less. Receiving service complaints, holding training seminars and maintaining special records were less frequent actions on behalf of clients with hearing disabilities.

c. Department of Mental Health

Equipment. Many DMH offices reported having special equipment and staffing arrangements to facilitate communication with deaf and hard of hearing clients; in some respects, DMH offices were more prepared for the deaf and hard of hearing than DMR offices; in other respects, they were less prepared.[18]

Just under two-thirds of the DMH offices had TDD/TTYs; about half of these offices had one or two, the rest had 4 or 5; about half used this equipment at least once per week. Almost one-third of the DMH offices reported volume control equipment on phones (and it was used weekly); a few had assistive listening devices or TV decoders. Almost two-thirds of the offices with special communications equipment advertised its availability. Only one-third of the offices were aware of the Relay Service; one in five had visual fire/smoke alarms.

Staffing. Interpreters were used less frequently at DMH than at MRC or DMR. About one-third of the DMH offices had tried to hire a certified/state approved free-lance interpreter in FY 1987; an equal number reported they had an interpreter on their staff. Funding for interpreters came primarily from agency 03 individual contracts for interpreters; in most cases, the MCDHH was contacted for interpreter referrals and additional efforts were made to contact interpreters directly.

These procedures seemed to work relatively well when advance notice was possible: only one in five offices reported that hiring an interpreter on a regular, planned basis had been very difficult. However, almost two-thirds of the offices reported that hiring interpreters in an emergency was very or extremely difficult. In almost no cases was obtaining internal funding for interpreters itself a problem. About half of the office representatives were aware of agency policies or procedures concerning hiring interpreters.

As at DMR, about one-quarter of the DMH offices representatives reported that a full-time staff member had been assigned to work with the deaf and severely hard of hearing. A comparable percentage of the offices had staff who knew Sign Language, and in each case respondents

[18]Since DMH organized services on a regional basis, every office within a region may not be expected to delivery special services.

believed that their knowledge of Signing was evaluated (although the method for doing so was not specified). However, offices rarely required staff to learn Sign Language. In two-thirds of the offices, untrained staff were assigned to work with deaf or severely hard of hearing clients.

Signing staff played a critical role in communications between deaf clients and nonsigning staff at DMH. Signing staff were "usually" the source of help in two-thirds of the offices, while paid interpreters were usually used for one-quarter of the offices and used not at all for half. Relatives and friends, coworkers, and written notes were used somewhat less often; less than half of the DMH offices reported using other clients to aid in communications.

Services. DMH office representatives reported use of two MCDHH programs with an average frequency of almost once during Fiscal Year 1987: information materials and client assistance through consultation, advocacy and case management. Interpreter referral assistance and independent living skills training were used almost half as often. Other MCDHH services were used even less frequently.

Several other special efforts on behalf of hearing disabled DMH clients were reported as being taken on average just less than to "some" extent: meetings with advocates, changing general policies/procedures to improve access, changing budgeting to improve services and initiating special models of service and plans for changing services. Several offices also reported consulting with outside experts, maintaining special records and hiring hard of hearing staff.

d. Department of Social Services

Equipment. As at DMH, about two-thirds of the DSS offices had TDD/TTYs. No office had more than one of these devices and almost half never used the equipment; few offices reported using their TDD/TTY more than once or twice a month. One in five offices reported having a phone with a volume control; a comparable fraction had no special communications equipment. Nonetheless, about half of the DSS offices with special equipment advertised its availability (although this equipment is listed in the DSS directory available to every staff person). Almost two-thirds were aware of the Mass. TTY/Telephone Relay Service, although few had used it; one in five reported a visual smoke/fire alarm.[19]

[19]Respondents may not have been referring to the complete strobe light smoke/fire alarm that is necessary for the deaf.

Staffing. Just over one-third of the DSS offices had tried to hire free-lance interpreters; less than one in five reported an interpreter on their staff. Only one of five DSS offices attempted to hire interpreters through the MCDHH; direct contact was used in just over one-third of the offices. Over two-thirds of the offices were aware of DSS policies about hiring interpreters.

Communications between signing deaf clients and non-signing staff were handled at DSS in a variety of ways. Paid interpreters were the most frequent means: almost half of the offices usually used paid interpreters. Few offices usually relied on signing staff and only one quarter ever did so. Friends and relatives were common sources of support with communications at DSS; written notes were used less often and other coworkers or clients only rarely.

Services. DSS offices had not used any of the MCDHH services as often as once each year, on average. Five services were used "somewhat" often: information materials, in-service training, assistance in finding specialized services, client assistance through consultation, advocacy, case management and independent living skills training.

DSS offices had been involved in two of the non-MCDHH services listed at least "some" of the time in the course of serving the hearing disabled: consulting with non-MCDHH outside experts and meeting with advocates. Some DSS office representatives also reported receiving service complaints, holding training, and maintaining special records concerning hearing disabled clients.

e. Executive Office of Elder Affairs

Equipment. Elder Affairs offices were much less equipped or staffed for serving hearing disabled clients than offices at MRC, DMR, DMH, or DSS. Just one in five EA offices had TDD/TTYs and over half had no special communications equipment. Half of the EA office representatives knew of the Relay Service (though most of these had not used it) and half advertised the availability of their communications devices.

Staffing. Only one in ten of the Elder Affairs offices had tried to hire an interpreter in FY 1987, although one-third knew of agency policies concerning hiring interpreters. Just 7 percent had an interpreter on their staff. No EA offices employed any full time staff with a specially designated responsibility to work with deaf or severely hard of hearing clients; in half of the offices, untrained staff were assigned to work with deaf or severely hard of hearing clients. All EA offices used friends and relatives and written notes to some degree in communicating

with the deaf--written notes were usually used in 85 percent of the offices.

Services. Executive Office of Elder Affairs respondents reported use of MCDHH information materials almost once per year, on average. Three other services were used occasionally: payment for interpreter services, interpreter referral assistance and assistance in finding specialized services.

EOEA offices had taken two other actions on behalf of deaf or hard of hearing clients in FY 1987 "some" of the time: receiving service complaints from deaf or hard of hearing clients or their advocates and hiring hard of hearing staff. EOEA representatives reported consulting with non-MCDHH outside experts somewhat less often and meeting with advocates for the hearing disabled even less frequently.

f. Department of Public Health

Equipment and Staffing. The offices and hospitals of the Department of Public Health had little equipment or staff to facilitate communications with the hearing disabled. None reported TDD/TTYs; 90 percent had no special equipment. However, almost two-thirds were aware of the Mass. TTY/Telephone Relay Service (although they did not use it) and two-thirds reported a visual smoke/fire detector. One-third of the DPH facilities had tried to hire interpreters; just one in five were aware of agency policies about this and only 7 percent had an interpreter on their staff. Too few offices indicated how in-person communications were usually handled to allow a statistical description.

Services. Department of Public Health service delivery sites used five MCDHH services with some frequency, though less often on average than once per year: information materials, in-service training, loan of assistive listening devices, assistance in finding specialized services and client assistance through consultation, advocacy and case management.

DPH sites were involved in two other actions on behalf of hearing disabled clients to "some" extent: consulting with non-MCDHH outside experts and meeting with advocates. DPH sites were somewhat less involved in training/educational seminars or talks and participated even less frequently in maintaining special records, initiating special models of services and planning service changes for deaf and hard of hearing people.

Other Agencies: Commission for the Blind and Regents

Two other agencies used a few MCDHH services with some frequency. The Commission for the Blind used interpreter referral assistance payment for interpreter services fairly frequently; they used MCDHH information materials somewhat less often. The colleges and universities reported use of MCDHH interpreter referrral assistance and information materials about once during FY 1987.

These two agencies also took other actions on behalf of deaf and hard of hearing clients with some frequency. The Commission for the Blind reported having been involved in four actions more than to "some" extent during FY 1987: maintaining special records, changing budgeting to improve services, initiating special models of services and planning for changes in services. The Commission for the Blind met with advocates and received service complaints from deaf or hard of hearing clients or their advocates to "some" extent during FY 1987.

Staff Training

Overview

Some offices reported several in-service training efforts concerning the hearing disabilities in Fiscal Year 1987 (table 27). Mass. Rehabilitation Commission offices reported training in an average of six areas; offices of the Commission for the Blind, the Department of Mental Retardation, and the colleges each reported training in at least three areas. Virtually no training was provided by the Departments of Corrections, Public Welfare, Youth Services, or the Parole Board.

27. TRAINING: PROVIDED AND NEEDED BY AGENCY
MCDHH SURVEY, 1987
INDEX MEANS

| STATE AGENCY | Provide Training | Need Training |
|---|---|---|
| Comm. for Blind | 3.3333 | 4.3333 |
| Office for Children | .5769 | 8.2404 |
| Dept of Corrections | .0866 | 5.5024 |
| Elder Affairs | 2.1967 | 8.6527 |
| Dept Mental Health | 1.7402 | 7.2000 |
| Dept Mental Retard. | 2.6145 | 8.5536 |
| Parole Board | 0.0000 | 3.4286 |
| Dept Public Health | 1.5000 | 7.5000 |
| Dept Public Welfare | .0836 | 4.1929 |
| Regents (HigherEd) | 4.1552 | 9.0690 |
| Mass. Rehab. Comm. | 6.0244 | 2.1567 |
| Dept Social Service | 1.6453 | 7.0826 |
| Dept Youth Services | 0.0000 | 2.7832 |
| TOTAL | 1.7278 | 6.3445 |

Low levels of experience with training about hearing disabilities were often complemented by high levels of interest in additional training. Offices in each agency expressed an interest in training in at least two areas, on average; the average number of areas in which offices sought training was six. Interest in more training was above average at the agencies concerned with Children, Social Services, Mental Retardation, Elder Affairs, Public Health, and higher education.

## Training at Selected Agencies

### a. Massachusetts Rehabilitation Commission

In-service training had been provided by at least some MRC offices in each of the 11 listed areas (see Appendix, table G1). Training had been provided in five areas by about three-quarters of the offices: use of TDDs, how to find and use interpreters, general needs/characteristics (of

the deaf and of the hard of hearing), specialized referral resources and technical assistance (for the deaf and for the hard of hearing). Training in special service delivery needs (of the deaf and of the hard of hearing) and special tips for communicating with deaf and hard of hearing clients had been provided by about two-thirds of the MRC offices. About half of the offices provided training in deaf culture and just over one in ten had provided training in the use of assistive listening devices.

Compared to some other agencies, interest in further training about issues in serving the deaf and hard of hearing was relatively low at MRC. The most interest was expressed in training in specialized referral resources and technical assistance for hard of hearing persons--four of every ten respondents believed this type of staff training was needed (see Appendix, table G2). About one in three MRC respondents believed training was needed about deaf culture, general needs/characteristics of the hard of hearing, special service delivery needs of the hard of hearing and special tips for communicating with deaf and hard of hearing clients.

Training was of less concern in several other areas. Between 15 and 20 percent believed training was needed about assistive listening devices, general needs/characteristics of the deaf, and specialized referral resources and technical assistance for the deaf. Less than one in ten MRC respondents identified a need for training about the use of TDDs, how to find and use interpreters and the special service delivery needs of the deaf.

b. Department of Mental Retardation

Just over half of the DMR offices had provided in-service training in the use of TDDs in Fiscal Year 1987. About one-third had provided training in referral resources and technical assistance for the hard of hearing and in special tips for communicating with the deaf and hard of hearing. Training in the general needs/characteristics of the deaf and hard of hearing was provided by almost one in three offices; about one in five offered training in special service delivery needs of the deaf and hard of hearing and in specialized referral resources for the deaf. Few offices provided training in other areas related to hearing disability.

Interest in training about hearing disability was very high in a number of areas for DMR staff. Between 90 and 100 percent believed training was needed about special service delivery needs, specialized referral resources and technical assistance, and special communication tips for the deaf and hard of hearing. Training in the general needs/characteristics of these clients and in deaf culture

was believed to be only slightly less necessary. Two-thirds were interested in training in finding and using interpreters; about half of the respondents believed training was needed in the use of TDDs and assistive listening devices.

c. Department of Mental Health

About one-third of the DMH offices reported having provided in-service training in the use of TDDs and how to find and use interpreters in FY 1987. Several other issues were the focus of in-service training in about three of every twenty DMH offices: deaf culture, general needs/characteristics of the deaf and of the hard of hearing, specialized referral resources and technical assistance, and special communication tips.

The most important area for additional training at DMH, sought by 86 percent of the representatives, was special communication tips. About one quarter of the DMH respondents also sought training in use of TDDs and how to find and use interpreters and in three areas concerning hard of hearing clients: general needs/characteristics of the hard of hearing, special service delivery needs of the hard of hearing and specialized referral resources and technical assistance for the hard of hearing. Training in these last three areas with respect to deaf clients was sought by about six of every ten DMH respondents.

d. Department of Social Services

Training in the use of TDDs, the most common focus of training about hearing disability at DSS, was reported by one-third of the DSS respondents. One-quarter of the offices had had in-service training in deaf culture, general needs/characteristics of the deaf and special service delivery needs of the deaf. Three in twenty office respondents reported staff training in how to find and use interpreters, general needs/characteristics of the hard of hearing, and special service delivery needs of the hard of hearing.

DSS respondents were interested in training in most of the areas pertaining to serving deaf and hard of hering clients. The only areas in which training was sought by less than three quarters of the respondents were how to use TDDs and assistive listening devices.

e. Executive Office of Elder Affairs

Training in the general needs and characteristics of the deaf and hard of hearing was reported by almost half of the EOEA respondents. Four in ten reported training in special communication tips and about one quarter mentioned

training in the use of TDDs, special service delivery needs of the deaf and hard of hearing and specialized referral resources and technical assistance for hard of hearing clients. Fifteen percent reported training in specialized referral resources and technical assistance for deaf clients.

EOEA respondents were interested in training in each of the listed areas. Of the eleven areas listed, every EOEA respondent was interested in training in eight. Training in how to use TDDs, how to find and use interpeters and deaf culture was sought by 87 percent of the respondents.

A respondent from an Elder Affairs office offered several more specific suggestions:

> Training for in-home workers (homemakers, etc.) would be a service that could be offered to vendor agencies. Also, training a corps of volunteers for Councils on Aging friendly visitor programs would be useful. Conducting a workshop for home care program staff on assistive devices on a regional basis might be helpful, rather than individual requests.

f. Department of Public Health

Three in every ten DPH respondents reported training in the general needs/characteristics of the hard of hearing and special communication tips; two in every ten reported training in how to find and use interpreters and in the general needs/characteristics of the deaf. Training was not reported in any other areas by more than one in every ten respondents.

DPH office respondents were interested in training in most of the areas involving deaf and hard of hearing clients. All respondents were interested in training in general needs/characteristics, special service delivery needs and specialized referral resources and technical assistance for the hard of hearing, as well as in special communication tips. Training was sought by at least three quarters of the respondents in the general needs/characteristics, the special service delivery needs and specialized referral resources and technical assistance for the deaf. Two-thirds of the respondents were interested in training in finding and using interpreters and deaf culture, while four or five of every ten were interested in training in how to use TDDs and assistive listening devices.

Other agencies: Commission for the Blind and Regents

Two other agencies reported training in several areas with some frequency. Two-thirds of the Commission for the

Blind respondents mentioned training in the general needs/characteristics of deaf-blind clients; one-third of the respondents reported training in most of the areas. About half of the colleges/universities reported training in the general needs/characteristics of the deaf and hard of hearing and in special communication tips. Training was reported in most of the other areas by at least three in every ten college/university respondents.

Two-thirds of the Commission for the Blind respondents were interested in more training about deaf culture and specialized referral resources and technical assistance for hard of hearing clients. More than three quarters of the college/university respondents were interested in training in all but two of the listed areas; in these two areas, use of TDDs and assistive listening devices, training was sought by about two-thirds of the respondents.

## Ability to Serve Deaf and Hard of Hearing Clients

### Overview

When asked whether it had been "extremely difficult" (1), "very difficult" (2), "somewhat difficult" (3), or "not difficult" (4) to find interpreters, most offices indicated some difficulty (table 28). Of those agencies in which at least two offices had sought interpreters in FY 1987, the Mass. Rehab. Commission offices reported the most difficulty finding interpreters--an average score between "extremely" (1) and "very" (2) difficult.[20]

When interpreters were needed on an emergency/short-notice basis, however, difficulties were compounded. In addition to the Rehab. Commission, offices at the Department of Mental Health, the Department of Public Welfare, and the Regents (colleges & universities) all reported that it was, on average, at least "very" difficult to find certified/state approved free-lance interpreters on an emergency/short-notice basis in FY 1987. Obtaining internal funding for certified interpreters was less of a problem. No agencies reported that it was, on average, "very" or "extremely" difficult; three agencies, the Department of Mental Health, the Department of Public Welfare and the Mass. Rehabilitation Commission, reported that it was, on average, "not difficult" to obtain internal funding for interpreters.

[20] MRC serves the greatest number of deaf clients; in most cases it conducts its own interpreter search, rather than going through the MCDHH.

28. DIFFICULTY FINDING & FUNDING INTERPRETERS BY AGENCY
MCDHH SURVEY, 1987
MEANS

| STATE AGENCY | Diff. Finding | Diff. Emerg. | Diff. Funding |
|---|---|---|---|
| Comm. for Blind | m* | m | m |
| Office for Children | 2.50 | m | m |
| Dept of Corrections | m | m | m |
| Elder Affairs | m | m | m |
| Dept Mental Health | 3.15 | 1.94 | 3.71 |
| Dept Mental Retard. | 2.80 | 2.88 | 2.42 |
| Parole Board | m | m | m |
| Dept Public Health | m | m | m |
| Dept Public Welfare | 3.00 | 2.00 | 4.00 |
| Regents (HigherEd) | 2.52 | 1.64 | 2.88 |
| Mass. Rehab. Comm. | 1.83 | 1.50 | 3.78 |
| Dept Social Service | 2.88 | 2.27 | 2.87 |
| Dept Youth Services | m | m | m |
| TOTAL | 2.68 | 2.08 | 3.21 |

*Missing information.

Perceptions of difficulty in providing services to deaf and hard of hearing clients varied somewhat between the agencies (table 29). On a scale ranging from 1, "serve deaf clients less well [than hearing clients]" to 3, "serve deaf clients better," with 2 indicating that deaf clients were served as well as hearing clients, seven agencies received average scores for ability to serve deaf clients of between 1.6 and 1.9. Mass. Rehabilitation Commission Offices were most confident that they served deaf clients as well as other clients. The most difficulty in serving deaf clients was reported by the Parole Board respondents--all found they were able to serve deaf clients less well than hearing clients. Relatively low scores, closer to serve less well than to serve as well, were obtained at the Departments of Mental Health, Mental Retardation and Social Services.

Respondents were more confident of their ability to serve hard of hearing clients as well as hearing clients: five agencies had an average score between 1.9 and 2.0 ("serve as well as"). Two agencies had particularly low scores: the Commission for the Blind and the Parole Board.

29. ABILITY TO SERVE DEAF/HARD OF HEARING CLIENTS BY AGENCY
MCDHH SURVEY, 1987
MEANS

| STATE AGENCY | Serve Deaf | Serve Hard/H | Want Assist (Index) | MCDHH Provide |
|---|---|---|---|---|
| Comm. for Blind | 1.67 | 1.33 | 9.3333 | 1.00 |
| Children | 1.73 | 2.00 | 17.4471 | 1.00 |
| Corrections | 1.78 | 2.07 | 6.4935 | 1.75 |
| Elderly | 1.70 | 2.00 | 12.9540 | 1.61 |
| Mental Hlth | 1.33 | 1.64 | 11.7208 | 2.00 |
| Mental Retrd | 1.40 | 1.72 | 12.7261 | 1.50 |
| Parole | 1.00 | 1.00 | 7.7143 | 2.00 |
| Public Hlth | 1.60 | 1.83 | 12.0000 | 1.33 |
| Public Wlfr | 1.53 | 1.67 | 4.9052 | 2.00 |
| Regents | 1.82 | 1.76 | 14.3276 | 1.45 |
| Rehab. Comm. | 1.89 | 1.92 | 13.3587 | 1.43 |
| Social Srvc | 1.42 | 1.64 | 12.0572 | 1.33 |
| Youth Srvcs | m | 2.00 | 2.4133 | 2.00 |
| TOTAL | 1.54 | 1.76 | 10.5230 | 1.56 |

The office representatives at most agencies were interested in at least several types of technical assistance or services for their deaf and hard of hearing clients. On a scale where a score of 22 represented "definite" interest in each of 11 types of assistance, eight agencies received scores of at least 11 and two agencies, the Office of Children and the Board of Regents, received scores over 14. Agencies expressing the least interest in assistance were Public Welfare, Youth Services, and Corrections.

Office representatives were also asked whether the MCDHH should "provide any services currently available in your office/institution to deaf and hard of hearing clients?" Possible responses were: "Yes" (1); "No" (3); "Don't know" (2); they varied sharply by agency. All respondents at the Office for Children and the Commission for the Blind wanted the MCDHH to provide some services, as did over two-thirds of those from the colleges and universities. About half of the office representatives for the Rehabilitation Commission, Social Services, and Mental Retardation sought MCDHH services; about one-third of those at Elder Affairs, Public Health, and the Parole Board also responded affirmatively. Few respondents from Corrections, Public Welfare, Mental Health, or Youth Services were interested in having the MCDHH provide any of their services.

Services Sought at Selected Agencies

The specific services for the deaf and hard of hearing in which office representatives were interested varied between the agencies. Most respondents identified their level of interest in each of the 10 specific types of technical assistance or services listed in the questionnaire (see Appendix, table H); some also wrote comments elaborating on their service needs.

a. Massachusetts Rehabilitation Commission

Interest in assistance at MRC offices was greatest with respect to interpreter referrals and independent living skills training, with average scores between "some" and "definite."[21] Interest was almost as high in information materials and assistance in finding specialized services, while interest was slightly lower in payment for interpreter services, in-service training, consultation on development of specialized policies/programs and cofunding of specialized programs. Few MRC representatives expressed interest in help with loaning assistive listening devices.

A representative from an MRC office with a special focus on the deaf and hard of hearing identified numerous program-specific service needs, many relating to training:

> Guidance, counseling and placement: "We need full-time placement personnel and job coaches" [who can sign]. Diagnostic and evaluation: "We need to

[21] Level of interest in each of 10 types of technical assistance or services (with one additional "other" category) was measured as "definite" (scored as 2), "some" (scored as 1) and "none" (scored as 0). Figures in table G (see appendix) are averages for all respondents in each agency.

> develop vocational evaluation by on-site assessment and 'job try-out'--especially for young people--or those without work experience/awareness." Physical and Mental Restoration: "We need psychiatrists familiar with deafness and skilled in ASL". Training: "We need in-state vocational training and broader access to interpreters with shared funding for private, in-state training programs, and some state programs (i.e., JTPA)." Extended Sheltered Employment/Supported Work/Supported Employment: "Has no specialized deafness personnel in any workshop except Work, Inc." Personal Care Assistance: "none know sign language; we need one in this area and several in other areas."

The need for enhancing training opportunities for clients was also highlighted in the comments of other respondents:

> Many clients could benefit from independent living skills training from a specialist.
>
> Educational institutions/training programs do not have funds or staff for making their programs accessible to deaf clients.
>
> Community colleges or training programs could assist hard of hearing clients by providing notetakers.
>
> There is no local technological/vocational training program accessible to deaf clients and not enough interpreters to supplement existing programs.
>
> Although ILS [independent living skills] training is available there is a need for a half-way house type program so deaf clients can practice thee skills.
>
> Training options are not available to deaf clients in this area because of the lack of interpreters and specialized training programs.

An MRC respondent also identified the lack of psychiatric day treatment/activity programs and of substance abuse programs and half-way houses for deaf men and women as major problems affecting services to deaf clients. Several mentioned problems with interpreters:

> It is sometimes difficult to find interpreters and I would like to see more interpreters being trained.

> Difficulty in finding an approved interpreter during the day hours.
>
> It has been difficult at times to provide services because of lack of interpreters in this area and limited specialized programming. [Our] MRC however is fortunate to have helped develop training and mental health services through a youth guidance agency. This has helped to take some of the burden off RCDs [Rehabilitation Counselors for the Deaf].
>
> Not enough interpreters to assure equal access of services in all situations. RCDs spend too much time coordinating interpreter services. (MCDHH should take over this service.)
>
> There is a severe lack of interpreters available in this area.

One respondent noted particular problems with diagnostic and training services provided by a job training vendor:

> No interpreters; no TDDs; no vocational evaluation for deaf or hard of hearing.

Opinions about service difficulties with hard of hearing clients varied at MRC:

> Hard-of-hearing clients are mostly served within general VR [Vocational Rehabilitation] caseloads unless it is a primary disability and these clients have great difficulty communicating with the hearing generalist counselors. Hard-of-hearing clients are served in the Deaf Unit if most of their vocational barriers are due to hearing impairment only, and they wish to come to the Deaf Unit.
>
> [A problem in serving hard of hearing clients is] convincing management and other staff that hard of hearing clients are similar to deaf clients and need to be serviced by a trained person in that field. Many believe that because they can speak that they can be serviced by a normal caseload counselor.
>
> Hard of hearing clients often feel socially isolated and need opportunities to network.
>
> No support groups for hard of hearing.

> Evaluation period for hard of hearing can appear to be too slow, prior to eligibility.

Some MRC respondents praised the MCDHH's case management efforts.

> I feel that the case manager is very helpful in coordinating services provided by different agencies. I have sat in on various meetings concerning clients and they have been very helpful. All the agencies are represented and what services are needed are discussed and what agency will provide those services are determined. Because of this there is not an overlap of services by different agencies.

Some sought such services or related information:

> Ongoing case management with difficult cases and also with 688 cases [would be of assistance].

> Source book needed listing what resources are available for these two disability groups.

MRC respondents suggested a variety of important activities for the MCDHH. Several respondents sought help with securing interpreters:

> Develop a consortium with funds from different sources for interpreter services at any training institution in the state provided by state and private funds, so that deaf clients can attend any program without restriction.

> Access to the interpreter referral system would be helpful. In fact I think it would be useful to us if the state hired more interpreters and made their services available to our clients.

> MCDHH could refer deaf and hard of hearing clients to MRC for vocational services.

> Development of an interpreter training program to increase number of certified intepreters; handle all interpreter coordination duties so RCD's can focus on vocational related issues.

Another respondent highlighted the need for advocacy and public education especially regarding accessibility re hospitals, clinics, HMOs, state colleges, etc.

> MCDHH if not already involved with school systems could be, to assist them to provide effective and appropriate services to these disability groups.

And two respondents thought the "MCDHH might try to develop residential services."

The MCDHH was also urged to develop public relations brochures, TV spots, cable programs and presentations to the community about deafness, deaf workers, etc., and lobby to develop deaf programs state-wide.

b. Department of Mental Retardation

DMH office representatives were interested particularly in assistance in the form of information materials, in-service training and finding specialized services--the average level of interest in these services was between "some" and "definite." There was "some" interest, on average, in payment for interpreter services, interpreter referral assistance, client assistance, independent living skills training, and consultation on and cofunding of specialized programs. There was less interest in help with assistive listening devices.

One respondent pointed that it is difficult to assess accurately the extent of hearing disability among the mentally retarded.

> The majority of [our] clients, I would say about 85% of them, are capable of responding in such a fashion that the hearing or hearing loss can be accurately assessed. Unfortunately, the other 10-15% are not capable of responding to audiological test stimuli--perhaps a portion of those clients are profoundly hearing impaired--the rest, however, just appear that way because whether they hear speech or not, they just do not respond to auditory stimuli. Since their hearing is not used for communication purposes (whether there's a loss or not), I suppose they often fall into the "deaf" category. I tried to be conservative and only put a percentage (20%) of those whose hearing is unknown in the same "deaf" category as those who we know from behavioral testing have a profound hearing loss. These clients with "unknown" hearing loss are obviously difficult to service (re: communication and hearing) due to their physical/cognitive functioning. Sign language is often not effective.

Several respondents highlighted special difficulties in providing services to the deaf and hard of hearing who are mentally retarded.

> The complication in dealing with any individual who is dually diagnosed, in this case mentally retarded and deaf/hearing impaired, is that they

fall between the system's cracks. Traditional services for the deaf and hearing impaired are not applicable to the majority of this population due to limited expressive and receptive language skills and memory deficits which affects their ability to read, write, utilize the telephone, or retain more than 10 basic signs depending on the level of retardation.

Biggest problem has to be that with an MR/deaf population, most routine intervention methods can't be utilized. Difficulty with clients learning and retaining sign language due to variety of factors: physical handicaps, cognitive level, memory, etc.

Both direct care staff and clients have limited sign language capacity. Communication and training is mostly carried out through natural gestures and modeling. Training in alternative, enhanced methods of communication would be helpful for contracted direct care personnel. Developing effective modes of communication with individuals who have both sensory and cognitive impairments.

Most of our deaf/MR clients will never develop signing skills to be able to communicate effectively. Other means, such as communication boards, are used as well.

Deaf MR clients served have limited communication skills. Unable to benefit from interpreter services or communication devices. Difficulty in finding staff experienced in providing communication training to MR deaf adults. Locating specialized consultants/resources--typical services (consultants and equipment) are not appropriate for MR deaf adults.

Two respondents identified particular difficulties in serving hard of hearing clients at her DMR site:

For clients wearing hearing aids, we've had great difficulty keeping staff accountable for whereabouts of hearing aid. High rate of lost aids. Due to high staff turnover, have to train and retrain often regarding hearing aid use and hearing/hearing loss info in general. Difficulty in maintaining client-specific hearing aid programs. We don't have a very high percent of independent hearing aid wearers--others are dependent on staff. For those clients not fit or appropriate for amplification, we have trouble (again because of high staff turnover) keeping

> staff informed of hearing status and needs and to interact appropriately with them.
>
> Medical personnel generally recommend against hearing aids for clients due to lack of success (historical) with person with MR.
>
> Loss, breakage of hearing aids [is a problem]. New issues regarding insurance coverage for hearing aids--with Fireman's Fund leaving Mass. there are no companies presently insuring hearing aids. This is a big issue at this facility.

Some of the residential homes used for DMR clients had special arrangements for deaf clients:

> Certainly [our] residential setting is specialized for MR deaf clients. It's a total communication environment.
>
> One residence is geared to serving the hard of hearing and deaf persons. The program manager is extremely fluent in sign, one deaf (signing) relief person has just been hired; other staff sign. Equipment: TTY, fire alarm flasher, bed shakers, doorbell amplified through TTY. In service and outside training for sign.
>
> Two deaf mentally retarded individuals occupy one three person residence. The house is equipped accordingly. Staff are trained accordingly.

No problems were reported in serving the hearing disabled in these fully equipped and staffed residential programs. Not all residences were so well equipped, however:

> Some group homes have special adaptive equipment (i.e., phones, fire alarms, etc.). One program has a TTY for a deaf individual. The difficulty in using a TTY is that not many people have one.
>
> Occasionally if the Deaf Services, especially Residential only have deaf staff on, family members (not owning tty's) cannot get through. Relay system has been tried, but usually so busy.

Service arrangements for deaf and hard of hearing clients varied across other DMR offices and specific programs. Some programs used by some offices had signing staff and/or special equipment; others did not. Problems were reported in serving hearing disabled clients in some of these programs, often in the availability of signing staff or interpreters: