.3.3			•
Objective 1.4: <u>Employment</u> – Enhance employment readiness, supports, and opportunities for the Deaf community.	1.4.1			•
	1.4.2			•
	1.4.3			•
Objective 1.5: <u>Communication Access</u> – Increase the availability of ASL and assistive technology throughout Nevada for the Deaf community.	1.5.1			•
	1.5.2			•
	1.5.3			•

Goal 1. Increase access to, and availability of timely basic services to all individuals who are Deaf, deaf-blind, hard of hearing and persons with a speech disability throughout Nevada.

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
Objective 1.6: <u>Transportation</u> - Expand and enhance access to transportation services for the Deaf community.	1.6.1			•
	1.6.2			•
	1.6.3			•

INTERPRETER WORKFORCE

Goal 2. Expand the number and quality of interpreters providing 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	Benchmarks for Measuring Success
Objective 2.1: Develop a sufficient number of 1) deaf interpreters, 2) certified deaf interpreters, and 3)	2.1.1			•
	2.1.2			•

Goal 2. Expand the number and quality of interpreters providing 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	Benchmarks for Measuring Success
interpreters providing services within educational settings throughout Nevada.	2.1.3			•
Objective 2.2: Adopt quality standards for interpreters (including CDI) working in Nevada within education, legal, mental health, and other professional fields.	2.2.1			•
	2.2.2			•
	2.2.3			•
Objective 2.3: Expand access to college level programs for interpreters and teachers for individuals who are Deaf, deaf-blind, hard of hearing and persons with a speech disability.	2.3.1			•
	2.3.2			•
	2.3.3			•

AWARENESS

Goal 3. Improve awareness about and support for 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	Benchmarks for Measuring Success
Objective 3.1: Ensure that there is a wide-spread understanding of services available to individuals that are Deaf, deaf-blind, hard of hearing and persons with a speech disability.	3.1.1			•
	3.1.2			•
	3.1.3			•
Objective 3.2: Promote a culture of appreciation for individuals that are Deaf, deaf-blind, hard of hearing and persons with a speech disability.	3.2.1			•
	3.2.2			•
	3.2.3			•
Objective 3.3: Equip consumers, family members, and advocates with information about entitlements and required accommodations	3.3.1			•
	3.3.2			•

Goal 3. Improve awareness about and support for 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	Benchmarks for Measuring Success
and how to advocate on behalf of either for the Deaf community.	3.3.3			•
Objective 3.4: Fully develop a one-stop community resource center network to support individuals who Deaf, deaf-blind, hard of hearing and persons with a speech disability throughout Nevada.	3.4.1			•
	3.4.2			•
	3.4.3			•

FAMILY SUPPORTS

Goal 4. Ensure that families have the services and supports necessary to adequately care for family members who are Deaf, deaf-blind, hard of hearing and persons with a speech disability.				
Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	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 Deaf, deaf-blind, hard of hearing and persons with a speech disability.	4.1.1			•
	4.1.2			•
	4.1.3			•
Objective 4.2: Increase access to Peer-Mentors to provide guidance and support in managing and advocating for families members who are Deaf, deaf-blind, hard of hearing and persons with a speech disability.	4.2.1			•
	4.2.2			•
	4.2.3			•

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