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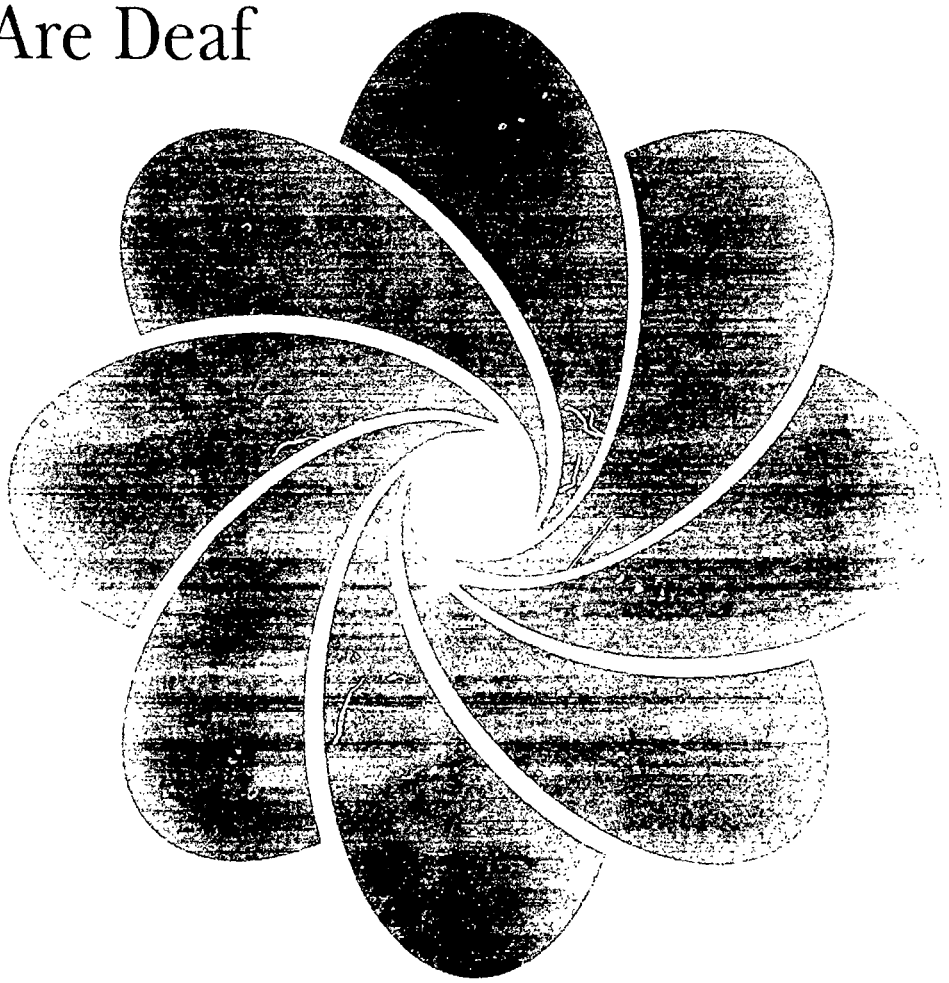
ABSTRACT

The chapters in this monograph are the written results of presentations made at a 1991 one-day workshop on services to traditionally underserved persons who are deaf. This workshop brought together approximately 40 service providers, consumers, federal officials, researchers, and program administrators to discuss the characteristics of this population and the provision of services. Presentations included are: "Overview of Services to Traditionally Underserved Persons Who Are Deaf: An Historical Perspective" (Nancy M. Long); "Identifying Descriptive Characteristics of Traditionally Underserved Persons Who Are Deaf: A Group Perspective" (Kathern J. Carlstrom); "Perspectives on Service Delivery: The Lexington Center, Inc." (Nancy Carr); "Barriers to Service Delivery with Traditionally Underserved Persons Who Are Deaf" (Greg Long); "A Resource for Enhancing Service Delivery: The Northern Illinois University Research and Training Center on Traditionally Underserved Persons Who Are Deaf" (Sue E. Ouellette); and "The Eugene Petersen Memorial Lecture on Services for Traditionally Underserved Persons Who Are Deaf: American Deafness and Rehabilitation Association Biennial Conference, May 22, 1991" (David W. Myers). (JDD)

Provision of Services to Traditionally Underserved Persons Who Are Deaf



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Research and Training Center on Traditionally Underserved Persons Who Are Deaf

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Finally, the authors would like to acknowledge Ms. Katie Dolan and Ms. Kathleen Saura of the Northern Illinois University Research and Training Center on Traditionally Underserved Persons Who Are Deaf for their invaluable assistance in readying this publication for final production.

Nancy Long
Nancy Carr
Kathern Carlstrom
Editors

Preface

The Northern Illinois University Research and Training Center on Traditionally Underserved Persons Who Are Deaf (NIU-RTC) was established in 1990 by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education. The mission of this center is to conduct research, resource development, training, and technical assistance projects toward the enhancement of employment, independent living, and quality of life outcomes for traditionally underserved (i.e., low functioning) persons who are deaf.

As part of this mission, the NIU-RTC recognized the need for general information on this population and the services needed. To begin to address this need, a one-day workshop was conducted prior to the biennial conference of the American Deafness and Rehabilitation Association (ADARA) held in May 1991. This workshop brought together approximately 40 service providers, consumers, federal officials, researchers, and program administrators to discuss the characteristics of this population and the provision of services. Presentations and discussions are recorded in this monograph to further promote sharing of information as is consistent with the NIU-RTC mission. Also included is a paper that was presented during the ADARA conference: the Eugene Petersen Memorial Lecture on services for traditionally underserved persons who are deaf.

We appreciate the work of the contributors/authors and the editors for their work on this monograph. It is hoped that this information will serve to promote additional discussion as is critical to making the types of system changes needed to more fully address the needs of traditionally underserved persons who are deaf.

Sue E. Ouellette, Ph.D.
Director, NIU-RTC

Foreword

This monograph is an attempt to fill a void in the professional literature related to traditionally underserved persons who are deaf. This population of deaf and hard-of-hearing people has been described in the past as: low(er) functioning, low(er) achieving, multiply handicapped, multiply disabled, developmentally disabled, and others. Current terminology characterizes this group as traditionally underserved to more accurately reflect the fact that for many, arriving at this destination is more a result of inadequate or inappropriate service delivery than it is a result of a biologically dictated event. This monograph serves to provide information to program developers, administrators, and service providers in rehabilitation, education, and related fields, to consumers (inlcuding parents and family members), and to all persons interested in improving services for this population.

The chapters in this monograph are the written results of presentations made at a one-day workshop on services to traditionally underserved persons who are deaf that was held in conjunction with the 1991 biennial conference of the American Deafness and Rehabilitation Association (ADARA). Where appropriate, group discussion has been included in these written proceedings. The goal of this effort is to provide information to interested parties about the characteristics, needs, and service delivery considerations (and successes) that are unique to this population. In attendance at the one-day workshop were interested parties representing consumers, program developers, and administrators from rehabilitation and independent living programs, service providers, and researchers.

A special feature of this publication is the inclusion of the Eugene Petersen Memorial Lecture on services for traditionally underserved persons who are deaf. This lecture series was instituted by ADARA to be included in every biennial conference and was established to honor the memory of Mr. Eugene (Gene) Petersen, a past president of ADARA and the director of the Crossroads program for traditionally underserved persons who are deaf. The first honored lecturer was Mr. David Myers, a long time friend and colleague of Mr. Petersen, who provided an eloquent speech that not only honored Mr. Petersen's memory but provided a wealth of information on services for our target population as well.

Nancy Long
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Overview of Services to Traditionally Underserved Persons Who Are Deaf: An Historical Perspective

Nancy M. Long

Why "traditionally underserved"? Professionals have spent approximately 30 years attempting to address the service needs of traditionally underserved deaf people. The term "traditionally underserved" is currently being used interchangeably with "low-functioning." The purpose of the new term is to remove the onus or stigma from the deaf people themselves and to emphasize instead the inadequacy of the service delivery system to serve them appropriately. Historically, this group of deaf people has been referred to as low-functioning. However, professionals in the field of deafness decided that term was too negative and instead used multiply-handicapped to describe these deaf people. When the term handicapped lost favor, multiply-disabled was used. Still focusing on the individuals and not the systems that provide service, the following terms have also been used to describe this population: low-achieving, lower-achieving, lower-functioning, hearing-impaired developmentally delayed, developmentally disabled deaf, severely handicapped deaf, and disadvantaged deaf. Although the deafness field has been grappling with the terminology and definition for many years, the term traditionally underserved has recently gained favor as a less pejorative term.

Services in the 1960s: Real attention was first given to traditionally underserved persons who are deaf in the early 1960s. At that time, educators at the residential schools where most deaf people received their education began to voice concerns about the differences among their students. Some, they knew would be successful and independent, others they worried would not. At the same time, vocational rehabilitation counselors, with offices on the residential school campuses, expressed their concern as well. Many students graduated, became employed, and lived independently, but many others were unable to realize their potential. These education and rehabilitation professionals worried about the ability of the those students to function in society at large. Special programs were initiated in residential schools to address those concerns, and some programs continue today as multihandicapped or transitional services.

During the 1960s, vocational rehabilitation services, primarily concerned with issues related to employment, declared that many people who were deaf were ineligible for services because they did not meet the "reasonable expectation for gainful employment" criterion. These deaf people were classified as "too handicapped" and denied services. As a consequence, many deaf people began to slip through the cracks in the service delivery system and swell the ranks of the traditionally underserved population.

Services in the 1960s were not completely ignored. As a result of the advocacy efforts of several deafness professionals and organizations, the state/federal vocational rehabilitation program began to take an interest, express a concern, and develop a mandate for services for this population. It is no coincidence that the American Deafness and Rehabilitation Association (ADARA) saw its beginnings during the 1960s. Vocational rehabilitation services began to implement services with a goal of helping to prepare traditionally underserved persons who are deaf for employment.

A growing concern about the needs of traditionally underserved persons who are deaf that

led to the Rehabilitation Services Administration's (RSA) funding of a comprehensive program for this population through the Arkansas Rehabilitation Services. Housed at the Hot Springs Rehabilitation Center (HSRC), this comprehensive rehabilitation program was staffed by professionals who were knowledgeable about deafness and able to communicate with the clients in the mode of communication they preferred. Many of those professionals are now the leaders in the field of deafness rehabilitation. As a result of their efforts, low-functioning or traditionally underserved deaf persons in Arkansas were able to succeed as vocational rehabilitation clients. Conclusions published in the HSRC final report indicated that a comprehensive approach that combined people who were skilled communicators and who had knowledge and understanding of their consumer population made a difference in the success of their clients' rehabilitation.

Services in the 1970s: Because of the positive results achieved by the HSRC, RSA funded additional projects in the 1970s including programs at the Crossroads Rehabilitation Center in Indianapolis, Seattle Hearing and Speech Center (now called the Hearing, Speech and Deafness Center), and at the Jewish Employment and Vocational Services in St. Louis, to name a few. As a result of the more successful Vietnam protests in the early 1970s, the climate in the country was favorable for self-advocates. That, combined with the Vietnam veterans who returned with disabilities, created an increased awareness of the needs of persons with disabilities. The programs at Crossroads and Seattle were characteristic of the emphasis on severe disability that helped improve services for traditionally underserved persons who are deaf under the 1973 Rehabilitation Act. As a result of this legislation, traditionally underserved deaf persons were less likely to be declared ineligible for rehabilitation services. This population also benefitted from the amendments to the Rehabilitation Act in 1978, which established a program of independent living services. These services afforded traditionally underserved persons who are deaf an opportunity to receive needed assistance to supplement traditional rehabilitation services and expanded the concept of services from cradle to grave.

Building on the success of the HSRC project and in light of the more consumer-responsive atmosphere of vocational rehabilitation in the 1970s, RSA funded additional service projects for traditionally underserved persons who are deaf. Close to a dozen programs received special funding to address the needs of this population between 1963 and 1970; however, only a few remain in operation today. The common characteristic of these successful programs was the development of specialized services in combination with employment staff who had the skills and preparation necessary to deal effectively with this group. These programs used a critical-mass format whereby large numbers of clients were served in a central location thus justifying the expenditures related to operating an intensive and comprehensive program. Unfortunately, for many programs, when special funding dried up, so did the ability to convene a critical mass. Many programs withered away with the staff moving to other jobs. In Hot Springs, for instance, the federal funding evaporated in 1973. Arkansas did not have to funds to continue the program, and the entire staff, who had been hired specifically to work with this population, moved on to other jobs, mostly with rehabilitation agencies.

Services in the 1980s: A number of events in the 1980s triggered a renewed interest in traditionally underserved persons who are deaf. The Developmental Disabilities Act of 1984 and the amendments to the Rehabilitation Act in 1986 provided the opportunity for more effort to be made with severely disabled persons through transition, supported employment, and supportive work initiatives. In 1981, the National Institute on Disability and Rehabilitation Research (NIDRR) funded a Research and Training Center on Deafness and Hearing Impairment at the University of Arkansas campus (RT31). This center was charged with the enormous task of addressing the employment needs of deaf and hard-of-hearing people at all levels. The center subsequently interpreted those needs and divided them into core areas: employment needs and psychosocial needs. They believed it was not merely a question of job task

skills but that other social skills can help a person succeed on the job as well. One of the first projects undertaken by the center was to go back and gather records from the bowels of the HSRC basement. By going through the old files, the center tracked the people who had been served through that special project in the late 1960s. The long range affects of those services were studied, and, after 15 years, it was found that the services had made a difference. There was a difference in the lives of the clients who had gone through the specialized program. Those former clients reported themselves as being happy; they were satisfied with their lives. Although some of those people were living in conditions that would not make educated, white-collar professionals happy, the former clients indicated that they were. (For a more in-depth analysis, the reader is referred to Stewart and Watson's article entitled, "The Quality of Life of Severely Disabled Former VR Clients with Impaired Hearing: A Survey of Long Term Adjustment," in the *Journal of Rehabilitation of the Deaf, 20*, #3, January 1987.)

Another important thing that RT 31 did during this time was to establish the need for further attention to this population. The projects conducted by RT 31 showed that providing effective services to this low-functioning, traditionally underserved, population required intensive efforts and a comprehensive selection of resources available to provide assistance to consumers and the professionals serving them.

Also during the 1980s, the Commission on Education of the Deaf (COED), drew considerable attention to this population. The congressionally mandated COED provided an opportunity to examine in-depth needs and issues related to traditionally underserved persons who are deaf. The COED made a strong recommendation—known throughout the field of deafness rehabilitation as Recommendation 20—that attention be given to the unique needs of this population within the larger deaf and hard-of-hearing population. The COED reported that a majority of rehabilitation money and effort seemed to be invested in the cream of the crop of the deaf population, to those people who could make it into and through traditional postsecondary programs. The COED estimated that over 60% of all deaf high school students who graduated or dropped out were not able to benefit from postsecondary education. It reported that an estimated 100,000 deaf people of all ages were unemployed or seriously underemployed due to additional handicap-related conditions. As part of the solution to the deficit in service delivery to this population, the COED recommended that ten regional comprehensive service centers be established.

The 1980s also saw federal mandates calling for new rehabilitation programs including supported employment and transition. At that time, the Department of Eduaction focused efforts on programs for severely developmentally disabled people. This attention resulted in a mandate for supported employment—a program for assisting people with severe disabilities to get jobs in the mainstream work force with support services. Job coaches were part of this approach to assist people in moving out of sheltered workshops and into the larger world of work. The people who received this assistance participated in programs that were tailored to their needs. If that meant a group of people with severe disabilities and a job coach stayed together for thirty years or until they all retired, that was an option. If a job coach had people who needed occasional support, that was also an option. There was a gamut of ways supported employment worked, and money was put into these concepts. This programming continues today.

The transition services initiative also occurred during the 1980s. Developed with severely developmentally disabled persons in mind, transition services provided additional support to help people with severe disabilities to move from secondary settings to whatever followed. Transition services were targeted to assisting people with several disabilities to successfully make a change from one phase of their life to another. The transition services mandate was conceived to focus more on severely developmentally-disabled, but the mandate helped the deafness field immensely. In many states, transition or supportive work services had been provided for years under a different name (i.e., vocational rehabilitation). Anytime an inter-

preter is provided for the first couple of weeks on the job it satisfies the criteria for supportive work. With the mandate, the field of deafness was able to take advantage of some of the funding and the new concepts that were being presentedto build on services already being provided.

To follow up on information presented earlier, in 1989, because of efforts within the Arkansas Division of Rehabilitation Services' Office for the Deaf and Hearing Impaired (ODHI), Arkansas reinstated funding for deafness services at HSRC. Today, they have a smaller budget, but it includes a counselor (master's level), two full-time interpreters, and a secretary who are all housed within HSRC. Since the project has been reengergized, a critical mass of persons who are deaf are receiving services through this comprehensive rehabilitation program once again.

Services in the 1990s: A variety of events in the 1980s led to changes in the 1990s. Partly as a result of the information presented in the COED related to this population, the U.S. Department of Education funded a research and training center on low functioning deaf adults through the Office of Special Education and Rehabilitative Services, National Institute on Disability and Rehabilitation Research (NIDRR) This center, funded to Northern Illinois University (the Northern Illinois University Research and Training Center on Traditionally Underserved Persons Who Are Deaf- NIU-RTC) is initially funded for 1990-1995. At the same time the NIU-RTC was starting up, RSA provided temporary funding to establish and develop two model service centers that would provide comprehensive rehabilitation services to this population. The two programs funded for 1990-1991 were Project VIDA, a joint effort of the Hearing, Speech and Deafness Center (HSDC) in Seattle and the Seattle Central Community College and the Special Services program of the Vocational Services Lexington Center, Inc., in Jackson Heights, NY (New York City). These programs offer intensive services to traditionally underserved persons who are deaf, each using a different approach. RSA mandated that the two model service centers not only provide services to the target population but also that they interact with other service programs. The intent of this funding of model demonstration programs is to enhance services nationwide through collaboration and technical assistance efforts.

Mandate to Share Information: This mandate to share information addresses an issue that has plagued the service delivery system for traditionally underserved persons who are deaf: that programs have provided valuable services, but due limited funding, their ideas, services, solutions, etc. have never been shared. Due to personnel changes or the demise of the programs, a great deal of information has been lost. For example, the final report from the Hot Springs Rehabilitation Center project is now out of print. One copy was recently unearthed from the bowels of the center and copies were made. There was a lot of valuable information in the report, but, thus far, there hasn't been a mechanism for sharing information with other professionals. The funding of the NIU-RTC and two service center programs has reasserted the federal mandate to share information to enhance the delivery of services to traditionally underserved persons who are deaf. It seems likely that we can look to these programs to work in concert to assist programs from around the country to develop and enhance their service delivery systems.

Identifying Descriptive Characteristics of Traditionally Underserved Persons Who Are Deaf: A Group Perspective

Kathern J. Carlstrom

Rationale: The purpose of this presentation was to seek audience input in an effort to obtain characteristics that were descriptive of the traditionally underserved population. The characteristics identified were to become part of an effort being conducted by the Northern Illinois University Research and Training Center on Traditionally Underserved Persons Who Are Deaf (NIU-RTC) to develop a consensual definition of the population of traditionally underserved persons who are deaf. The development of a definition is a critical step in beginning to access, develop, and adapt programs to serve the target consumer population.

Participants: There were a number of professionals in attendance at this workshop. For the most part, these professionals possessed years of experience providing rehabilitation, independent living, or mental health services to traditionally underserved persons who are deaf. A few participants could best be described as possessing an interest, but little practical experience (e.g., program administrators, students). Part of the agenda for the workshop was to gain feedback from the participants regarding how they defined this population. Those professionals who had experience with traditionally underserved persons who are deaf generally knew who they were talking about, but when asked to define them, these professionals could not agree. To develop a common base for discussion, efforts of the Seattle Project VIDA were described.

Characteristics of Persons Served by Project VIDA: When the Project VIDA proposal from Seattle Central Community College and the Hearing, Speech and Deafness Center was developed, five criteria were used to define the population to be served. These five criteria included:

- at least 18 years of age with a significant hearing loss
- reading at or below the fifth-grade level
- independent living skills deficits
- may not be eligible for developmental disability agency services (i.e., I.Q. above agency limits)
- history of unsuccessful or minimal work experience.

Two of the aforementioned criteria were used as a springboard for further discussion in this presentation The first criteria was that eligible deaf persons must be 18-years old or older and have a hearing loss. The second criteria stipulated that the person must have been reading below a fifth-grade level. While the first criteria was generally accepted, the second component has been criticized because it looked as if it focused on the upper end of the deaf population. Some professionals questioned why fifth grade was chosen as the cut-off because that seemed fairly high. The reasons had to do with ethnicity.

At Seattle Community College there are three campuses, North, Central, and South. The Central campus where the Deaf Programs offices are housed is rich in ethnic diversity. There are students from other countries who must learn to communicate using English. There are deaf international students who come to improve their English and learn ASL. In order for students to attend the regular developmental English classes, they are required to read at the sixth-grade level or above. That is, sixth grade and above qualifies a person for the developmental English classes, not the regular college classes. That requirement often presents a

problem for deaf students. To avoid creating a gap between those deaf persons who might qualify for developmental reading classes (i.e., who have a sixth-grade reading level or better), and those deaf people who read at the third-grade or less reading level, it was decided when writing the definition for the underserved deaf population that services would be available for persons who read at the fifth-grade level or below. In practice however, the project also serves those deaf people whose reading levels cannot be tested. As such, while a fifth-grade reading level is acceptable, it represents the high end of the level of functioning of deaf persons who have been served through Project VIDA. As mentioned, this discussion focuses on only two of the five definition components that were used in Project VIDA.

With interaction and feedback from the participants in attendance, the following list was developed to define characteristics typical of a traditionally underserved person who is deaf (not in any order):

- Inability to obtain or maintain employment
- Difficulty gaining access to service agencies (vocational, education, mental health)
- Deficient language and communication skills
- At risk factors, including having a low socio-economic status, being a member of an ethnic or cultural minority, residing in a rural area, or having a history of incarceration
- Possesses additional disabilities
- Poor academic skills
- Poor social skills
- Excluded from Deaf and hearing communities
- Poor self-management skills
- Exhibits inappropriate behavior
- Lack of knowledge about independent living
- Isolated from traditional support services
- Lack of knowledge of services available
- Lack of self-esteem
- Difficulty making the transition from school to adulthood
- Overprotective parents or legal guardians
- Complicated medical management issues

The discussion that surrounded the development of this list was spirited and intense. Attempts were made to develop a rank ordering of the listed characteristics to reflect those that were most descriptive (to least). This proved a difficult task and only rough parameters were identified including: lack of communication or language skills, poor independent living skills, and poor academic performances/training. A list of risk factors was also identified as possibly contributing to a deaf person becoming traditionally underserved. The issue of lack of access to services surfaced several times further reflecting the current trend to identify this population in terms of failures on the part of systems to provide adequate services.

Additional Definition Issues: Two additional issues were raised that participants felt needed to be addressed in terms of defining this population. The group was unable to discuss them at length due to time constraints. These issues included determining base and ceiling levels for this population. Specifically, participants agreed that there should be consensus as to whether developmentally disabled deaf persons should be included within the traditionally underserved deaf population and, if so, to what IQ level. Relatedly, discussion centered on determination of an upper level. Questions were raised relative to including postsecondary level deaf persons. The group seemed to agree that current educational placement may not provide an accurate reflection of the level of functioning of the deaf person in question with many traditionally underserved persons who are deaf and attending postsecondary programs for lack of any other available resources.

A second issue raised for discussion was whether individuals with significant mental health problems should be included under the definition of traditionally underserved. Although time did not allow for these issues to be discussed at length, workshop participants strongly recommended that they be addressed among professions prior to agreeing on a functional definition of this population.

Future Directions: The discussion that occurred in this session indicated that there is strong interest in improving the provision of services to traditionally underserved persons who are deaf. The importance of developing a definition or description that most professionals can agree on was deemed important since it would guide efforts to enhance the delivery of services to this target consumer population.

Perspectives on Service Delivery: The Lexington Center, Inc.

Nancy Carr

The Lexington Center for the Deaf, Inc. has evolved into a comprehensive program for low-functioning deaf adults in response to a growing need for educational and vocational rehabilitation services. Anticipating enrollment declines at the Lexington School for the Deaf following the rubella bulge, the board of directors decided to operate existing programs as a group of affiliates. These included the school, a speech and hearing center, a research center, and a mental health center. A center director was then hired to oversee all of the programs.

The program for low-functioning deaf adults has an unusual history. It began with a group of former students who played basketball every week in the school parking lot. Out of curiosity the new center director asked these alumni why they hung out at the school and was surprised that they did not have another place where they could socialize with their friends. The center director also noticed that the alumni frequently played ball during the day and asked why they were not working. A survey was conducted on the employment status of these alumni and it was found that 60-75% of them were unemployed. The director felt that the center had a responsibility to offer services to enable the alumni to obtain employment.

"A survey was conducted on the employment status of these alumni . . . 60 - 75% were unemployed."

Since there was plenty of space available, the center director offered this group of alumni use of the school gymnasium and thus was born the Vector program. Vector has grown into a formal recreation program and continues to this day with approximately 100 members attending at each of the sites every week. The program is based on a peer-support model that strives to hire deaf employees with a good employment history who can serve as positive role models.

During this same time, state funding for supported employment became available, and The Lexington Center was able to utilize some of the funds for their clients. Following this, the center was awarded a one-year federal grant to provide services to traditionally underserved persons who are deaf. To qualify for these services, an individual must have two or more of the following characteristics: He or she must: (1) be profoundly deaf, and (2) score below the fourth grade level in reading and math, and/or (3) receive Public Assistance funds, and/or (4) demonstrate a history of inability to obtain or maintain employment, and/or (5) have multiple disabilities, and/or (6) demonstrate difficulties in independent living.

Due to space shortages, the center designed services through a consortium of agencies in the New York and New Jersey metropolitan areas. The greatest need for services was in the area of supported employment and that continues to be the main thrust of the program today. There are currently 20 job coaches on staff, many of who also work part-time in the Vector program, which allows for interaction with their clients in a variety of settings.

Another innovation of this program was the ability of the center to bring professionals to the clients. Although there was a tremendous need for independent living skills training and ILS training centers were available throughout the area, low-functioning deaf individuals would not go to them. In response, The Lexington Center purchased counselor time from an independent living skills counselor fluent in ASL who would then work with clients at the Lexington Center. Through many positive interactions with this individual and with obvious skill improvement, clients began to recognize the need for training at an established ILS center and are now slowly showing up at the existing centers to seek services.

"The greatest need for services was in the area of supported employment, and that continues to be the main thrust of the program today."

This situation was also true for mental health services. Unfortunately, there was a negative stigma attached to going to a mental health center that has adversely affected participation, even though a large percentage of the clients were in need of these services. Similar to the independent living skills training, the center contracted with a psychologist to come to Lexington to provided services in an environment in which the clients felt much more comfortable. By making these site accommodations, preventative services have been provided and have saved a number of individuals from losing their jobs. The issue was one of where to provide the services rather than whether to have them.

Although the program has only been in existence for one year, data collection has been maintained through the consortium agencies. It is anticipated that within the next few years there will be sufficient data to discuss trends in the population, including demographics, commonly requested services and areas still in need of remediation. It is hoped that this type of information will assist other professionals who are now struggling to work with this population.

Barriers to Service Delivery with Traditionally Underserved Persons Who Are Deaf

Greg Long

Among professionals working with traditionally underserved, or low functioning, persons who are deaf, there is wide consensus that their needs are not being met. Likewise, there is agreement that service provision must change in order to more effectively serve this population. Before addressing these issues, however, the specific needs of this group and the services they are lacking must be identified. Employing the Nominal Group Technique (NGT, Delbeq, van de Ven & Gustafson, 1975) 18 professionals from around the country who work with traditionally underserved persons who are deaf were asked their opinions on these issues.

Following a structured NGT process the participants were first asked to silently generate as many responses as possible to the following question: What do you see as specific barriers to appropriate service delivery with traditionally underserved persons who are deaf? After the ideas were generated the participants were asked to share them with the group. Each idea was written on a flip chart. At the end of this process the participants reviewed the suggestions, collapsed similar ideas into one statement, and discussed the exact intent of each idea. A total of 18 issues were identified. The participants were then asked to individually rank what they perceived as the top five barriers to successful service delivery. In tallying their responses, each time a statement was identified it received one vote. Using this procedure, eight issues received six or more votes indicating that at least one-third of the participants saw it as a significant barrier to successful service delivery. (See Table One for a complete list of identified barriers and their rank order.)

The following is a brief description of the eight issues that received six or more nominations, in order of importance:

Inconsistent or Limited Funding: Comprehensive service delivery to traditionally underserved persons who are deaf is, on average, more costly and time consuming than providing services to the general deaf population. The chronic shortage of funds necessary to provide rehabilitative services to the general deaf population exacerbates the deficiency of funds for comprehensive rehabilitative services for traditionally underserved individuals. Furthermore, federal funding specifically targeted for this population is dependent on the political climate and has not provided a consistent means of maintaining programs. In the past, priority funding has been available to develop comprehensive services for traditionally underserved persons who are deaf, only to be cut or diverted to a new target population in subsequent years. The programs are generally unable to become self-supporting due to the high costs for skilled personnel in relation to the low incidence of the population. Therefore, when funds are no longer available, the programs disappear.

Lack of long-term resources: There is a high rate of service recidivism among traditionally underserved deaf persons, especially at state Vocational Rehabilitation (VR) agencies. However, these individuals often require comprehensive services

Barrier	# of Votes
Inconsistent or limited funding	12
Lack of long term resources	11
Difficulty identifying clients who are not in the system	9
Inappropriate assessment	9
Limited interagency collaboration	8
Minimal family involvement and support	8
Academic deficits	7
Difficulty finding, hiring, and keeping competent staff	6
Limited abilty to match services to the needs of the individual	6
Insufficient number of deaf professionals involved in service delivery	3
Few materials to teach independent living skills	3
Transition services generally unavailable	3
Not enough interpreters	2
Difficult to identify resources	2
Mental health services unavailable	1
Difficulty finding worksite support	0
Few appropriate physical facilities	0
Little information regarding best practicesfor intervention	0

Table One: Barriers to service delivery with traditionally underserved persons who are deaf: Results from the Nominal Group Technique process (Delbeq, van de Ven & Gustafson, 1973) with 18 participants casting a total of five votes each. Total votes = 90.

over an extended period of time. State rehabilitation services are developed as a one-time plan, and generally do not make allowances for individuals who may need ongoing support and services. Additionally, federal and state VR policies prohibit long-term funding for services, with the exception of supported employment in a select number of states. Because traditionally underserved persons who are deaf have needs that fall outside of the scope of these policies, they are often determined ineligible for services.

Difficulty identifying individuals who are not in the system: This issue refers to those individuals who are not receiving services from traditional state service agencies. A substantial portion of this population is excluded from adult rehabilitative services because they have been determined to be ineligible for services due to the severity of their disability or disabilities. At the same time, their IQ range is generally too high to meet the eligibility criteria necessary to qualify for service programs for people who are developmentally disabled. Modifications must be made to accommodate those individuals who have sought services and have been determined to be ineligible.

A second issue confronting the service delivery system concerns the portion of this population that is simply not aware that there are services available. Without an awareness that specialized services may exist, potential clients will not enter the system. Relatedly, an increasing number of deaf adolescents attend mainstreamed education programs. These programs are frequently limited in their ability to facilitate the transition of deaf students into the vocational rehabilitation system (Sendelbaugh & Bullis, 1988).

Inappropriate assessment: Program planning is highly dependent upon appropriate assessment. Without reliable and valid tools to identify an individual's strengths and weaknesses it is virtually impossible to determine and prioritize his or her needs. This perspective holds true regardless of an individual's disability or lack thereof. Within the field of deafness, however, this issue assumes

particular importance. The general field of assessment with people who are deaf is fraught with difficulties. Concerns regarding lack of trained evaluators, use of interpreters in the assessment process, lack of norm groups, and discriminatory test procedures are but a few of the salient issues surrounding this topic. With traditionally underserved persons who are deaf, these concerns become even more problematic. This often leads to situations wherein effort and resources are expended in a manner that is neither cost-effective nor in the client's best interests.

Limited interagency collaboration: Many traditionally underserved persons who are deaf require ongoing, comprehensive services. This situation virtually demands an interagency approach to service delivery. Despite their needs, however, various systems, programs, and agencies are often either not capable, willing, or aware of the benefits to be gained by working collaboratively. For example, Sendelbaugh and Bullis (1988) conducted a study to determine the nature of collaboration in transition planning between special education and vocational rehabilitation for students with hearing impairments. They found that: 1) there was no uniform definition of hearing impairment between agencies; 2) in most instances there was neither a vocational rehabilitation nor special education coordinator to oversee transition activities; 3) there were differences of opinion as to who is the most logical person to develop transition plans for students; and 4) transition planning was highly dependent upon the specific setting in which it occurred—specifically, deaf students in mainstreamed settings were less likely to receive transition planning than were students in residential settings.

While the Sendelbaugh and Bullis (1988) study highlighted the limited interagency coordination between special education and vocational rehabilitation, similar parallels can be seen between vocational rehabilitation and mental health. All too often there is not a working state plan for coordination of services between these two agencies. In addition, there is seldom a clearly identified liaison to coordinate services. Finally, opportunities to join training programs or interact informally are rare. With a relative lack of awareness by either side about how the other system functions, it is difficult, if not impossible, for either agency to appreciate the philosophy, goals, mission, and mandates followed by the other. As such, traditionally underserved persons who are deaf infrequently receive appropriate mental health services.

Minimal family involvement and support: This issue is multifaceted. Many families of traditionally underserved persons who are deaf mean well but are seen as overprotective. This behavior may be attributed, in large measure, to a lack of information and understanding of resources available to their son or daughter. It is widely known from the family systems literature that the needs and issues affecting any one family member also affect the entire family. Unfortunately, all too often families are excluded from meaningful participation. English (1983) examined case records from general vocational rehabilitation counselors and noted that family involvement was identified in less than 5% of all cases. In addition, Spaniol and Zipple (1988) surveyed family members of psychiatrically disabled clients about their perceptions of various social service providers. They found that vocational rehabilitation professionals were viewed the least positively. Specifically, family members stated that, on average, they were "moderately dissatisfied" with vocational professionals. Interestingly, when vocational rehabilitation professionals where asked how they imagined families perceived their work they rated themselves significantly more positively than did the families. While neither of these two studies directly focused on traditionally underserved persons who are deaf there is little reason to assume that different findings would be obtained. Until such time as families are routinely involved in a meaningful way in the rehabilitation process the issue of family involvement will continue to be seen as a significant one.

Academic Deficits: A recent article by Nash (1991) revealed that twice as many hearing impaired students drop out of high school as compared to their hearing peers. In addition, only 19% of deaf

hispanic, 22% of deaf black, and 52% of the deaf white population read at or above the fourth-grade level. As such, many members of this population are functionally illiterate. This presents a particular obstacle to service delivery because it greatly reduces the number of training and education options available to this population. For example, most trade and vocational programs require at least a fourth-grade reading level to succeed in the program (U.S. General Accounting Office, 1986). In addition, at the present time there are few, if any, instructional strategies that have been demonstrated to reliably increase literacy levels among traditionally underserved persons who are deaf. Without the ability to read many of these individuals are unable to gain entrance to, or succeed in, post-secondary education or vocational skill development opportunities.

Difficulty finding, hiring, and keeping competent staff: Service providers need to be able to match the communication needs of these individuals whose skills may range from ASL fluency to no formal language skills, and they must have an understanding of the psychosocial aspects of hearing impairment and deafness. In addition, professionals need to be knowledgeable of a variety of disabling conditions in addition to deafness. At the present time, there are few formal training opportunities available for service providers who work with traditionally underserved persons who are deaf.

Limited ability to match services to the needs of the individual: This issue concerns the need for flexibility when providing services. Although this is difficult given the case overloads facing most employees of state agencies, the needs of traditionally underserved persons are so varied that typical services may not be effective without some modification. For example, it may be more appropriate to provide home services to an individual from an ethnic or cultural minority group whose extended family is an integral part of his or her functioning. A traditionally underserved deaf individual with limited or no language skills may require the assistance of an interpreter skilled in gesture, or allowances may need to be made for individuals who come into the office unannounced because they lack the communication skills or technical support needed to call in advance.

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A Resource for Enhancing Service Delivery: The Northern Illinois University Research and Training Center on Traditionally Underserved Persons Who Are Deaf

Sue E. Ouellette

The Research and Training Center on Traditionally Underserved Persons Who Are Deaf at Northern Illinois University (NIU-RTC) was funded in September 1990 by the National Institute on Disability and Rehabilitation Research (NIDRR), a unit within the Office of Special Education and Rehabilitation Services (OSERS) of the United States Department of Education. The center was funded in response to a set of priorities that were developed by practitioners and professionals in the field of deafness. It is particularly significant that these priorities resulted from a grass roots movement in the truest sense of the term. The government did not simply decide that such a center should exist. A previous section addressed an historical overview of services for the lower-achieving or low functioning or traditionally underserved population. The description clearly shows what most people who have worked with this population intuitively know: for decades services for traditionally underserved persons who are deaf have been woefully inadequate.

NIDRR recognized the inadequacy of services through various efforts on the part of politicians and service providers to secure funding and, consequently, assembled a group of professionals from the field of deafness who were aware of the special problems that lower-functioning deaf people experience and brought them together. Essentially, NIDRR asked, "If a Research and Training Center existed that would address the needs of this population, what would it look like?" Grass roots input was central from the beginning.

NIDRR Priorities: A number of priorities were identified for the new center. To summarize them briefly, the federal government required that the new center investigate causes and rehabilitation-related consequences of disabling physical, social, cultural, emotional, behavioral, communicative, and cognitive conditions among the members of the target consumer population. First, NIDRR asked that all of these consequences be examined as they relate to deaf adults who are lower functioning, or traditionally underserved, including those with secondary disabilities. The field and the funding agency have described this as a complex problem; one that is physical, social, cultural, emotional, behavioral, and communicative.

Second, the new center was told that it must identify services that are offered to the general population, not only to persons who are deaf. The center was expected to examine all of the services that might be appropriate for this population and the existing barriers that prevent lower-functioning individuals who are deaf from accessing these services. Additionally, the center was challenged to develop innovative service approaches or to make modifications to the current service delivery system to enhance services for the target population.

Third, NIDRR asked the center to identify and demonstrate the effective use of existing assessment techniques and rehabilitation methods and to develop new tests and techniques. This mandate addresses the severe lack of materials, resources, and tools that are available to effectively intervene with lower-functioning individuals who are deaf. The dearth of available resources was recognized and the new center was challenged to improve this situation.

Fourth, NIDRR asked the center to develop

a research-based model to support families, professionals, and service providers in their efforts to enhance the delivery of services to this particular group. NIDRR was wise to include this priority because it recognized that the constituencies of this new center include not only traditionally underserved persons who are deaf but also their families and the service providers who work with them. Service providers are as much the consumers of what this center will produce as are persons who are deaf. Service providers have a tremendous need for information and materials so that they can do their jobs.

Fifth, the center was asked to develop a model of technical assistance for state rehabilitation and state developmental disabilities agencies to enable them to enhance their services to this population. This is another intervention aimed at the system level since it addresses two systems that traditionally underserved persons who are deaf may find their way into.

Sixth, the center was charged with maintaining an interactive relationship with major comprehensive rehabilitation facilities that provide services to the target population. A mandate was given to work closely with these programs so that the research efforts of the new center would be applied in nature and firmly grounded in the actual issues and practices of the service delivery system.

Seventh, the center was asked to develop effective instructional and media material to disseminate new knowledge in this area. In other words, the center was charged to disseminate each new idea or product developed as expeditiously as possible.

The final priority identified by NIDRR charged the center with conducting one or more state-of-the-art conferences that deal with the rehabilitation of deaf adults who are lower-functioning. The dual purpose of these conferences is to gain input and to continue the type of interaction that is needed to enhance service provision.

NIU-RTC Goals: Reviewing these priorities gives one a sense of the wisdom of the group who authored them. Without such comprehensive priorities, the NIU Research and Training Center would not be able to have the desired impact on the delivery of services to this population. These priorities, then, are what the new center at NIU must address regardless of what direction it is pulled. There is such a great need for information and resources relative to this population that the faculty and staff at the center feel torn in trying to meet the needs of deaf people themselves, their families, and service providers; however, these priorities provide the framework for the three kinds of activities the center is engaging in during the first five years of funding.

Research Projects: First, the center is conducting a series of research projects that are applied and programmatic in nature. That means that none of the research is the esoteric or theoretical kind done in laboratories. The center is performing only those studies that have direct relevance to the field, result in relevant products, and create resources that can be used to enhance the delivery of services to this population. The emphasis on programmatic research means that the center is not conducting small isolated studies that don't relate to each other. All of the studies, all of the resource development projects, and all of the training come together so that they are interrelated components, and the sum of the whole is much more than any single component. In other words, all of the projects are working together in a synergistic fashion; similar to Tinker Toys or building blocks, the interlocking nature of the research projects is critical.

Resource Development Projects: Second, the center is conducting a series of resource development projects that may relate to a specific research project or stand alone. These efforts will result in tangible projects such as a model state plan and a resource bank. Professionals and consumers can call the resource bank at any time and ask, "What does the center know about a curriculum that teaches health and hygiene to Hispanic people with multiple disabilities? Has there ever been anything done on that?" Staff at the center will search the literature library and data bases and the information that is found will be relayed back to the person requesting it, which will allow immediate access to virtually any information the center has concerning the subject.

Training Projects: Training projects are the third component used by the center to fulfill the priorities set by NIDRR. The center has been charged with taking everything that it has developed, learned, and discovered and making certain that consumers and people who work in the field know about it. The information is disseminated as soon as there is enough confidence and security surrounding a project to say, "This works!"

Core Areas: The center conducts these research, resource development, and training projects in three core areas. These core areas define the manner in which the federal priorities are being addressed. The first core area is focused on system and program interventions. In this core area, interventions are being developed to address service delivery issues. Before the center can develop appropriate interventions, several issues need to be addressed, such as: who is included in this population, what are the characteristics of the population, and how many people fit the definition of traditionally underserved persons who are deaf? Also in this core, the center is in the process of describing several exemplary programs that have been identified by people in the profession as programs that provide comprehensive services to the target population. Researchers from the center are visiting the six designated programs to study them through a process of qualitative research. This process enables the center to glean the core issues relative to serving this population and to describe particular approaches or program structures that are effective. Within this core area, the center is compiling a directory of all of the programs that currently serve traditionally underserved persons who are deaf, with specific attention focusing on barriers that may prevent access to quality programs.

The second core area focuses on individual interventions. As previously mentioned, the service delivery system is one consumer and traditionally underserved persons who are deaf is another. The center must develop interventions that will assist an individual to function more independently in both personal and vocational settings. In this core area, researchers at the center are developing an assessment instrument that describes an individual's strengths and weaknesses in the areas of vocational and independent living skills. Additionally, materials are being developed that focus on vocational communication and independent living skills.

The third core area includes interventions that target service providers. The interventions developed by the center in this core area attempt to enhance the professional's level of comfort and expertise in providing services to this particular consumer group. This core area, like the others, is enhanced by the resource development and training projects that complement the research projects and assist professionals in feeling more confident and knowledgeable about the services they are providing. In this core area, employers are targeted to see what can be done to increase their level of comfort when hiring traditionally underserved deaf individuals, particularly in nontraditional employment areas. This core area also involves developing a computerized case management simulation that allows students in training or professionals who wish to hone their skills to walk through a simulation that provides rehabilitation services to a traditionally underserved individual who is deaf. The users of the simulation can record their decisions about the case and receive feedback based on advice from a panel of experts. The computer program rates the trainees suggestions and poses additional choices that might be more effective or efficient with this population.

The previous paragraphs provided a brief summary of the research projects in three core areas that the faculty and staff at the NIU-RTC are addressing. All of the other projects, the data base, the model state plan, the symposiums, the monographs, a videotape series, and others, which are too numerous to mention, feed into one of these three areas and help us illuminate them more fully.

Achievement of Goals: The tremendous challenge faced by the center will extend far beyond the initial five-year funding period; however, the faculty and staff of the center have been given goals and have designed realistic plans for accomplishing those goals. One way in which center personnel are seeking to accomplish those goals is through consumer involvement at every level of the process. The consumers, again, are not only traditionally underserved persons who are deaf but

also their families and the professionals who are involved in delivering services to them.

Regional Affiliate Sites: One effort by which the NIU-RTC plans to achieve these goals is working with six regional affiliate sites that are located around the country. This approach is unique to the NIU-RTC. The regional affiliate sites are all programs that are currently providing exemplary services to traditionally underserved persons who are deaf. They include the Lexington Center, Inc., in New York, Georgia Sensory Rehabilitation Center in Atlanta, Southwest Center for the Hearing Impaired in San Antonio, Community Outreach Program for the Deaf in Tucson, Hearing, Speech and Deafness Center in Seattle, and the Illinois Department of Rehabilitation Services. At each of these sites an on-site coordinator is shared/employed by the host agency and the NIU-RTC. The on-site coordinators are involved in all of the projects and provide a constant sounding board and reality check with the actual service delivery system. Having six research associates in six parts of the country, all of whom are directly engaged in providing services to this population, is an additional advantage for the center.

The project that focuses on independent living curriculum, provides an example of how the emphasis on consumer input interfaces with the system of regional affiliates. The on-site coordinators have been involved in this project from the very beginning. The specific independent living materials that are most needed are being defined by a consensual process that involves consumers as well. Once the specific topics have been identified, the on-site coordinators will be involved in identifying the myriad of innovative techniques and materials that are being used by service providers to teach the specific skills identified. One may recall that approximately fifteen years ago, ADARA published a small orange book, which was the result of a workshop on independent living that was held at the University of Tennessee. Participants in this workshop were asked to provide descriptions and copies of materials they used to teach various independent living skills to their clients. Boxes upon boxes of highly creative materials were received that exhibited the creativity necessary to effectively address the needs of traditionally underserved persons who are deaf. Researchers at the center want to use a similar approach by asking the on-site coordinators to scour their geographic areas and discover what is currently being used to teach specific independent living and vocational skills to lower-functioning deaf individuals. In this way, researchers hope to access the excellent resources that exist but that most professionals are not aware of because the resources were developed by the individual creativity of professionals working "on the firing line" and have not been published.

The on-site coordinators have been asked to send all of the materials they have identified to the center where the materials can be assessed against a standard that has been developed to describe what constitutes a useable curriculum in the given area. Researchers at the center can then examine the existing criteria and determine whether one can be modified or whether a new curriculum needs to be developed. When the final curricula have been developed, it will again be sent to the on-site coordinators to field-test in agencies that are delivering services to traditionally underserved persons who are deaf. When researchers from the center receive the field-test data, necessary modifications will be made and the curriculum will be packaged for dissemination. At this stage, the on-site coordinators will be asked to train professionals in their own regions about how to implement and use the curriculum that they have helped the researchers from the center develop.

Conclusion: In conclusion, the personnel at the center have a tremendous challenge and opportunity to address a long-standing problem. Everyone shares a common belief that lower-functioning persons who are deaf have indeed been underserved, and the faculty and staff at the center are tremendously excited to have an opportunity to change this. There are no quick-fix solutions; only years of hard work will begin to address these problems. Through a belief in consumer involvement and the use of applied research efforts and with the assistance of the regional affiliates, the faculty and staff of the NIU-RTC believe that many of the problems that impede access to quality services for traditionally underserved persons who are deaf can be solved.

The Eugene Petersen Memorial Lecture on Services for Traditionally Underserved Persons Who Are Deaf

The American Deafness and Rehabilitation Association (ADARA), long a champion of improved services for traditionally underserved persons who are deaf, instituted a special lecture series to be included in each biennial conference. This lecture series was dedicated to Mr. Eugene (Gene) Petersen, past president of ADARA and director of the Crossroads program, a program for traditionally underserved persons who are deaf, in Indianapolis, IN. While Mr. Petersen's contributions to the field are considerable, they were cut short by his tragic and untimely death. Through an arrangement with ADARA, the NIU-RTC was involved in hosting this special luncheon lecture at the conference held in May, 1991 in Chicago, IL. The first lecturer in this series was Mr. David W. Myers, and his paper is included in this monograph.

Mr. Myers is currently Program Specialist for the Deafness and Communicative Disorders Branch of the Rehabilitation Services Administration (RSA), Office of Special Education and Rehabilitative Services of the U.S. Department of Education. His professional career includes positions as a rehabilitation counselor for the deaf in Indiana (where he first worked closely with Mr. Petersen), and a rehabilitation counselor for the deaf in Louisiana. He then became the State Coordinator of Rehabilitation Services for Deaf people in Louisiana and moved on to fill the same position in Michigan before accepting his current position with RSA.

Mr. Myers' long friendship and professional affiliation with Mr. Petersen made him a particularly appropriate person to deliver the first address in Mr. Petersen's honor. The paper he presented captured not only the spirit and commitment of Mr. Petersen for improved services for this population but presented a compelling case for such improvements as well.

The NIU-RTC is proud to include the following paper in this monograph.

The Eugene Petersen Memorial Lecture on Services for Traditionally Underserved Persons Who Are Deaf

American Deafness and Rehabilitation Association Biennial Conference

May 22, 1991

David W. Myers

I was deeply honored to be asked to deliver the Eugene Petersen lecture, especially because Gene was my friend and I was involved with him from the time that he first entered the rehabilitation field.

Because this is the first time for this lecture, and because Gene Petersen has so recently departed us, I want to talk about this wonderful man, his work, his ideas, and his beliefs, as they concern services to a group of persons who are deaf. He generally referred to this group as "severely handicapped deaf" although now they are often referred to as 'low-functioning deaf" or "traditionally underserved persons who are deaf."

In 1967, Crossroads Rehabilitation Center in Indianapolis, Indiana decided to hire a specialist to work with their many clients who were deaf. A search was begun for a qualified deafness rehabilitation specialist but ended without success after several weeks.

Two prominent deaf leaders submitted the name of Gene Petersen, a Salt Lake City, Utah printer. I remember calling Gene to ask if he would like to apply for the position. His response was pretty much "when do I start?" What follows is a truly amazing story. He applied for the job. He gave the names of Dr. Ray Jones, Dr. Bob Sanderson, and Vaughn Hall (then Director of Utah Vocational Rehabilitation agency) as references, and they were contacted. They wrote reference letters that were so impressive that Dr. Roy Patton, Crossroads Director, decided to offer the job to Gene without an interview. That was in spite of the fact that Gene was a middle-aged printer who was deaf without any college training and no rehabilitation experience.

Now, Indianapolis was about 2,000 miles from Salt Lake City. Gene had a secure job and 25 years of experience in the printing trade. He had a wife, two children at home and another in college, and was already a grandfather. Yet, without even meeting the man who wanted to hire him, without seeing the place where he would work, he did not hesitate to accept the job. I recall his telling me that this job was a dream come true. With no training and no experience in the rehabilitation field, clearly the man believed in himself. He never mentioned the word "risk". He and his family made the very costly move to Indianapolis, and he moonlighted as a printer to make ends meet.

The rest is history. We are now honoring Gene for his outstanding work and leadership over the next 17 years. In addition to rehabilitating hundreds of severely handicapped deaf clients, or low-functioning, or traditionally underserved, or whatever we choose to call this group, he was a prolific writer and a tireless advocate for this consumer group. He was especially disturbed that programs serving high-functioning deaf persons were more prevalent and much more adequately funded than programs serving the low-functioning group. He had statistics to show that quality specialized services could produce excellent results. Approximately 68.5% of his Crossroads clients' cases were successfully closed by vocational rehabilitation agencies in 1974-1976. This number

was determined with the assistance of Doug Watson at the New York University Research and Training Center on Deafness. This is impressive considering the difficult-to-serve client population. By comparison, RSA case data for 1988 shows that 71% of all deaf clients were closed as successful. Of the clients Gene was serving in this three year period, 28.4% had a history of institutionalization, which gives some indication of the level of difficulty of the client population being served at Crossroads (Crossroads Rehabilitation Center, 1987).

Gene Petersen was straightforward in speaking and writing about the low-functioning group who he was devoted to serving. In his article in the January 1986 issue of Executive Forum, a publication of Goodwill Industries of America, Inc., he carefully defined the group as being divided into three broad categories with considerable overlap.

> Some have multiple physical and mental disabilities in addition to being deaf, some may be mentally retarded, mentally ill, have cerebral palsy, low vision, learning disabilities, epilepsy, orthopedic disabilities, diabetes or heart disease. Others are educationally and culturally deprived, victims of misdiagnosis and educational misplacement or parental overprotection, neglect or ignorance . . . many fell between the cracks and never attended school, or had only two or three years of school . . others are found vegetating in hospitals and institutions, cut off from treatment by oral communication . . . almost all of them, whatever their deprivation, are socially immature. The third group includes an assortment of school dropouts and kickouts, hedonists, con men, moochers, alcoholics and drug addicts . . . many have been in trouble with the law. Those individuals of all three groups may not be highly motivated for work and often are too irresponsible to hold a job. . . most depend on some variation of sign language for communication . . . few read at better than the third or fourth grade level, some are illiterate . . . some have no formal language in any form . . . and depend on crude pantomime, facial expressions and acting out . . . some have quite a bit of useful hearing and can communicate well both orally and manually . . . some have relatively good speech and some think they can talk even though only their immediate families and teachers can understand them, and many have no understandable speech . . . and some cannot accept their deafness, resent being called deaf and want nothing to do with sign language and deaf people.

I have given this definition because the question "who are the low-functioning persons who are deaf?" surfaces frequently. Since the Commission on Education of the Deaf (COED,1988) report was released congress and the federal government have acted to generate more and better services for this group. The Department of Education funded the establishment of the Research and Training Center on Traditionally Underserved Persons Who Are Deaf at Northern Illinois University and two model centers to serve low-functioning persons who are deaf. These centers include: Project VIDA, a joint project with the Hearing, Speech and Deafness Center and the Seattle Community College, and the Lexington Center Inc., in New York City.

It was almost 20 years ago that Brian Bolton at the University of Arkansas in Fayetteville described low-functioning persons who are deaf as needing a longer training period and costing more money than other rehabilitation clients who are deaf (1973). This still holds true today and is further complicated by costs that have escalated. Gene Petersen believed in a service model that combined vocational evaluation, communication skills development, independent living skills training, work adjustment, and job placement. This model has been duplicated successfully many times over, but too frequently these programs are discontinued after a few years or after their grant funding expires. This has almost always been because of the higher costs that Bolton warned us about Gene's own program at Crossroads Rehabilitation Center was discontinued after their federal grant expired and this resulted in Gene moving on to start a program at another facility. A contributing factor associated with cost is the need for housing to

enable clients from throughout a state, or multi-state territories, to participate in the program. Some excellent programs that have been established without the necessary housing have found that they could not generate enough clients from the area where the facility was located.

With the advent of some new approaches for serving rehabilitation clients with severe limitations, especially supported employment, it may be possible to serve large numbers of low-functioning clients who are deaf at lower cost. The Lexington Center, Inc., is one such model, because they coordinate many existing service programs and add other needed services with vocational evaluation and supported employment as the key components. This model is most appropriate for heavily populated areas. When existing agencies, both public and private, can coordinate their efforts to meet client needs, it can serve to avoid the heavy cost of starting up and maintaining specialized service programs for low-functioning adults who are deaf. Of course, there is a catch. It takes staff trained to work with this target population, and it takes a strong commitment from the agencies involved to make it work.

The goal of supported employment is the utilization of new and existing rehabilitation technologies to enhance the economic self-sufficiency of a large group of citizens who previously were unable to earn meaningful wages in competitive employment. Supported employment is predicated on securing commitments for long-term, permanent support, either daily or intermittent, for individuals through the term of their employment. I believe that the supported employment concept has great potential for use with low-functioning clients who are deaf. The need for long-term support is not likely to be as great with low-functioning clients who are deaf as with the clients traditionally served in supported employment. I believe that interpreters, who are already on the employment scene intermittently, can be trained as job coaches and take on an additional role. I know that there are some ethics questions involved in this for interpreters, but I am certain that such problems can be resolved. In our professions, roles do change and that requires adaptations. By expanding on the role of interpreters, we will be creating further justification for additional permanent rehabilitation interpreter positions, which we need so badly.

Vocational evaluation, independent living, and communications training are some service options that are needed for effective utilization of the supported employment concept with low-functioning persons who are deaf. When these services already exist, options are obtainable for individual clients through use of interpreters/job coaches, then new or start-up service needs can be minimized.

In areas where the population is less dense or predominantly rural, it may still be necessary to bring clients to a facility to access appropriate services and housing made available. The RSA funded project in Seattle, Project VIDA, is one such model program. The Southwest Center for the Hearing Impaired in San Antonio, Texas in another such model that has been enormously successful for many years.

Gene Petersen's untiring efforts are producing results. I urge that the American Deafness and Rehabilitation Association assume a leadership role in the area of services to low-functioning persons who are deaf. I urge the ADARA leadership to coordinate the efforts of other consumer and professional organizations to work toward the goals of service access and availability for this deserving consumer group.

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