

20. INTEREST IN SERVICES

<u>SERVICES</u>	<u>Defin</u>	<u>Some</u>	<u>None</u>	<u>Total</u>
PAYMENT FOR INTERPRETERS	43.1%	28.5	28.4	100%(154)
INTERPRETER REF. SERV.	46.7%	29.2	24.1	100%(158)
INFO MATERIALS	58.0%	31.8	10.2	100%(165)
IN-SERVICE TRAINING	42.2%	39.1	18.8	100%(159)
BORROWING ASST. LIST. DEV.	26.1%	35.6	38.3	100%(153)
ASST. FINDING SERVICES	43.8%	33.8	22.5	100%(159)
CONSULT-ADVOC-CASE MG	42.0%	34.8	23.2	100%(155)
INDEP. LIVING TRAINING	31.3%	31.5	37.2	100%(149)
CONSULT DEV. SPEC. PROGS-POL	32.9%	34.2	32.9	100%(153)
COFUNDING SPEC. PROGS	30.3%	31.3	38.4	100%(152)
OTHER SERVICES	13.1%	20.7	66.2	100%(158)

Respondents were also given an opportunity to identify the services that the MCDHH should provide directly to their clients and the support services that the MCDHH should provide to the agency (table 21). While many respondents did not list any services that the MCDHH should provide directly, between one-quarter and one-third of those who did mentioned providing interpreters, staff training, and information/referral. About one-third of the respondents also mentioned a specific agency service that the MCDHH should provide to their clients. Among the potential MCDHH support services mentioned, training was the most popular, mentioned by about 7 of every 10 respondents. Information and referral services were seen as a valuable MCDHH support service by four in ten respondents; interpreter assistance, by about three in ten.

21. SERVICES SOUGHT FROM MCDHH*

CATEGORY LABEL	<u>Services MCDHH</u>	<u>Support Services</u>
	<u>Should Provide</u>	<u>Desired from MCDHH</u>
	PCT OF OFFICES	PCT OF OFFICES
Interpreter	31.2	28.5
Training	26.7	69.4
Case manag	15.7	14.8
Advocacy	19.6	15.3
Info/ref	38.3	42.4
Research	13.0	4.5
Eval/assess	3.8	2.9
Provide resource	7.5	12.4
Provide specific service	35.6	18.1
DK or none	7.2	12.0
No DHH clients		<u>4.9</u>
	<u>198.7</u>	225.1
	(39)	(118)

*Multiple responses permitted.

Summary

Persons who are deaf or hard of hearing represented a small percentage of the reported caseload of human service and educational agencies in Massachusetts. Few agency offices reported that as many as 10 percent of their clients were deaf or hard of hearing, but 84 percent of the offices reported some deaf and/or hard of hearing clients. For many offices, these clients represent a problem in service delivery: almost half reported that they served their deaf clients less well than other clients and about one quarter reported serving hard of hearing clients less well.

Part of the problem is insufficient availability of special equipment and inappropriate staffing to allow communication accessibility for deaf and hard of hearing clients. One half of the offices had no special communications equipment, 60 percent lacked policies about hiring interpreters, and an equal proportion used untrained staff to work with deaf and hard of hearing clients. Few offices had any deaf staff, although over one-quarter reported at least one hard of hearing staff member. Only one-quarter tried to hire an interpreter in FY 1987--this was difficult for one-third of these offices in regular situations and for two-thirds in emergencies. Fewer than one in five offices had specially designated staff to work with the hearing disabled. In offices with any deaf clients, signing staff were more common, but relatives and writing were still often used to communicate with the deaf. Of course, the presence of signing staff may encourage deaf individuals needing services to come in for services; it cannot be assumed that it is the numbers of deaf clients that leads to more signing staff.

The Massachusetts Commission for the Deaf and Hard of Hearing is a relatively new agency; publicity of its services had been limited at the time of the survey as the Commission sought to increase its staffing and support levels. The survey results reflected these limitations: MCDHH services had been used infrequently. The most popular services were information materials and consulting--used by up to 25 percent of the offices at least once in FY 1987. Training about hearing disabilities was also provided infrequently--by no more than one in five offices in terms of most issues related to hearing disabilities.

But these low levels of service usage were complemented by a high level of interest in additional assistance concerning deaf and hard of hearing clients. Two-thirds of the office representatives were interested in staff training about some issues concerning hearing disabilities; one-third had initiated plans to change their services for the deaf and hard of hearing in FY 1987; many wrote special requests for information and for other forms of assistance.

THE AGENCIES

Due to the disproportionate sampling strategy used, offices and other service delivery sites were weighted in order to represent the actual distribution of all these sites in the 13 agencies. The Department of Public Welfare had the most offices after weighting--17 percent of the total. Other agencies with at least 10 percent of the total offices were Social Services, Mental Retardation, and Mental Health. The agencies with the fewest sites (less than 5 percent of the total) were the Commission for the Blind, Elder Affairs, the Board of Regents, and the Parole Board.

Total Staffing

The average (mean) number of staff in service delivery positions varied from a low of 3.1 at offices of the Office for Children to a high of 263.8 at offices and institutions of the Department of Mental Health (table 22). The Departments of Corrections, Public Health, Mental Health and the Board of Regents tended to have a large average staff size, while the agencies that function more as advocates or evaluators than as direct service providers, the Office for Children and the Parole Board, had small offices. Offices of the Mass. Rehabilitation Commission and the Commission for the Blind were also small (12.5 and 14.3, respectively); average staff size at other agencies' offices ranged from approximately 30 to 60.

22. STAFFING IN AGENCIES
MCDHH SURVEY, 1987
MEANS

STATE AGENCY	Total Staff	Prop. Advanced	Prop. Prof'l	Deaf Staff	HH Staff
Comm. for Blind	14.33	.4788	.8758	.67	.67
Office for Children	3.09	.1308	.7519	0.00	.13
Dept of Corrections	167.03	.0550	.3639	0.00	.26
Elder Affairs	52.85	.1386	.7932	0.00	1.53
Dept Mental Health	263.80	.3564	.6011	.65	1.35
Dept Mental Retard.	63.78	.3509	.8444	.13	.14
Parole Board	7.33	.2324	.8076	0.00	.29
Dept Public Health	110.14	.3217	.7451	0.00	1.14
Dept Public Welfare	49.49	.1659	.6622	.02	.79
Regents (HigherEd)	137.70	.4168	.7583	.91	.74
Mass. Rehab. Comm.	12.50	.6873	.8291	.32	.04
Dept Social Service	45.82	.3835	.8876	0.00	.10
Dept Youth Services	38.76	.1639	.5330	0.00	.34
TOTAL	81.72	.2942	.7179	.20	.53

The different service functions performed by different agencies are reflected in the educational backgrounds of their service delivery staff. Those agencies seeking to provide specialized services were likely to have more staff with advanced professional degrees. The proportion of staff with advanced degrees was highest, .69, at the Mass. Rehabilitation Commission; offices of the Commission for the Blind, the Departments of Mental Health, Social Services and Mental Retardation and the Board of Regents reported that over one-third of their staff had advanced degrees. The Department of Corrections reported the smallest proportion of staff with advanced degrees: .06. The Offices for Children and for Elder Affairs also had a low proportion of staff with advanced degrees, under .15.

Inter-agency differences in the proportion of staff with any college degree were substantially less. At only one agency, the Department of Corrections, did less than half the service delivery staff have Bachelors degrees.

Between 50 and 60 percent of the staff at the Departments of Mental Health and of Youth Services had at least a Bachelor's degree; at least 70 percent of the staff at the other ten agencies had received a Bachelor's degree.

Deaf and Hard of Hearing Staff

Many offices had no service delivery staff who were deaf or hard of hearing and seven agencies had no offices with any deaf staff; the average number of deaf staff per office was .2 and no agency had as many as one deaf staff person per office. The Board of Regents (colleges and universities) reported the highest number of deaf staff--.9 per institution, while the Commission for the Blind and the Department of Mental Health had about .66 deaf staff per office. Hard of hearing employees were more common. Elder Affairs and the Departments of Mental Health and Public Health each reported an average of more than one hard of hearing staff person per service delivery site. The Commission for the Blind, Public Welfare, and the colleges and universities had an average number of hard of hearing employees just under one. However, the Office for Children, the Department of Mental Retardation, the Massachusetts Rehabilitation Commission and the Department of Social Services and almost no hard of hearing staff members.

Due to the substantial inter-agency variation in average office size, the proportion of staff who are deaf and hard of hearing is a useful statistic for comparing the extent of representation of the hearing disabled across the staff of the different agencies. In several agencies, the Departments of Corrections, Social Services and Youth Services, fewer than one percent of the staff were deaf or hard of hearing. Only representatives of the Commission for the Blind reported a percentage of hearing disabled staff as high as ten.

Total Clients

The average (mean) number of clients per office or institution varied from a high of over 4000 at the Departments of Corrections and Public Welfare to under 500 at the Departments of Mental Retardation and Youth Services (table 23). However, the relative ranking of agencies differed when number of clients was converted to case load, or number of clients in relation to number of service delivery staff.⁹ The highest caseloads, over 100 clients per service delivery worker, were reported by the Mass. Rehabilitation Commission, the Office for Children, and the

⁹Case loads were calculated by dividing the total number of clients by the total number of service delivery staff reported. This calculation does not correspond in every case to official definitions of case load.

Department of Public Welfare. The lowest case loads were reported by offices or institutions at the Departments of Corrections, Mental Retardation, Public Health, and Youth Services.

23. AVERAGE (MEAN) CLIENTS AND CASE LOAD BY AGENCY
MCDHH SURVEY, 1987

STATE AGENCY	Clients 1986-87	Case Load
Comm. for Blind	828.1667	60.8167
Office for Children	604.1386	160.6172
Dept of Corrections	4809.500	18.4517
Elder Affairs	2117.864	49.0531
Dept Mental Health	1160.113	35.1043
Dept Mental Retard.	410.7518	26.3688
Parole Board	522.0000	72.0159
Dept Public Health	1220.700	26.5101
Dept Public Welfare	4647.218	106.9268
Regents (HigherEd)*	1436.737	9.8627
Mass. Rehab. Comm.	1072.790	103.0890
Dept Social Service	1487.007	31.0080
Dept Youth Services	365.7767	12.2851
TOTAL	1763.172	60.2071

*Most figures based on clients in disabled student centers.

Deaf and Hard of Hearing Clients

Across the agencies, most offices had had some deaf or hard of hearing clients during the fiscal years 1986 and 1987 (table 24). In fact, clients with hearing disabilities were served at all of the offices of agencies serving the blind, the retarded, the elderly and the mentally ill, as well as at the special services offices of state colleges and universities. Only at Youth Services and the Parole Board did less than half of the respondents report no experience with hearing disabled clients.

24. DEAF AND HARD OF HEARING CLIENTS
MCDHH SURVEY, 1987
MEANS

STATE AGENCY	Prop. Any DHH Clients	Number Deaf Clients	Number Hard Hearing	Total Hearing Disabled	Prop. Client Disabl
Comm. for Blind	1.00	19.6667	1.0000	16.7500	.2220
Office for Children	.91	.9206	.5000	1.0000	0.0000
Dept of Corrections	.60	.4167	.6429	.6667	0.0000
Elder Affairs	1.00	11.1223	139.2554	150.3777	.0801
Dept Mental Health	1.00	3.7630	20.2500	27.3511	.0302
Dept Mental Retard.	1.00	2.7500	38.2277	40.9777	.0619
Parole Board	.25	0.0000	0.0000	0.0000	0.0000
Dept Public Health	.78	3.9167	76.3750	79.3750	.5808
Dept Public Welfare	.84	6.7582	1.3063	2.7477	.0002
Regents (HigherEd)	1.00	6.6857	14.3846	22.9231	.3072
Mass. Rehab. Comm.	.86	30.6603	16.1310	49.4361	.0542
Dept Social Service	.91	1.3240	.9150	1.6993	.0007
Dept Youth Services	.15	0.0000	0.0000	0.0000	0.0000
TOTAL	.84	6.7024	22.7660	30.2753	.0548

In spite of their occasional appearance in most offices, the actual number of deaf and hard of hearing clients served yearly during 1986 and 1987 was very low at most agencies, although with varying proportions of deaf and of hard of hearing clients. Only respondents at Elder Affairs, Rehabilitation Commission and the Commission for the Blind offices were aware of more than 10 deaf clients annually¹⁰; about seven deaf clients were reported by the Department of Public Welfare and the Board of Regents. Five agencies, the Office for Children, the Departments of Corrections and Youth Services, and the Parole Board reported less than one deaf client per office on average during fiscal years 1986 and 1987.

¹⁰The high number of deaf clients at the Massachusetts Rehabilitation Commission is due largely to the very high number, 226, reported by one Boston area MRC office that has a special unit for services to deaf clients.

In most agencies, hard of hearing clients were more common; at Elder Affairs offices, an average of 139 clients were hard of hearing in both 1986 and 1987, while at the Department of Public Health the average number of hard of hearing clients was 76. The Departments of Mental Retardation, Mental Health, the Mass. Rehabilitation Commission and the Board of Regents each reported an average of more than 10 hard of hearing clients per year.¹¹

As a proportion of all clients, the hearing disabled were infrequent but not uncommon in some agencies. The Department of Public Health, the Board of Regents¹² and the Commission for the Blind reported the highest proportions of deaf and hard of hearing clients, over .2. Several additional agencies, Elder Affairs, Mental Retardation and the Rehabilitation Commission reported that at least five percent of their clients were deaf or hard of hearing. However, no more than one percent of the clients were known to be hearing disabled at the Office for Children and at the Departments of Corrections, Social Services, Public Welfare, Youth Services and the Parole Board.¹³

Programs and Vendors

Overview

Many agencies used private vendors to provide some services to all their clients (table 25). Reliance on vendors was greatest at the Mass. Rehabilitation Commission, the Department of Mental Retardation, and the Department of Youth Services. Vendors also provided many services for the Departments of Public Welfare and Social Services, Elder Affairs, and Mental Health.

¹¹The numbers of deaf and hard of hearing clients are not representative of some agencies where specific programs serving the hearing disabled were selected. Both the Department of Public Health and the Department of Mental Health concentrate services for the deaf and hard of hearing in particular institutions, each of which was included in the survey sample.

¹²The proportion with hearing disabilities in colleges and universities had to be calculated for most schools in terms of the number of students seen in the disabled student center, not in terms of the size of the total student body.

¹³See Appendix H for a list of the number of deaf and hard of hearing clients for each service delivery site.

25. PROGRAMS AND VENDORS BY AGENCY
MCDHH SURVEY, 1987
MEANS

STATE AGENCY	Numb Programs	Vendors/ Program	Exclusiv Vendors	Any Vendors	Progs w/ Deaf/HH
Comm./Blind	8.0000	.5750	.1000	1.0000	7.6667
Children	1.5691	.1683	.0990	.2673	1.5649
Corrections	5.8889	.2750	.0250	.7500	5.2857
Elderly	6.3785	.7480	.3352	1.0000	5.8633
Mental Hlth	5.7045	.6626	.3577	.7061	3.4386
Mental Rtrd	9.2508	.8343	.6367	1.0000	9.1229
Parole Brd	3.5000	m	0.0000	m	4.0000
Public Hlth	3.0000	.2917	.2083	.5000	3.0000
Public Wlfr	4.2200	.6791	.5930	.7245	3.7027
Regents	1.7308	.6000	.1500	.6000	1.8462
Rehab. Comm	7.1125	.8842	.5385	1.0000	7.2416
Social Srvc	5.2759	.6549	.2451	.7535	4.1516
Youth Srvcs	4.5833	.8275	.6225	.9000	2.6667
TOTAL	5.3521	.6631	.4042	.7946	4.7154

Programs and Vendors at Selected Agencies

Some more specific information about the programs offered by each agency was requested in the survey. Many respondents were unable to provide this information, but for most agencies at least several respondents recorded the total number of clients and the number of hearing disabled clients in their specific programs. Although these figures cannot be assumed to represent adequately any agency as a whole, they do identify the specific programs with relatively more hearing disabled clients. Some of these programs are discussed again when problems in delivering services to hearing disabled clients are highlighted. All figures presented in this section are based on the actual number of respondents, not the number after weighting (see Appendix A).

Massachusetts Commission for the Blind. The little information reported on Commission for the Blind programs indicated that social and vocational rehabilitation were both large programs, with an average of at least 100 clients; both were delivered in part by vendors. Most deaf-blind clients of the Commission for the Blind were in one of four programs: case management, counseling, advocacy and social rehabilitation. Each of these programs had an average of at least 10 deaf-blind clients; vocational rehabilitation had an average of almost seven deaf-blind clients. No programs had more than two blind, hard of hearing clients.

Office for Children. Representatives from the Office for Children reported two large programs: information/referral and advocacy. Both programs were delivered through the Office itself, rather than through vendors. Only one or two deaf clients had participated in either program in Fiscal Years 1986 and 1987; at least one respondent mentioned more hard of hearing clients in the advocacy program.

Department of Corrections. Although several correctional programs involved thousands of inmates in 1986 and 1987, the number of deaf inmates reported in any one program did not exceed three; in many cases, no deaf inmates were reported. Hard of hearing inmates were reported as even less common, with only one program reporting an average of more than one hard of hearing inmate. In the DOC's health services, one institution reported 15 hard of hearing inmates.

Executive Office of Elder Affairs. Elder Affairs offices provided services to thousands of elderly individuals and encountered many with hearing problems. Four programs had an average caseload of more than 1000 individuals: case management, information/referral, homemaker services, and nutrition programs; in addition, an average of over 1500 clients were reported in home care programs--actually a category of programs including several of the specific programs already mentioned. Case management and information/referral were reported as being delivered in-house, while homemaker and nutrition services were largely delivered by vendors.

By far the greatest number of deaf clients were reported in the nutrition program--an average of 176. Case management, homemaker services and home care programs also reported relatively many deaf clients--each had an average of more than 15 deaf clients. However, no deaf clients were reported for information/referral services. Hard of hearing clients were common in many EOEAs programs, with an average of close to 200 hard of hearing clients in case management, homemaker services and nutrition programs.

Department of Mental Health. One program at DMH, counseling, had an average of more than 1000 clients; these services were delivered almost exclusively by vendors. Two other programs had, on average, over 400 clients: emergency service and child-adolescent service. Again, both of these services were provided largely by vendors.

An average of 11 deaf persons were reported in the largest DMH program, counseling; an average of three deaf persons were reported as using the emergency service, while child-adolescent services reported almost no deaf clients. Other DMH programs also had had, on average, several deaf clients in FY 1986-87: interpreter service (7) day activity (7), inpatient treatment (4). Some DMH sites reported over 12 deaf clients in these programs, as well as in case management and day treatment. Hard of hearing clients were most common in three services: day activity, inpatient treatment and geriatric services, each of which reported an average of 40-50 hard of hearing clients, with some sites reporting 100 or more. Case management and day treatment services both had an average of 15-20 hard of hearing clients.

Department of Mental Retardation. Four programs at DMR were delivered to more than 100 clients each year--case management, support services, transportation, and residential care--but the agency contracted out two of these programs almost entirely to vendors: transportation and residential care.

Case management was delivered largely by DMR employees, while support services were provided partly through vendors. Three of these programs had an average of three or more deaf clients, but support services had less than one deaf client, on average. These four relatively large DMR programs were also reported to have the most hard of hearing clients. Case management and transportation had an average of 10-15 hard of hearing clients, with some sites reporting over 40 hard of hearing clients in these programs. Support and residential services had less than 10 hard of hearing clients, on average, but some sites reported between 15 and 20. At least one site also reported many hard of hearing clients (40) in the day activity program.

Some sites reported special programs or other accommodations for deaf clients: a center providing independent living skills training for deaf clients; a vocational evaluation and transitional employment program accessible to deaf clients; a special deaf unit.

Department of Public Health. Respondents from the Department of Public Health reported on three programs: case management, health service, and rehabilitation. The largest, health service, saw over 400 clients on average

each year; of these many had hearing problems--64 were deaf and 49 were hard of hearing. On average, less than 10 deaf clients and just over 12 hard of hearing clients were reported in case management programs. The case management programs tended to involve private vendors, although health services were delivered primarily by DPH itself.

Department of Public Welfare. The Department of Public Welfare delivered four services in which more than 1000 clients were served annually: vocational education, health service, SSI for the Aged and AFDC. Figures were not provided for hearing impairment among SSI recipients; in the other three programs, AFDC had the greatest number of deaf clients--seven annually, with between one and 19 at any particular office. Few hard of hearing clients were reported in any programs other than vocational education, where at least one site had almost 50.

Mass. Rehabilitation Commission. Four MRC programs had an average of over 100 clients: training, vocational education, guidance counseling/placement and diagnostic evaluation. Each of these services except guidance counseling were provided primarily through vendors; guidance counseling was provided partially by vendors at half of the sites. In fact, almost all of the MRC services were provided all or partially through vendors. A survey respondent explained:

The majority of the services provided by MRC are provided through purchase of a vendor's services. The services are contracted on an individual client basis through the Individual Written Rehabilitation program.

Three of the four largest MRC programs had many deaf clients: training (an average of 25), guidance counseling (47) and diagnostic evaluation (50); no deaf clients were reported in the vocational education programs. The interpreter service was not a large program, but it had over 20 deaf clients, on average, with one site reporting 60 deaf clients annually. Hard of hearing clients were less common, with an average of 25-35 in guidance counseling and diagnostic evaluation and 12 in training programs. The physical and mental restoration program also reported many hard of hearing clients--up to 35 at one site and an average of almost 20 across all respondents.

Department of Social Services. Although the average number of clients reported in case management, DSS's largest program, was 900 (and some sites reported over 1000 clients) no location reported more than 10 deaf clients in case management, for an average of three deaf clients annually. Three quarters of the offices reported that case management was provided partly through vendors, but no offices provided

case management exclusively through vendors. No other DSS program had as many as two deaf clients annually at any office, according to the office representatives. Hard of hearing clients were even less frequent.

Department of Youth Services. DYS representatives reported almost no clients with hearing problems: one office had had three hard of hearing clients in its education program; one office had had one deaf client in its evaluation program.

Special Communications and Staffing

Overview

The extent of special equipment provided by an office for communicating with deaf and hard of hearing clients was measured with an index that could vary from zero to four (Appendix B). Both the Mass. Rehab Commission and the Commission for the Blind received average index scores over 2.5 (table 26). Four other agencies, Social Services, Mental Health, Mental Retardation, and the colleges/universities (Board of Regents), received scores close to 2.0. The Office for Children, the Department of Corrections, the Department of Youth Services and the Parole Board evinced the least special equipment for communicating with the deaf and hard of hearing--each received an average (mean) index score under 1.0 (of a possible of 4.0).

26. EQUIPMENT, STAFF, AND OTHER EFFORTS
FOR HEARING DISABLED CLIENTS BY AGENCY
MCDHH SURVEY, 1987
INDEX MEANS

STATE AGENCY	Special Equip.	Interp & Spcl Stf	Use MCDHH	Efforts for DHH	Instit Efforts
Comm\Blind	2.6667	4.3333	4.0000	8.6667	m
Children	.5307	.5570	.5970	1.1940	m
Corrections	.5195	.0866	0.0000	.6667	2.6667
Elderly	1.1506	.6402	1.6951	2.4573	m
Mental Hlth	1.5831	2.1601	2.4439	4.3333	5.4500
Mental Rtrd	1.7870	2.3188	1.4064	4.4979	6.0000
Parole	.1429	.2857	.5000	0.0000	m
Public Hlth	1.2000	.8000	4.2000	4.8000	5.0000
Public Wlfr	1.0836	.2836	.1852	.7961	m
Regents	1.8966	1.8448	2.8780	6.5714	4.7143
Rehab. Comm	2.5390	3.0122	8.5019	7.5830	m
Social Srvc	1.9361	1.2969	.8125	1.8994	m
Youth Srvcs	.3444	0.0000	0.0000	m	m
TOTAL	1.3498	1.2431	2.1451	3.9950	

Efforts to hire interpreters and to provide special staff for communicating with deaf and hard of hearing clients tended to be more extensive in the same agencies that excelled in special communications equipment. The Commission for the Blind and the Mass. Rehabilitation Commission were most likely to provide interpreters and/or special staff; the Departments of Mental Health and Mental Retardation and the Board of Regents were also above average in the provision of interpreters or special staff. The Departments of Corrections and Youth Services provided essentially no interpreters or special staff. Few interpreters or special staff were mentioned by respondents in the other agencies.

Few offices had used many of the services available directly from the MCDHH, such as payment for interpreter services, information materials, in-service training, client assistance or consultation on program development. The

heaviest user of MCDHH services was the Mass. Rehab Commission. Offices of the Commission for the Blind, the Department of Public Health, the Board of Regents and the Department of Mental Health also used the MCDHH more frequently than offices of other agencies. On the other hand, the Departments of Corrections, Public Welfare, and Youth Services rarely requested MCDHH aid.

For the most part, the same agencies that used MCDHH services also excelled in other special efforts to aid deaf and hard of hearing clients: consulting with other outside experts, meeting with advocates, holding training seminars, maintaining special records, hiring hearing disabled staff, changing policies to improve access or initiating special services for hearing disabled clients. The Commission for the Blind and the Rehabilitation Commission made the most efforts, with average index scores above seven. Efforts well above the average score of 3.99 were also made by the colleges and by the Departments of Public Health, Mental Health and Mental Retardation. Little effort was reported by Public Welfare, Corrections, Youth Services or the Parole Board--each had an index score less than one.

Each of the agencies with institutions reported provision of some services for deaf or hard of hearing residents, ranging from making calls for residents to visual safety signaling devices and grouping signing deaf with signing deaf peers. The Department of Mental Retardation provided half of the 12 possible services mentioned; the departments of Mental Health and Public Health each reported provision of an average of five of these services. The Department of Corrections had a relatively lower index score, providing on average 2.7 of the listed institutional services for hearing disabled residents.

Equipment, Staffing and Services at Selected Agencies

While the index scores facilitate interagency comparisons, they do not reveal the details about service arrangements that are necessary for a complete description of individual agencies. These details are provided for six agencies that are particularly important in services for deaf and hard of hearing persons.

a. Massachusetts Rehabilitation Commission

Equipment. The Mass. Rehabilitation Commission provided more technological and staff support for deaf and hard of hearing clients than the other five highlighted agencies (see Appendix E, table E1). Only seven percent of the MRC offices reported no special equipment for communicating with the deaf and hard of hearing; 93 percent had TDD/TTY equipment; over half of these offices had more than one TDD/TTY. Almost 90 percent reported at least

weekly use of this equipment and 44 percent reported that their TDD/TTYs were used many times each day.

Phones with volume controls were less common, but almost 80 percent of offices with these phones reported at least weekly use by staff. Mass. Rehab. offices also reported the highest levels of advertising the availability of their special communications equipment and were more likely to be aware of the Telephone Relay Service (and of the 79 percent who were aware of the Relay Service, almost four in ten reported frequently busy lines).

Staffing. MRC offices also provided more trained staff to work with deaf and hard of hearing clients than did other agencies (table E2). Six out of ten offices had hired interpreters, all offices reported established policies or procedures for hiring interpreters, and one-quarter had an interpreter on their staff (one full time employee, in each case, although not necessarily a certified interpreter). All of the offices had attempted to hire interpreters through direct contact¹⁴; 61 percent had used the MCDHH Interpreter Referral Service at some time during FY1987. In two-thirds of the offices, funds for interpreters were provided through a line item in the budget or through an individual 03 contract.

Four of every five MRC offices reported that they had specially designated staff for deaf or severely hard of hearing clients. Almost all of these staff were required to know Sign Language and had their proficiency evaluated.¹⁵ Few MRC offices required current staff to learn Sign Language (although those that did allowed training on agency time), but only one in five reported that staff without special training were assigned to work with deaf or severely hard of hearing clients.

Due to special staffing arrangements, most MRC offices were able to handle in-person communications with signing deaf clients and non-signing staff through professional intermediaries: 80 percent reported these communications were usually handled with help from signing staff and 61 percent reported that paid interpreters were usually involved (table E3). Relatives or friends, coworkers, and writing were also often used to facilitate communication,

¹⁴At present, MRC Rehabilitation Counselors for the Deaf are responsible for locating interpreters when they are needed for MRC clients. MCDHH has been unable to assume the interpreter referral role for MRC due to over-load of the MCDHH Interpreter Referral Service.

¹⁵Respondents' reports that signing proficiency was evaluated do not necessarily mean that this evaluation was by a professional specialist and thus reliable.

but on a "sometimes" rather than a usual basis. Other clients were used infrequently to communicate with signing clients.

Services. Many Mass. Rehabilitation offices had received services from the MCDHH in FY 1987 (see Appendix, table F1).¹⁶ Of 10 services listed (not including "other"), only three had never or almost never been used: loan of assistive listening devices, cofunding of specialized programs, payment for interpreter services. Information materials and consultation/advocacy/case management for clients were used, on average, more than once. Assistance with interpreter referrals and in finding specialized services were both used about once. Three other MCDHH services were used, on average, less often: in-service training, independent living skills training and consultation about program development.

Mass. Rehabilitation offices had made many other special efforts in the course of serving deaf or hard of hearing clients in Fiscal Year 1987 (see Appendix, table F2). On average, MRC offices had taken three actions to "some" extent in Fiscal Year 1987: consult with non-MCDHH outside experts, meet with advocates, maintain special records/counts.¹⁷ Actions taken somewhat less often were receiving service complaints from deaf or hard of hearing clients or their advocates, holding training/educational seminars or talks, and initiating planning for changes in services to deaf and hard of hearing clients. Hiring deaf staff and changing general policies/procedures, budgeting and initiating special service models on behalf of deaf and hard of hearing people occurred only rarely. No MRC offices reported hiring hard of hearing staff during FY 1987.

b. Department of Mental Retardation

Equipment. DMR offices had many provisions for working with deaf and hard of hearing clients, although some mentally retarded clients may not be able to use TDDs or learn Sign Language. Four of every five offices had a TDD/TTY--although in most cases one machine that was used no more than once or twice a week (and not at all in two out of every five offices).

¹⁶Frequency of use of MCDHH services was measured on a three-point scale: "not at all" (scored as 0), "1 or 2 times" (scored as 1), "3 or more times" (scored as 3). Figures in table E-1 are means for each of the listed services for all offices responding within each agency.

¹⁷Frequency of use of MCDHH services was measured on a three-point scale: "not at all" (scored as 0), "1 or 2 times" (scored as 1), "3 or more times" (scored as 3). Figures in table E-4 are means for each of the listed services for all offices responding within each agency.

Few DMR offices had other special equipment for deaf or hard of hearing clients and just 30 percent advertised the availability of their TDD/TTYs. A majority of offices were aware of the Mass. TTY/Telephone Relay Service, but 65 percent of these offices had not used the service.

Staffing. Just under half of the DMR offices reported that they had tried to hire interpreters in FY 1987; only 6 percent reported interpreters on their staff. In almost all cases, interpreters were hired under 03 agency blanket contracts for interpreters in general. Half the offices had tried to hire interpreters through the MCDHH, half through community based agencies, and one quarter had tried contacting individual interpreters directly. One in five DMR office representatives knew of agency policies or procedures for hiring interpreters.

One quarter of the DMR offices reported that they had a full time staff member specially designated to work with deaf or severely hard of hearing clients; one in every five said that staff who work with the hearing disabled were required to know Sign Language (which was evaluated in two of five of these offices). But overall, almost 90 percent of the offices assigned staff without any special education or training to work with deaf or severely hard of hearing clients; just one quarter required any staff to learn Sign Language (half in agency classes, on agency time).

Signing staff were the most frequently mentioned source of help in communications between signing deaf clients and non-signing staff in FY1987--used "usually" in three out of every five offices. Paid interpreters were usually used in just 15 percent of the offices, and not at all in just over half. Communications with signing deaf clients at DMR were often handled with the help of coworkers, relatives or friends, and written notes. Other clients helped out "sometimes" in half of the offices and 4 in 5 offices also used some other means of facilitating communications at least sometimes.

Services. Of the 10 MCDHH services listed, DMR offices had used only one, information materials, at least once on average during FY 1987. Assistance from MCDHH in finding specialized services and client assistance through consultation, advocacy and case management had been used somewhat less frequently. None of the other MCDHH services had been used more than rarely.

Many DMR offices had taken a variety of other actions to aid deaf or hard of hearing clients. Most common were consulting with outside experts, changing budgeting procedures, initiating special service models and planning for changes in services to deaf and hard of hearing clients; these actions were taken, on average, to "some" extent or