

**VOCATIONAL REHABILITATION SERVICES FOR
THE DEAF AND HARD OF HEARING IN HAWAII:
AN EXAMINATION OF SEVEN ISSUES**

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FOREWORD

This study was undertaken in response to House Concurrent Resolution No. 157, HD1, adopted by the Hawaii Legislature during the Regular Session of 1996. The resolution requested the Legislative Reference Bureau to examine seven specific issues having to do with vocational rehabilitation services for deaf and hard of hearing persons. The resolution requested that the Bureau consult with several organizations that are actively involved with deaf and hard of hearing persons. This report presents the results of a comprehensive survey of those organizations regarding the issues raised in the resolution.

We extend our sincere appreciation to all who contributed to this report. Without their cooperation, this study would not have been possible.

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CHAPTER 1

INTRODUCTION

House Concurrent Resolution No. 157, HD1 (1996)

H.C.R. No. 157, HD1, (*Appendix A*) originally directed the Bureau to:

- (1) Consider the creation of a separate vocational rehabilitation branch within the Vocational Rehabilitation and Services to the Blind Division within the Department of Human Services for the deaf and hard of hearing -- similar to the existing branch for the blind; and
- (2) Examine a list of seven specific issues relating to vocational rehabilitation services for the deaf and hard of hearing.

The proposed separate branch would “. . . centralize services by including counseling, adjustment, and employment sections . . . and thus provide a more streamlined and efficient service system for deaf and hard of hearing persons.”¹ The resolution also suggested that the new branch “. . . could provide more comprehensive services geared specifically for deaf or hard of hearing persons to obtain prevocational skills, higher educational opportunities, adjustment services, vocational skills training, and finally job placement . . . and provide easier access [to these] services.”²

However, the **final** HD1 draft shifted the larger task of considering how to provide more comprehensive services in a more streamlined and efficient manner to deaf and hard of hearing clients, including the possible creation of a separate branch, to the Department of Human Services (DHS). The Bureau was given the supplementary task of examining seven specific vocational rehabilitation issues.

These seven specific issues are:³

- “(1) A comparison of the client/staff ratio for blind services in comparison to deaf services;
- (2) An identification of the number of deaf and hard of hearing high school students ages 16 and older who will be referred for services from the Vocational Rehabilitation and Services to the Blind Division;
- (3) An identification of the gaps in services for deaf and hard of hearing students and ways to fill those gaps, such as having a transition program/counselor at the Hawaii Center for the Deaf and the Blind, underemployment, and support services on the job;
- (4) An identification of the need for qualified persons who are deaf or hard of hearing to provide services mentioned thereof;
- (5) An identification of the need for staff support for clients placed in jobs;
- (6) An identification of the impact on deaf and hard of hearing persons due to the change in service delivery from the Hawaii Services on Deafness to Goodwill; and
- (7) An assessment of the need for adjustment services for deaf and hard of hearing persons due to the lack of coping skills to deal with problems that arise.”

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Consultation

The resolution also directed both the DHS and the Bureau to consult with several service and community groups that are actively involved with the deaf and hard of hearing. A brief description of the backgrounds of these groups follows:

Vocational Rehabilitation and Services for the Blind Division (DVR): The focus of H.C.R. No. 157, HD1, is the deaf and hard of hearing — and not the blind. However, the resolution requests comparative client/staff ratios for *both* populations. The state agency providing services for both groups is the Department of Human Services, which operates under chapter 348, Hawaii Revised Statutes.⁴ The DHS has established a Vocational Rehabilitation and Services for the Blind Division, but not a division for the deaf or hard of hearing. It should also be noted that the DHS is required to serve not only the blind and the deaf but also “severely handicapped individuals” including persons disabled as a result of:⁵

“... amputation, arthritis, blindness, cancer, cerebral palsy, cystic fibrosis, deafness, heart disease, hemiplegia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculoskeletal disorders, neurological disorders, (including stroke and epilepsy), paraplegia, quadriplegia, and other spinal cord conditions, sickle cell anemia, and end-stage renal disease, or another disability or combination of disabilities.”

Hawaii State Coordinating Council on Deafness (HSCCD):⁶ The HSCCD derives its mandate from chapter 347D, Hawaii Revised Statutes. Its duties are to:⁷

- “(1) Compile information on the deaf, hard-of-hearing, or deaf-blind population;
- (2) Advocate for the deaf, hard-of-hearing, or deaf-blind;
- (3) Develop and monitor programs for deaf, hard-of-hearing, or deaf-blind persons; and
- (4) Act to establish better communication and coordination among public and private agencies concerning access to services by deaf, hard-of-hearing, or deaf-blind persons.”

The HSCCD has an additional duty regarding communication access:⁸

“The council shall establish guidelines for the utilization of interpreter or other communication access services by deaf, hard-of-hearing, or deaf-blind persons in state programs and activities, including the qualifications of persons who may receive the services and the qualifications and recommended fee schedule of persons who may provide communication access services. The council shall maintain a list of providers of communication access services and their level of qualification.”

According to the HSCCD, its mission is to “... ensure that Deaf/hh/db [hard of hearing and deaf-blind] persons in Hawaii enjoy equal rights and status, are treated fairly, and can participate fully in all community programs and services.” The HSCCD interacts with consumers and the provider and advocacy agencies listed in the resolution. In the context of pre-vocational and vocational rehabilitation services, the HSCCD perceives its role as:

“... assist[ing] in monitoring and developing programs for Deaf, Hard-Of-Hearing and Deaf-Blind persons, and provid[ing] consultations and assistance so that better communication, coordination and access are established among the public and private agencies for Deaf, Hard-Of-Hearing and Deaf-Blind persons.”

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Hawaii Services on Deafness (HSOD):⁹ The HSOD is a nonprofit agency first chartered in 1974 and incorporated in 1976. The HSOD reportedly operates the only sign language interpreter service in Hawaii. It provides American Sign Language (ASL)/English interpreters and interpreters for deaf-blind persons to facilitate communication between the deaf population and hearing individuals, businesses, and organizations. This service is currently available on all islands during normal business hours. The HSOD plans to offer 24-hour emergency interpreter referral by the end of 1996.

In addition, the HSOD operates a program that teaches ASL especially to families with deaf or hard of hearing children so that family members can learn to communicate with each other. The program is endorsed by, and receives curriculum input from, the Hawaii Center for the Deaf and the Blind under the Department of Education. HSOD's ASL program is co-sponsored by the Kapiolani Community College's (KCC) sign language/interpreter training program. (The HSOD also has an in-house intern interpreter program — in coordination with the KCC's program — to assist deaf and hard of hearing individuals, especially seniors, with personal interpreting needs such as making telephone calls and reading letters.) The HSOD also provides other communications training including the use of telecommunications devices (TTY), telecommunications relay service, and sign language interpreters. Furthermore, the HSOD provides educational outreach to the deaf and hard of hearing communities on issues relating to deafness, including the rights and responsibilities of equal communications access. The agency is also involved in extensive networking with and referral to other agencies, including emergency physical and mental health care providers, the Judiciary, and a variety of social service organizations serving the deaf and the hard of hearing.

Goodwill Industries of Honolulu, Inc.:¹⁰ Goodwill is a private, nonprofit organization whose mission is to assist persons with disabilities and other special needs to achieve their vocational potential and to maximize their ability to become self-reliant members of the community. Goodwill achieves its mission by helping individuals secure gainful employment in the most appropriate placement and then supporting their efforts on the job to stay employed. The ultimate goal for its clients is self-sufficiency.

Specifically, Goodwill operates occupational skills training programs in automated office skills (general office/clerical), food service, commercial custodial, and general work hardening/work readiness. Goodwill's supported employment program helps individuals with the most severe disabilities to find gainful employment and assists with all other issues related to staying on the job. The Island Career Center assists persons whose limitations are related to low income status to find their own jobs and to learn to successfully achieve their work goals. Goodwill also operates programs that are pre-employment in design. One of these is the adult day program which teaches independent living skills to persons with developmental disabilities or mental retardation. Also, the Partnerships for Community Living assists persons to better access community services. Finally, the Adjustment Services program helps deaf and hard of hearing persons to bridge communication and social barriers to better prepare them to enter the work environment.

Ohana Kokua Ano Kuli (OKAK):¹¹ The OKAK is a local chapter of Self Help for Hard of

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Hearing People, Inc. and acts as an advocacy and support group for hard of hearing individuals and their families. As such, OKAK does not provide direct services. It publishes a monthly newsletter and holds monthly public meetings and presentations on issues of interest to the hard of hearing community.

*Aloha State Association of the Deaf (ASAD):*¹² The ASAD is a nonprofit advocacy group affiliated with the National Association of the Deaf. It serves more than 4,000 deaf and hearing impaired people in Hawaii. The ASAD provides referral services and information and a newsletter to the deaf community and engages in advocacy and support for deaf people's civil rights. Its activities include an annual week-long deaf youth leadership camp that offers leadership training, assertiveness training, deaf awareness, leisure and social activities, and athletic events. It also is involved in the Kuli Senior Citizens Club which provides community activities such as arts and crafts, field trips, social events, and workshops for elderly deaf citizens. The ASAD also sponsors an annual Deaf Awareness in Hawaii event in conjunction with National Deaf Awareness Week. Finally, it also helps to sponsor the Miss Deaf Hawaii Pageant for local deaf young women to compete for the national crown.

According to the ASAD, its objectives are to:

1. Advocate for the educational and civil rights of hearing-impaired citizens of Hawaii;
2. Develop a better image of hearing-impaired people;
3. Improve the quality and standard of living for all deaf and hard of hearing people;
4. Promote better public services for deaf and hard of hearing people such as:
 - Deafness information and referral services;
 - Legislative issues;
 - Public relations;
 - Representation of the deaf community in the State of Hawaii
 - Tourism information for deaf visitors; and
 - Workshops on special topics;
5. Participate in the biennial state deaf convention; and
6. Sponsor the deaf youth leadership camp program.

Definitions

Vocational Rehabilitation: H.C.R. No. 157, HD1, is concerned with vocational rehabilitation services for deaf and hard of hearing persons. In Hawaii, "vocational rehabilitation" is defined as "...making an individual able, or increasing the individual's ability to engage in, and placement in, a remunerative occupation through providing the individual needed vocational rehabilitation services."¹³ Vocational rehabilitation is more broadly and liberally defined by the National Council on Rehabilitation.¹⁴ For the purpose of providing vocational rehabilitation services in the public sector, Hawaii law defines "handicapped individual" to encompass both hearing- and visually-impaired persons:¹⁵

Deaf and Hard of Hearing Persons: According to Stokes (1991), the term "deafness" is vague and a purely medical-audiological definition of deafness ("a hearing loss sufficient to interfere with the ability to hear speech") is unsatisfactory.¹⁶ Instead, Stokes defines deafness "... as a

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a state in which the sense of hearing is nonfunctional for ordinary purposes of life."¹⁷ Hearing-impaired persons are commonly categorized as hard of hearing, severely deaf, and profoundly deaf.

About fifteen million people in the United States are *hard of hearing*. They suffer from a slight hearing loss but can usually manage to hear some speech with the help of hearing aids.¹⁸ This condition usually occurs after a person has already learned to speak and read a language as a hearing person. As a result, they continue to rely on speech (and sometimes, writing) — and not sign language — to communicate. Hard of hearing persons generally do not like being thought of as handicapped or "deaf." In their desire to remain in the mainstream, they tend to deny their disability and thus resist seeking help. Unfortunately, this compounds their frustration as their attempts to compensate almost invariably result in communication miscomprehension.

The *severely deaf* usually lose hearing early in life. Although they may have experienced hearing sounds and know the concept of speech, they may never have actually acquired speech or a language. The severely deaf are usually able to speak — guided by the memory of sounds and speech — but they often have great difficulty hearing. If they have not acquired a language, American Sign Language (ASL) or speech-reading are alternatives. The latter is notoriously inefficient. It has been estimated that the best speech-readers are able to "read" only 30% to 40% of words actually spoken.¹⁹ In addition, not all severely deaf may wish to learn ASL for the same reason that the hard of hearing disdain being labeled "deaf."

The *profoundly deaf* are born deaf. They have never acquired speech and thus have no common language with which to communicate with the hearing. Consequently, they usually use ASL, interpreters, or speech-read. Again, speech-reading is a poor alternative, especially for the profoundly deaf, because they need to "read" a spoken language they either have never learned or learned only as a second language. About two million Americans are profoundly deaf.²⁰ Whereas the severely deaf may have acquired enough of a spoken or written language to communicate by writing and reading notes, most profoundly deaf cannot. Without having learned a language like English, neither can they benefit from closed captioning in theaters or on television. Neither the profoundly deaf nor the severely deaf have any use for assistive listening devices that the hard of hearing, with their residual hearing, can make good use of.

Significance of Varying Degrees of Severity of Deafness

The realization that the deaf population does not comprise one monolithic or homogeneous population is important for at least two reasons. First, the different degrees of severity of deafness serve to differentiate the deaf population into subpopulations with distinctly different service needs. For example, the profoundly deaf have no use for hearing aids. The hard of hearing resist learning ASL and using interpreters. Secondly, differences also serve to create separate identities and cultures within each subgroup, especially among the profoundly deaf. As a result, there is no one uniform way to treat or assist "the deaf" and their self-perceived separate cultural identities complicate efforts to provide them the appropriate assistance. According to Stokes:²¹

"The ability to communicate in ASL is the criteria by which one is considered to be a member of the

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deaf community. Inclusion in the deaf community requires identification both with the language and the culture. Surprisingly, this identification is not shared by all individuals who are audiologically defined as deaf. Also, a few hearing people may be considered 'culturally deaf' if they acquire a certain mastery of ASL. . . Although the use of ASL provides a means of communication and a sense a community for those who know the language, it isolates the deaf from a general population that is ignorant of that language."

Services for the deaf and hard of hearing, therefore, must be appropriate for each subgroup and meet each subgroup's distinctly different needs. In addition, each subgroup's sensitivities — reflecting their differing degrees of deafness — need to be understood and taken into account in any treatment setting. However, it is not within the scope of this study to delve into the debate over various treatment modalities or the appropriateness of various alternatives for communication (e.g. "total communication" as opposed to ASL, Sign English, oralism, speech-reading, and hearing aids and other assistive listening devices, etc). The popularity or appropriateness of various approaches may fluctuate over time. What is important and what remains constant is that all those who provide services to the deaf and hard of hearing recognize and adapt to differing needs and sensibilities among the different subgroups of the deaf population.

Purpose of This Study and Methodology

As noted above, H.C.R. No. 157, HD1, re-directed the central task of examining how to provide more streamlined and comprehensive services to the deaf and hard of hearing, including the feasibility of creating a separate branch, from the Bureau to the DHS. No doubt, in its comprehensive investigation of various alternatives, the DHS will examine issues similar to those reviewed in this study. Therefore, the seven items to be examined by the Bureau constitute only a small subset of topics relevant to the central task of improving delivery of services to the deaf and hard of hearing in Hawaii. The purpose of this study, then, is to address the **specific issues** raised in H.C.R. No. 157, HD1 — and possibly generate supporting data for the DHS in its efforts at restructuring.

The Bureau requested the six organizations to be consulted to respond to a survey prepared by the Bureau covering the seven issues. Where necessary or appropriate, the surveys were supplemented with pre- or post-survey interviews, or both. All groups were asked to respond to questions that address all the issues named in the resolution with two exceptions. Only the DVR was asked to respond to issues regarding client/staff ratios and the number of high school students referred for DVR services because the other groups have no relevant data to offer. In addition, the Hawaii Center for the Deaf and the Blind (HCDB) was asked for information on the number of student referrals for DVR services.

In general, the surveys requested the six groups to respond to five (seven for the DVR) groups of questions corresponding to, although not in the order of, the seven issues listed in the resolution.²²

Issue One: Client/Staff Ratios: Only the DVR was asked to provide data on client/staff ratios. In order to establish ratios, the DVR was first requested to provide data for direct services (not administrative or clerical) provided to *both* blind and deaf or hard of hearing clients; to *blind*

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clients only, and to deaf or hard of hearing clients only. Next they were asked for data on staffing and clients served. The number of clients at issue is the smaller number who actually received services, and not the larger number of total referrals or the number that applied for eligibility determination. To adhere closer to the resolution's intent, the DVR agreed not to include those clients who were *both deaf and blind* for the purposes of the survey.

The Bureau asked for a listing of actual full-time equivalent (FTE) positions devoted to providing direct vocational rehabilitation services, excluding unfilled positions. Data were broken down into actual FTEs for *all* direct services; services for the *blind*; and services for the *deaf or hard of hearing*. Data were also obtained on the number of blind and deaf or hard of hearing clients who actually received vocational rehabilitation services in each of the last three fiscal years.²³ As a check, data on the number of DVR staff providers were obtained in a separate section. In eliciting FTE data, the Bureau provided the DVR with certain guidelines.²⁴ *[See this footnote for specific survey instructions and guidelines.]*

[The resolution mentions several specific services.²⁵ (See this footnote discussing "vocational rehabilitation services" in general and other services specifically cited in the Hawaii Revised Statutes and in the resolution.) These include: "transition program" (issue 3), "support services on the job" (issue 3), "staff support" for clients placed in jobs (issue 5), and "adjustment services . . . due to the lack of coping skills to deal with problems that arise" (issue 7). The DVR reports providing transition services although they are not among those statutorily defined. Neither do they appear in the Hawaii Administrative Rules. However, the DVR does report it as one of the services it provides. Similarly, staff support does not appear in either the statutes or in the rules. Lastly, adjustment training is listed in both the statutes and the rules. However, what it means appears to be nebulous and flexible.]

Issue Two: Number of Deaf and Hard of Hearing High School Students to be Referred for DVR Services: Again, only the DVR and the HCDB were asked to respond to a group of five questions regarding the number of deaf and hard of hearing high school students aged 16 and older who were referred to the DVR for services in the past three fiscal or calendar years.

Issue Three: Gaps in Services for Deaf and Hard of Hearing Students: All groups were asked to identify gaps in services for deaf and hard of hearing students and ways to fill those gaps. Each group was also asked to comment on language in the resolution citing ". . . such as having a transition program/counselor at the Hawaii Center for the Deaf and the Blind, underemployment, and support services on the job."

Issue Four: Need for Qualified Providers Who Are Deaf or Hard of Hearing: The DVR was the first group to be surveyed on this issue. A total of 31 questions were asked (subsequently compressed into 18 for the other groups) to elicit attitudes and opinions regarding this issue. The questions generally revolved around the need for, and benefit, effectiveness, or value of, employing service providers who possess certain traits identified in the resolution. These were being:

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1. Knowledgeable specifically about the implications of hearing loss;
2. Fluent in American Sign Language; and
3. Sensitive to the specialized needs of deaf and hard of hearing persons.

The survey attempted to assess attitudes and opinions regarding whether deaf or hard of hearing providers are essential, are more likely to possess the three traits, above, or provide better services (as opposed to equally qualified hearing providers). Preferences of the deaf and hard of hearing regarding providers who themselves are deaf or hard of hearing and hearing providers were also solicited. The Bureau also tried to determine how many qualified deaf or hard of hearing staff there were in the DVR and how all respondents felt about the viability of training existing hearing providers as an option.

Issue Five: Need for Staff Support for Clients Placed in Jobs: The survey attempted to determine from the DVR what support services are, whether they are generic or different for each population, and what proportion of clients placed in jobs received this service. All groups were asked if they felt staff support services were needed, what obstacles prevent the provision of more staff support, and what steps could be taken to overcome those obstacles.

Issue Six: Impact of Change in Service Delivery from the HSOD to Goodwill: Background information on the change was sought. In addition, the opinions of all six groups were solicited on how each group viewed the impact of the change on deaf and hard of hearing clients.

Issue Seven: Need for Adjustment Services for Deaf and Hard of Hearing Persons: Again, the survey attempted to determine from the DVR what adjustment services are and whether they are generic or different for blind and deaf or hard of hearing clients. All groups were asked if they felt adjustment services were needed, what obstacles prevent the provision of more adjustment services, and what can be done to eliminate those obstacles.

ENDNOTES

1. H.C.R. No. 157, HD1 (1996) p. 2, lines 3 - 7.
2. Ibid., lines 10 - 17.
3. Ibid., p. 2 lines 31 - 47; p. 3 lines 1 - 10.
4. The chapter is entitled "Vocational Rehabilitation" According to HRS §§348-1(a) and 348-3(a): "Vocational rehabilitation services shall be provided to handicapped individuals throughout the State in accordance with this chapter and within the limits of available federal, state, and private funds. . . . the department of human services shall be the state agency to supervise and administer the vocational rehabilitation services authorized by this chapter under the state plan formulated in conformance with the Federal Vocational Rehabilitation Act, as amended, except for that part as may be administered by a local agency of a political subdivision in the State, and the department of human services shall be the agency to supervise the local agency in the administration of that part."

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5. §17-401-3(1), Hawaii Administrative Rules (Department of Human Services).
6. Material in this section is from the Hawaii State Coordinating Council on Deafness survey response received July 31, 1996.
7. §347D-2, Hawaii Revised Statutes.
8. §347-3, Hawaii Revised Statutes.
9. Material in this section is from the Hawaii Services on Deafness survey response received August 29, 1996.
10. Material is from the Goodwill Industries of Honolulu, Inc. response to the Bureau's survey, received August 14, 1996.
11. Material in this section is from the Ohana Kokua Ano Kuli survey response received August 19, 1996.
12. Material in this section is from the Aloha State Association of the Deaf survey response received September 11 and 13, 1996.
13. §348-2(9), Hawaii Revised Statutes.
14. University of Hawaii, Response to Senate Concurrent Resolution Number 183 Requesting A Study on Vocational Rehabilitation, Pacific Basin Rehabilitation Research and Training Center, John A. Burns School of Medicine (University of Hawaii: Honolulu) December 1990, p. 2, quoting G.N. Wright, Total Rehabilitation, (Little, Brown & Co.: Boston) 1980. The National Council on Rehabilitation defines vocational rehabilitation as: "The continuous and coordinated process of rehabilitation which involves the provision of those vocational services (e.g., vocational guidance, vocational training and selective placement) designed to enable a disabled person to secure and retain suitable employment. Operationally defined, vocational rehabilitation is the provision of any rehabilitative services (including medical, educational, social, etc.) to a vocationally handicapped person for the purpose of occupational (re)adjustment in work that may or may not be financially remunerative."
According to the Pacific Basin Rehabilitation Research and Training Center, this definition is also used by The International Labor Office and others in the field.
15. §348-2(1), Hawaii Revised Statutes: ". . .an individual who is under a physical or mental disability which is stable or slowly progressive and constitutes a substantial handicap to employment, but which is of such a nature that appropriate vocational rehabilitation services may reasonably be expected to render the individual able to engage in a remunerative occupation."
16. David M. Stokes, "Relief for the Deaf" in University of Detroit Law Review, 4:68, summer 1991, p. 514, quoting the Encyclopedia and Dictionary of Medicine and Nursing 252 (1972).
17. Ibid.
18. Ibid., p. 515.
19. Ibid., p. 516, citing H. Kisor, What's That Pig Outdoors? 1990. Neil Shim, Administrator of the DVR, who informed us that the best readers understand only about 25% to 30% of the content of speech. However, it is not clear whether hearing persons necessarily need to listen to 100% of the words spoken with another in order to fully understand and what percentage of actual words spoken needs to be heard in order to effectively understand the content of speech. However interesting, this line of inquiry falls beyond the scope of this study.

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20. Ibid.
21. Ibid., pp. 517-518. Stokes also cites the March, 1988 incident in which the first hearing president (who also did not know ASL) in Gallaudet University's history was forced to resign in favor of a deaf candidate as a result of student protests.
22. The following table shows the seven issues and the corresponding question groups used in the surveys.

Survey Question Groups/Resolution Issue Number

Issue	Resolution Issue Number	Survey Question Group
Client/staff ratios for blind and deaf services	1	5
Number of deaf and hard of hearing high school students to be referred to DVR for services	2	6
Gaps in services for deaf and hard of hearing students	3	1
Qualified deaf or hard of hearing persons to provide services	4	4
Staff support for clients placed in jobs	5	3
Impact of change in service delivery from Hawaii Services on Deafness to Goodwill Industries of Honolulu, Inc.	6	7
Adjustment services	7	2

23. The number of visually-impaired clients who actually received services is smaller than the total number of referrals or the number who subsequently applied for eligibility determination but were, for some reason, did not complete the process or were determined to be ineligible for services.
24. The DVR survey included the following guidelines regarding Issue One, client/staff ratios and the reporting of FTE staff positions:

In the sample chart below, the person in **Position A** is a **full-timer** whose time is **fully** devoted to providing direct services — divided equally between the blind and deaf or hard of hearing clients. Thus, A's actual FTE for all direct services is 1.0. The FTE for actual services to the blind is 0.5. It is also 0.5 for actual services to the deaf or hard of hearing. **Position B** is also **full-time**. Here, time is spent 30% - 70% for services to blind and deaf or hard of hearing clients, respectively. Thus, actual FTE for total direct services = 1.0; actual FTE for blind clients = 0.3; and actual FTE for deaf or hard of hearing clients = 0.7.

The person in **Position C** is a **half-timer** devoting all his/her time to giving direct services to **blind clients only**, and no time to deaf clients. Thus, C's actual FTE for total direct services = 0.5 and actual FTE for blind clients also = 0.5 (100% of the half-time position).

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Position D is full-time, but only 80% of the time is used to provide direct services (e.g. 4 out of 5 days). Actual FTE for total direct services = 0.8. If that person works 3 of the 4 days with the blind and 1 of the 4 days with the deaf or hard of hearing, then the actual FTE for blind clients is $3/5 = 0.6$. For deaf or hard of hearing clients, it is $1/5 = 0.2$ FTE.

SAMPLE ONLY

Position Name	Actual FTE All Direct Services	Actual FTE Blind	Actual FTE Deaf/HH
Position A	1.0	0.5	0.5
Position B	1.0	0.3	0.7
Position C	0.5	0.5	0.0
Position D	0.8	0.6	0.2

25. "Vocational rehabilitation services" in the public sector is defined in §348-2(4), Hawaii Revised Statutes, as:

- "(A) Diagnostic and related services (including transportation) incidental to the determination of whether an individual is a handicapped individual, and if so, the individual's eligibility for, and the nature and scope of other vocational rehabilitation services to be provided; and
- (B) The following services provided eligible handicapped individuals needing the services:
- (i) Training;
 - (ii) Guidance;
 - (iii) Placement;
 - (iv) Maintenance, not exceeding the estimated costs of subsistence during vocational rehabilitation;
 - (v) Occupational licenses, tools, equipment, initial stocks, and supplies (including equipment and initial stocks and supplies for vending stands), books, and training materials;
 - (vi) Transportation (other than provided as diagnostic and related services);
 - (vii) Physical restoration;
 - (viii) Reader services for the blind;
 - (ix) Interpreter services for the deaf;
 - (x) Telecommunications, sensory, or other technological aids and devices;
 - (xi) Services to family members;
 - (xii) Post employment services;
 - (xiii) Other goods and services which will benefit an individual's employability."

"Maintenance," as defined in §348-2(4)(B)(iv) and §348-2(7), HRS, means:

"... payments, not exceeding the cost of subsistence, provided an eligible handicapped individual necessary to derive the benefit of other vocational rehabilitation services being provided to achieve the individual's vocational rehabilitation objective."

According to §348-2(4)(B)(vii) and §348-2(5), HRS, "physical restoration" includes:

- "(A) Corrective surgery or therapeutic treatment necessary to correct or substantially modify a physical or mental condition which is stable or slowly progressive and constitutes a substantial handicap to employment, but is of such a nature that the correction or modification may reasonably be expected to eliminate or substantially reduce the handicap

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within a reasonable length of time; and includes psychiatric treatment, dentistry, physical therapy, occupational therapy, speech or hearing therapy, treatment of medical complications, and emergencies which are associated with or arise out of physical restoration services or are inherent in the condition under treatment, and other medical services related to rehabilitation;

- (B) Necessary hospitalization (either in-patient or out-patient) and nursing care in connection with surgery or treatment specified in the preceding subparagraph (A);
- (C) Prosthetic devices essential to obtaining or retaining employment."

Additional services not included in §348-2(4), HRS, but encompassed in language defining a "rehabilitation facility" as contained in §348-2(10), HRS, are as follows:

- "(10) The term "rehabilitation facility" means a facility operated for the primary purpose of assisting in the rehabilitation of handicapped individuals:
 - (A) Which provides one or more of the following types of services:
 - (i) Testing, fitting, or training in the use of prosthetic devices;
 - (ii) Prevocational or conditioning therapy;
 - (iii) Physical or occupational therapy;
 - (iv) Adjustment training;
 - (v) Evaluation or control of special disabilities; or
 - (B) Through which is provided an integrated program of medical, psychological, social, and vocational evaluation and services under competent professional supervision."

CHAPTER 2

COMPARISON OF CLIENT/STAFF RATIOS FOR BLIND SERVICES AND DEAF SERVICES

Issue One: Client/Staff Ratios

The first issued listed in H.C.R. No. 157, HD1 is "A comparison of the client/staff ratio for blind services in comparison to deaf services." The Vocational Rehabilitation and Services for the Blind Division (DVR) is the only body that has data relevant to this issue. This chapter provides that data. However, to better understand what these ratios may mean, it is important to know what services are being provided by the DVR to blind and deaf or hard of hearing clients. Therefore, this chapter begins with a listing of all direct vocational rehabilitation services currently provided by the DVR. The DVR was asked to list all direct services (excluding administrative or clerical services) provided to (1) *both* disability subgroups; (2) to *blind clients only*, and (3) to *deaf or hard of hearing clients only*. Unless otherwise indicated, all data in this chapter are derived from the DVR's original and follow-up survey responses.¹ Additional information or clarification of original or follow-up data are indicated as such and derive from further follow-up questions, interviews, or both.

Direct Vocational Rehabilitation Services: According to §348-2(4), Hawaii Revised Statutes, vocational rehabilitation services consist of thirteen specifically listed services as well as "... diagnostic and related services (including transportation) incidental to the determination of whether an individual is a handicapped individual, and if so, the individual's eligibility for, and the nature and scope of other vocational rehabilitation services to be provided." However, as can be seen in Table 2-1 (A) below, DVR services are not limited to those defined by statute. Additional services are required by the Hawaii Administrative Rules. Table 2-1 (A) breaks down *all* DVR-provided direct services available to both disability subgroups by type of mandate — statutory or rule. Table 2-1 (B) lists services provided *exclusively to blind clients* while Table 2-1 (C) lists services provided *exclusively to deaf or hard of hearing clients*.

A review of the type and number of direct vocational rehabilitation services provided to the two disability subgroups may shed light on service imbalances of a different sort that client/staff ratios do not address. A review of client/staff ratios assumes that there is no lack of necessary services and that any inadequacy lies only in having too many clients, not enough staff, or both. A look at actual services being provided may indicate that some needed services are lacking, regardless of client/staff ratios. However, it appears the two may be interrelated: certain services are lacking at the same time that there is no staff to provide them. What is unclear is whether needed services are lacking *because* there is not enough staff or whether staff is adequate but policy, or lack thereof, has resulted in the status quo where service is provided disproportionately to one disability subgroup. The answer probably lies somewhere in between — much as the resolution seems to imply.

A separate deaf branch would address policy imbalances and undoubtedly spur additional staffing — something that the Department of Human Services is to consider. An examination of client/staff ratios tends to support changes in policy and organizational restructuring. On the other hand, examination of specific service issues may help to shed light on what the service inadequacies are, regardless of whether they are caused by or exacerbated by a lack of staff.

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Table 2-1 (A)

**Vocational Rehabilitation Services
Reported by the DVR**

"HRS" or "HAR" indicates a service is specifically mentioned in the Hawaii Revised Statutes or the Hawaii Administrative Rules, respectively.

Services for Both Blind and Deaf or Hard of Hearing Persons

Services for Both Blind & Deaf Persons	Description of Service	HRS	HAR
Counseling and guidance	Assists in: <ul style="list-style-type: none"> • determination of vocational potential • understanding and relating health, disability, personal, and social problems to clients' vocational adjustment • understanding capacities and limitations in selecting occupational goal • assuring client commitment, participation, and cooperation • achieving a job objective • adjustment in a suitable job 	●	●
Restoration	Corrects or modifies a physical or mental impairment which is stable or slowly progressive and results in a substantial impediment to employment	●	●
Training (vocational & other)	Restores clients to gainful occupation as part of a planned program to meet clients' needs	●	●
Post employment services	Maintains, through VR services, the employment of an individual whose case has recently been closed	●	●
Services to families of persons with disabilities	Enables client to benefit from the VR program and during extended evaluation for VR services	●	●
Maintenance services	Monetary support for living expenses (food, shelter, clothing, subsistence) authorized in individual client plan	●	●
Occupational licenses, tools, equipment, initial stocks and supplies	For employment or self-employment	●	●
Transportation services	Travel and subsistence costs for disabled persons and their attendants or escorts for diagnostic or VR services	●	●

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Services for Both Blind & Deaf Persons	Description of Service	HRS	HAR
Rehabilitation technology services	Systematic application of technologies, engineering, methodologies, or scientific principles to meet needs of and address barriers confronted by persons with disabilities in education, rehabilitation, employment, transportation, independent living, and recreation		Note
Transition services	Promotes movement from school to post-school activities through coordinated set of activities for students with outcome-oriented process		
Personal assistance services	Assists in performance of activities of daily living on or off the job		
Supported employment services	Supports and maintains, with ongoing services, the most severely disabled persons in supported employment		●
Work-related placement services	Includes job search & placement assistance, job retention services, follow-up & follow-along for minimum 60 days after placement		●
Assessment for determination of eligibility	Determines eligibility and priority for services when the DVR is under an Order of Selection for services		●
Assessment for determination of VR needs	Provided for eligible persons under extended evaluation or if the DVR is under an Order of Selection		●
Referral and other services	As necessary to obtain services from other agencies and advice about the Client Assistance Program		●
Other goods and services	As necessary to achieve an employment outcome	●	●

Note: "Rehabilitation technology services" as reported by the DVR is covered in §17-401-18(f), Hawaii Administrative Rules (Department of Human Services) under "telecommunications, sensory, and other technological aids and devices," and possibly §17-401-4(a)(1)(G), HAR "rehabilitation engineering services" under "scope of vocational rehabilitation services," and §17-401-17, HAR "reader, rehabilitation teaching, and orientation and mobility services for the blind."

Table 2-1 (B)

Services For Blind Persons Only

Services (Blind Only)	Description of Service	HRS	HAR
Reader notetaker services	Oral reading of printed material and notetaking of spoken material not available in braille or on tape	●	●

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Services (Blind Only)	Description of Service	HRS	HAR
Orientation and mobility services	Sensory development; use of sighted guide; use of hands, arms, body in protective way; grip and use of canes; orientation to environment; use of transportation; travel in residential & business areas; travel with mobility aids; travel with low vision aids & guide dog		●
Occupational therapy services	Maximizes capacity for independent living and vocational readiness through development of basic skills, sensory-motor and psychosocial functioning and vocational activities	Note	●
Manual arts services	Woodwork, household mechanics, gardening, weaving, etc.		●
Communication skills	Braille reading, writing techniques, typing, math computation, use of recording and electronic devices		●
Social services	Social casework for individuals and families; cooperative planning with other agencies to expand social and recreational resources in the community		●
Home teaching services	Instills confidence & independence resuming routine home activities after loss of sight: personal, home management, communication, leisure, etc.		●
Low vision clinic services	Examines, prescribes, fits, appropriate optical aids and devices		●
Personal and home management services	Teaches adaptive & alternative techniques in hygiene, grooming, eating, selecting clothes, money identification, housekeeping, shopping, cooking, etc.		●
Social group work services	Group counseling & activities, interest classes, education programs		●
Work evaluation and work adjustment training	Reviews work history & performance, testing, work sampling, situational placement, recommendations for jobs, extended pre-vocational exploration and development, vocational adjustment and training		●
Vending facility program	Comprehensive evaluation and training, certification for blind vendors; announcement of vending vacancies & placement; follow-up		●
Sheltered workshop services	Long-term job opportunities for persons with limited abilities unable to compete in labor market; pre-vocational exploration for clients who need a period of evaluation and training in a regular work setting		●

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Services (Blind Only)	Description of Service	HRS	HAR
Work activities center program	Therapeutic activities for workers whose physical or mental impairment is so severe as to make their productive capacity inconsequential; includes skills of daily living, self-sufficient activities		●

Note: "Occupational therapy" appears in §348-2(10), HRS, as one of five services provided by a "rehabilitation facility." [See previous section entitled "Question Group One — Services."]

Table 2-1 (C)

Services For Deaf or Hard of Hearing Persons Only

Services (Deaf Only)	Description of Service	HRS	HAR
Interpreter and notetaker services for deaf, hard of hearing and deaf-blind persons	Sign language/English and interpreting to facilitate communication between deaf, hard of hearing, deaf-blind, and hearing persons. Notetaking of spoken material not available in written form to enable the individual to benefit from VR services under an approved individual plan	●	●

Client/Staff Ratios: The Bureau asked the DVR to list the number and distribution of filled, full-time equivalent (FTE) positions providing direct services to all vocational rehabilitation clients; to blind clients only; and to deaf or hard of hearing clients only. The DVR was also asked to supply the number of blind and deaf or hard of hearing DVR clients who actually received services (data were reported for FY 1994 through FY 1996).²

Table 2-2

**Actual Full-Time Equivalents for
All Direct DVR Services**

Position Name	All Services	Blind Only	Deaf Only
Social Worker	1.0	1.0	0.0
Vocational Rehabilitation Counselor	1.0	1.0	0.0
Vocational Rehabilitation Counselor	1.0	1.0	0.0
Vocational Rehabilitation Counselor	1.0	0.5 ☹	0.0
Rehabilitation Teacher	1.0	1.0	0.0

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Position Name	All Services	Blind Only	Deaf Only
Social Service Assistant	1.0	1.0	0.0
Social Service Assistant	1.0	0.5 ☹	0.0
Occupational Therapist	1.0	1.0	0.0
Occupational Therapist	1.0	1.0	0.0
Orientation & Mobility Specialist	1.0	1.0	0.0
Orientation & Mobility Specialist	1.0	1.0	0.0
Rehabilitation Teacher	1.0	1.0	0.0
Rehabilitation Teacher	1.0	1.0	0.0
Group Worker	1.0	1.0	0.0
Vending Specialist	1.0	1.0	0.0
Vending Specialist	1.0	1.0	0.0
Social Service Assistant	1.0	0.5 ☹	0.0
Rehabilitation Counselor with the Deaf	1.0	0.0	1.0
Social Service Assistant	1.0	0.0	1.0
Social Service Assistant	0.5	0.0	0.5

☹ The full-time vocational rehabilitation counselor and social service assistants also provide services to deaf-blind individuals. Thus they are listed at only 0.5 FTE for direct services to the blind and 0.0 FTE for deaf clients.

A total of 14.5 FTE positions were available to provide direct services to 243, 287, and 265 visually-impaired clients, respectively, in the three fiscal years covered. Expressed as client-to-staff ratios, they were 16.8-to-1, 19.8-to-1, and 18.3-to-1 for fiscal years 1994, 1995, and 1996, respectively.

For the same three fiscal years, 194, 232, and 239 deaf or hard of hearing clients actually received direct vocational rehabilitation services from the DVR. Only 2.5 FTE positions were available to provide direct services to the deaf and hard of hearing. Expressed as client-to-staff ratios, they were 77.6-to-1, 92.8-to-1, and 92.5-to-1 for fiscal years 1994, 1995, and 1996, respectively. It is clear that the ratios are unbalanced, especially in light of the fact that the number of deaf and hard of hearing clients receiving services were only slightly lower than that for visually-impaired clients. Proportionally, the number of deaf or hard of hearing clients were almost equal to that of visually-impaired clients — at about 80%, 81%, and 90% — for the three fiscal years, respectively.

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As is obvious, there is only one service provided exclusively for deaf and hard of hearing persons. On the other hand, the DVR reports 14 services provided exclusively for the visually-impaired. An additional 17 services are provided to *both* blind and deaf or hard of hearing clients. That an imbalance in available services exists is clear. However, it is only fair to note that the DVR is tasked to serve not only blind and deaf or hard of hearing persons but also "severely handicapped individuals" who suffer from a variety of illnesses and conditions. [See material in chapter 1 under the subheading "Vocational Rehabilitation and Services for the Blind Division."]

Nonetheless, the deaf and the hard of hearing constitute a major service population. Furthermore, it would only be logical to provide more services to this population, if only because of their large numbers.³ Certainly, no one would advocate duplicating for the deaf or hard of hearing, *all* services currently available exclusively to the blind. Even so, some additional services could be extended to the deaf or hard of hearing (e.g. social services, communication skills, work evaluation and work adjustment training). However, the blind and the deaf populations are sufficiently different so that certain other services remain appropriate for only one population (e.g. non-braille reader services, low vision clinic services, orientation and mobility services).

The perceived gap in services for the deaf or hard of hearing population in general may not lie so much in a *lack* of services as in the *inadequate delivery* of existing services. A 1995 report by the Pacific Basin Research and Training Center of the University of Hawaii concluded, in general, that improvements were needed in access to, and delivery of, vocational rehabilitation services for the deaf or hard of hearing. To address this issue, the Department of Human Services has been requested to consider the creation of a separate branch in addition to the existing branch that serves the blind to centralize the provision of services to the deaf or hard of hearing.

ENDNOTES

1. The DVR's original written response was received on July 15, 1996; its response to follow-up questions were received on August 19, 1996.
2. This number is the smaller number actually receiving services, and not the larger number of total referrals or the number that applied for eligibility determination. For purposes of the survey, the DVR agreed not to include those clients who were both deaf and blind.
3. H.C.R. No. 157 claims that Hawaii is home to 73,200 hearing-impaired persons, of which 9,700 are profoundly deaf (of which 6,499 are of work age): p. 1, lines 12 - 18.

CHAPTER 3

DEAF AND HARD OF HEARING HIGH SCHOOL STUDENTS: REFERRAL FOR DVR SERVICES AND GAPS IN SERVICES

This chapter discusses the two issues relating to services for deaf and hard of hearing high school students. These are issues two and three of the resolution:

- "(2) An identification of the number of deaf and hard of hearing high school students ages 16 and older who will be referred for services from the Vocational Rehabilitation and Services to the Blind Division; and
- (3) An identification of the gaps in services for deaf and hard of hearing students and ways to fill those gaps, such as having a transition program/counselor at the Hawaii Center for the Deaf and the Blind, underemployment, and support services on the job."

Unless otherwise indicated, quoted material is attributed to the respective respondent group.

Issue Two: Number of Deaf and Hard of Hearing Students to be Referred for Services from the Vocational Rehabilitation and Services for the Blind Division (DVR)

Issue two seeks data on the number of deaf or hard of hearing high school students aged 16 and older who will be referred to the DVR for vocational rehabilitation services. For the most part, these will be students from the Hawaii Center for the Deaf and the Blind (HCDB). Survey groups other than the DVR do not have relevant data to respond to this issue. Thus, only the DVR's response is presented here. However, the HCDB was also asked to furnish data on student referrals.

Hawaii Center for the Deaf and the Blind — Background Information: The HCDB is Hawaii's center-based school for students who are deaf, hard of hearing, deaf-blind, blind with multiple disabilities, and deaf with multiple disabilities. The center offers consultation and technical assistance to districts where disabled students attend local schools. The HCDB provides a day program for Oahu students and a combined day and residential program for students from the neighbor islands. Students benefit from diagnostic services including an initial and triennial evaluations. In addition, the HCDB provides adaptive materials such as books in braille to enable students and teachers throughout the State to participate in regular education.

DVR Response: Although it is not possible to predict exactly how many will be referred, the pattern of student referrals in the past may offer a hint. According to the DVR, four deaf or hard of hearing high school students were referred for vocational rehabilitation services in each of calendar years 1993, 1994, and 1995. Its best estimate of the pattern of future student referrals over the next 1-year, 3-year, 5-year, and 10-year periods is from six to ten students per year, only a slight increase from current levels. The DVR does not feel that this number is excessive for the division to handle.

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Hawaii Center for the Deaf and the Blind Response: According to the HCDB, there are currently 62 students in the center of which 53 are deaf or hard of hearing. For the 1993-1994, 1994-1995, and 1995-1996 school years, four, six, and nine students aged 16 or older (excluding the two deaf-blind students) were referred for DVR services. Of the HCDB's deaf students, 12 are now aged 16 or older; of the hard of hearing students, only one is now aged 16 or older. The HCDB estimates that the pattern of future referrals will increase in the next 1-year period but will stay the same for the next 3-year, 5-year, and 10-year periods. It does not have data on referrals from district schools for DVR services.

Issue Three: Gaps in Services for Deaf and Hard of Hearing Students and Ways to Fill Those Gaps

With reference to providing missing services that may fill these gaps, issue three of the resolution mentions "... a transition program/counselor at the Hawaii Center for the Deaf and the Blind, underemployment, and support services on the job." Although the lack of a transition program and inadequate support services can readily be seen as possible service gaps, it is unclear how "underemployment" can be a service that is lacking. The best interpretation is that underemployment is a *symptom* that needs to be remedied by services that are lacking. In any case, all groups were asked to provide input on this issue. In general, responses uniformly cited the lack of a transition program and transition counselor or coordinator at the HCDB.

DVR Response: According to the DVR, the gap in services lies in the lack of a transition counselor at the HCDB. The HCDB is operated by the Department of Education for deaf and blind students up to age 20 in a dormitory setting. The DVR believes that, although certain activities are coordinated in schools to help prepare blind and deaf or hard of hearing students for the transition to a work society, a gap exists in that the HCDB does not have a transition counselor or a work experience coordinator and:¹

"Deaf and hard of hearing students are not exposed to work, careers, and vocational exploration. When they graduate from high school, they are not prepared to make vocational/career choices. . . [To remedy this situation, the] HCDB [should] have a coordinated plan for all deaf and hard of hearing students to participate in. More effective services need to be provided. . . . The [HCDB] is a center and not a school within a district. Because of this, they do not always access services in the school district. One problem is transition services at HCDB. Students have been graduating without effective transition services. Students are not always referred to VR from HCDB prior to graduation."

Hawaii State Coordinating Council on Deafness Survey Response: The HSCCD feels that there are service gaps and suggests that they can "... be filled with an increase of trained personnel, more extensive staff development, and better coordination and articulation among state agencies, i.e., DOE and DHS." Presumably, the references are to the HCDB and other schools that have deaf or hard of hearing students, and the DVR. In elaboration, the HSCCD proposed that:²

"... a transition program or counselor(s) [be established] at HCDB in order to assist students with transition between school and work world. Work experience and job search skills need to be introduced to the students so that they are better prepared for the working world. Revise order of selection process for the hard-of-hearing students, so that they can receive services before graduation. Continue the priority order process for the deaf students to ensure they get needed services in a timely fashion, before entering college or the working world."

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Hawaii Services on Deafness Response: The HSOD identified as a service gap the need for more extensive career and higher educational counseling for deaf and hard of hearing high school students in order to broaden their career horizons and to encourage them to higher educational goals. In line with this, the HSOD reported that it is planning a career/higher education workshop series at the HCDB that will be open to deaf and hard of hearing students at the HCDB and in other schools on Oahu. Eventually, the HSOD plans to expand the workshops to the neighbor islands. The HSOD also indicated a need for more funding for transitional programs for the HSOD.³

Specifically commenting on the remark made in H.C.R. No. 157, HD1 regarding the lack of a transition program/counselor at the HCDB, the HSOD stated that:⁴

"A transition program/counselor at the Hawaii Center for the Deaf and the Blind would be valuable to provide deaf and hard-of-hearing students with the same kinds of career/higher education counseling offered to most hearing students at the high school level. There should be a focus on expanding the educational and career horizons of the deaf and hard-of-hearing, based on individual talents and interests. With increased awareness of and compliance with the Americans with Disabilities Act, and new technologies, including widespread use of the computer and more advanced telecommunications devices and services, many more career opportunities may be made available for the deaf and hard-of-hearing. Extensive community education is necessary to make both the deaf and hard-of-hearing and the hearing communities aware of the greater opportunities, and the broad range of skills and talents of the deaf and hard-of-hearing."

Goodwill Industries of Honolulu, Inc. Response: Goodwill notes that its participation in the deaf community is relatively new. However, it believes that its experience thus far indicates that, with reference to services gaps for deaf and hard of hearing high school students, there is a need to move individuals from a school or educational model into an employment model. According to Goodwill, students need to be better prepared in order to make the transition into the world of employment.

Commenting specifically on the lack of a transition program/counselor at the HCDB, Goodwill states that:⁵

"We have identified the need for students to have additional knowledge in adaptive equipment, assistive technology, and reasonable accommodations that are their right to access. This would help students learn that more opportunities are available and prevent discouragement in making the transition to [the] adult workforce.

We have identified that an additional need is for inclusion of presenters who are Deaf to vocational exploration classes. This would enable students to see Deaf individuals who are successful in their chosen professions. Role models can be of great benefit in providing the motivation to obtain a quality job.

We have identified that the addition of personnel specifically trained to address issues of transition from school to work, underemployment, and provide supports on the job would be of great benefit. This would provide for a smaller [student to] teacher ratio and more individualized attention. Counseling, and providing on the job supports are already available in the community through private service providers on a referral basis. [P]erhaps one way to strengthen these services would be to institute a referral service to outside community providers at an earlier stage — perhaps [at the] sophomore level in high school. [T]his would ensure that experiences are found in real work settings outside the school environment."

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Ohana Kokua Ano Kuli Response: The OKAK agreed that services to students can be improved through better academic and vocational training, through the provision of transitional services, and overall better coordination of vocational rehabilitation services to this group. Commenting specifically on the lack of a transition program/counselor at the HCDB, the OKAK maintains that:⁶

"First, there is no transition coordinator at HCDB — there needs to be one. Second, statistics on unemployment and underemployment of Hawaii's deaf and hard of hearing need to be gathered and reported. This will support the need for [the transition counselor at the HCDB]."

Aloha State Association of the Deaf Response: According to the ASAD, the lack of a transition program/counselor at the HCDB requires an increase in staffing from one part-time and two full-time positions to four full-time positions. It also advocates for a separate branch for the deaf and hard of hearing within the DHS similar to the Ho'opono program for blind clients as a means of improving services for all deaf and hard of hearing clients including high school students.

The ASAD offers that the HCDB does not have a transition program because, being a center, it is independent of the departmental school district in which it is located. The implication is that coordination between the HCDB and the Department of Education could be improved. According to the ASAD, between 1975 and 1980, a vocational experience program was operated under a grant that helped deaf and hard of hearing students find opportunities to work part-time and develop their career goals. It sees this type of career development program as being very critical for HCDB students because it feels these students are now unprepared to take on jobs upon graduation. As a result, the ASAD believes that many deaf people in Hawaii are underemployed because, not having been prepared for higher-level jobs, they tend to accept lower-paying ones and are just grateful not to lose them.

Hawaii Center for the Deaf and the Blind Response: The HCDB reports that its graduates tend to be underemployed. Because of the lack of opportunities and support in Hawaii — as well as the relatively high cost of living — many have moved to the mainland. Other service gaps, according to the HCDB, include insufficient support services due to the scarcity of qualified interpreters. Employers are reluctant to pay interpreter fees even when they are available. If the gap in support services can be filled, the HCDB feels that deaf persons can get and maintain gainful employment much more smoothly. The HCDB lays partial responsibility for the exodus of deaf persons to the mainland on the lack of a cohesive transition mechanism that would support skill development and opportunities to use those skills at gainful employment.

According to the HCDB, there is a counselor but no transition teacher at the HCDB — the latter position having been eliminated several years ago. The school counselor has been handling all counseling needs, including pre-vocational liaison with the DVR. However, other duties necessarily dilute services provided through this counselor position. In partial mitigation, Honolulu District's Occupational Skills program, which is currently housed on the HCDB campus, can be accessed by HCDB students who qualify for the program.

However, the HCDB envisions the role of a dedicated transition counselor position — one specifically designed to serve transition and pre-vocational needs of students — to be the following:

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- “Develop and implement an SE-VR⁷ work-study program within the HCDB high school curriculum
- Determine which of previously available prevocational services and programs are still accessible and “reconnect” HCDB students with the services, for example:
 - Career Information Center
 - Career Kokua
 - Community Resource Program
 - Career Opportunities Program
 - Division of Vocational Rehabilitation
 - Occupational Skills Program
 - SE-VR/Work Study Program
- Reconnect and re-activate community contacts for job sites for our students, such as:
 - McDonald’s
 - Hakuyosha Cleaners
 - Hawaii Hotel Association Adopt-A-School Program
 - Marriott-Food Service
 - Honolulu Community College
 - Kapiolani Community College
 - Honolulu Zoo
 - State Library System
- Create and maintain student vocational file[s] for each student, and facilitate students’ completion of necessary forms and applications for transitional activities
- Provide initial job coaching as needed on limited basis for each student
- Teach prevocational skills as needed, and coordinate other personnel teaching prevocational skills [regarding] established curriculum.”

The HCDB agrees fully that a transition program would be of great benefit. The Center believes that, at minimum, a vocational counselor would be needed. In addition, a transition class teacher would be needed at the high school level to ensure the classroom portion of skill development was available to support the program. The Center feels that two individuals currently at the HCDB are qualified to fill the counselor position. However, it believes that no staff are currently available to fill the transition teacher position (assuming the position were to be created) and personnel would most likely need to be recruited from the mainland. In addition, the HCDB points out the need for more funding for transportation of students to and from work sites, for subsidized work experience, for materials and supplies, staff travel expenses, etc.

The HCDB reports that there is no systematic coordination between the center and other public school programs regarding prevocational needs of deaf and hard of hearing students due to staffing constraints. According to the HCDB, although “every attempt is made for smooth coordination between HCDB and [the] DVR, . . . both are short of staff in this area.” It also reported that an in-house plan has been proposed to “re-instate a position that would allow us to perform these vital activities on behalf of students, but that [the plan] is in its initial stages and the details

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are not clearly defined at present.”

Finally, the HCDB cautions that the small number of students at the Center may seem to justify cuts in services and staff. It cites the elimination of the prior transition position as a result of this misperception. The Center points out that, because the needs of its students are complex and intensive, requiring intensive support, the numbers are deceptive.

ENDNOTES

1. Information is from the DVR survey responses of July 15 and August 19, 1996 and from the DVR interview of July 2, 1996 with Neil Shim, administrator, and Carol Young, program coordinator.
2. Hawaii State Coordinating Council on Deafness survey response received on July 31, 1996.
3. Hawaii Services on Deafness survey response received October 7, 1996.
4. Hawaii Services on Deafness survey response received on August 29, 1996.
5. Goodwill Industries of Honolulu, Inc. survey response received on August 14, 1996.
6. Ohana Kokua Ano Kuli survey response received on August 19, 1996.
7. “SE-VR” means special education-vocational rehabilitation.

CHAPTER 4

NEED FOR QUALIFIED PERSONS WHO ARE DEAF OR HARD OF HEARING TO PROVIDE SERVICES

Issue Four: Need for Qualified Persons Who are Deaf or Hard of Hearing to Provide Vocational Rehabilitation Services

This chapter presents the responses to this issue from the Vocational Rehabilitation and Services for the Blind Division (DVR), the Hawaii State Coordinating Council on Deafness (HSCCD), the Hawaii Services on Deafness (HSOD), Goodwill Industries of Honolulu, Inc., the Ohana Kokua Ano Kuli (OKAK), and the Aloha State Association of the Deaf (ASAD). Unless otherwise indicated, quoted material is attributed to the respective respondent group.¹ The ASAD explained that it was not possible to answer the set of questions comparing qualified deaf or hard of hearing providers and hearing providers. [See ASAD's response below.]

DVR Response: The DVR clearly stated its overall belief that *there is a need* for qualified deaf or hard of hearing persons to provide vocational rehabilitation services. It also felt that deaf or hard of hearing clients *benefit more* from such providers as compared to otherwise equally qualified hearing providers. The DVR was then asked to indicate the degree of its agreement or disagreement with a series of statements on a five-point scale (disagree strongly, disagree somewhat, no opinion, agree somewhat, and agree strongly).

The DVR agreed strongly with a central premise of H.C.R. No. 157, HD1, that is, hearing impairment creates communication difficulties requiring the services of professionals who possess three traits: being *knowledgeable* specifically about the implications of hearing loss, *fluent* in American Sign Language (ASL), and *sensitive* to the specialized needs of deaf or hard of hearing persons. It also strongly felt that services to deaf or hard of hearing clients are *ineffective* if providers do not possess these three traits. Further buttressing these beliefs, the DVR strongly felt that:

1. These three traits *can improve services* and are *absolutely essential* for providers of service to the deaf or hard of hearing;
2. *There is a difference in quality of service* given by deaf or hard of hearing and hearing providers who are otherwise equally qualified;
3. Deaf or hard of hearing providers can *provide better services* to the deaf and hard of hearing than otherwise equally qualified hearing providers;
4. Deaf and hard of hearing *clients identify more with and are more receptive to services* given by qualified deaf or hard of hearing providers;
5. Deaf or hard of hearing providers give better services *by virtue of their own disability*; and
6. It is not only preferable, but *absolutely essential*, to use deaf or hard of hearing providers — and not hearing providers — to provide services to the deaf and hard of hearing.

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However, the DVR strongly disagreed that *only* deaf or hard of hearing providers can possess the three traits mentioned above. The implication is that hearing providers can also be knowledgeable, fluent, and sensitive. In support of this stance, the DVR further disagreed, although to a lesser degree, that hearing providers, on balance, cannot possess or develop the first two of these three traits (being specifically knowledgeable and fluent in ASL). However, it strongly disagreed that hearing providers cannot be as sensitive to the specialized needs of the deaf and hard of hearing. In other words, it appears that the DVR strongly feels that a provider need not be deaf or hard of hearing in order to acquire the three desirable traits although deaf or hard of hearing providers may have an edge.

The DVR also estimated that more than three out of four deaf or hard of hearing clients have expressed a preference for vocational rehabilitation services to be given by providers who are, themselves, deaf or hard of hearing. The problem is that the DVR does not have any such qualified deaf or hard of hearing staff. According to the DVR, no such qualified personnel are available in the State. (*This statement appears to be corroborated by the responses of the other groups surveyed.*) Compounding the problem is the lack of role models in Hawaii for local deaf or hard of hearing residents to emulate. The DVR suggested that it was important to expose deaf or hard of hearing students in Hawaii to vocational rehabilitation as a career goal.

Training of Current Hearing Providers: The DVR affirmed that the training of current hearing providers is an option. However, that belief was qualified with the proviso that it would "not [be] equivalent to a deaf or hard of hearing provider." In support of this, it disagreed somewhat that hearing providers can be trained to provide services *as well as* otherwise equally qualified deaf or hard of hearing providers.

Hawaii State Coordinating Council on Deafness Response: The HSCCD agreed that there is a lack of qualified deaf or hard of hearing persons who can provide vocational rehabilitation services. It offers the following as causes for the situation:

- Lack of local opportunities for training;
- Limited opportunities for employment;
- Salaries are often incompatible with the cost of living in Hawaii and are not offset by incentives for qualified persons from the mainland to move, or return, to Hawaii; and
- Paucity of local deaf and hard of hearing role models in the professional fields in Hawaii to inspire emulation by local deaf and hard of hearing clients.

The following presents the HSCCD's responses to the set of questions comparing deaf or hard of hearing and hearing service providers. First, the HSCCD paralleled the DVR in strongly agreeing that both deaf and hard of hearing clients would *benefit more* from deaf or hard of hearing providers as compared to otherwise equally qualified hearing providers. Like the DVR, it also strongly agreed that:

1. Hearing impairment creates communication difficulties requiring the services of professionals who are *knowledgeable* specifically about the implications of hearing loss, *fluent* in ASL, and *sensitive* to the specialized needs of deaf or hard of hearing clients; and

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2. Services to deaf or hard of hearing clients are *less effective* if providers do not possess these three characteristics.

In other words, the HSCCD and the DVR agree on two general principles: that the deaf and hard of hearing have special needs and that services given by deaf or hard of hearing providers are better.

The HSCCD's views begin to diverge from those of the DVR on specifics. For example, the HSCCD disagreed somewhat (the DVR disagreed strongly) that *only* deaf or hard of hearing providers can be knowledgeable, fluent, and sensitive. That is, compared to the HSCCD, the DVR seems to give hearing providers more of the benefit of the doubt. On the other hand, the HSCCD disagreed strongly that hearing providers, on balance, cannot be as knowledgeable, fluent, and sensitive as deaf or hard of hearing providers. (In partial concordance, the DVR disagreed strongly about their being as sensitive, but disagreed only somewhat about the first two traits.) In this case, it is the HSCCD that appears to give hearing providers more of the benefit of the doubt.

The HSCCD disagreed somewhat that it is essential, not just preferable, to use qualified deaf or hard of hearing providers as opposed to qualified hearing providers. This is in strong contrast to the DVR's view that such use is absolutely essential. Again, in strong contrast to the DVR, the HSCCD agreed somewhat that there is no difference in quality of service given by the two types of otherwise equally qualified providers. (The DVR disagreed strongly that there is no difference.) The HSCCD also agreed, but to a lesser extent than the DVR, that deaf or hard of hearing providers give better services by virtue of their disability and that deaf and hard of hearing clients identify more with deaf or hard of hearing providers. The HSCCD agreed somewhat that hearing providers can be trained to provide services equally as well as deaf or hard of hearing providers. Finally, like the DVR, the HSCCD indicated that both deaf and hard of hearing clients have expressed a preference for deaf or hard of hearing providers over otherwise equally qualified hearing providers.

In response to identifying specific obstacles preventing the hiring of deaf or hard of hearing service providers, the HSCCD feels that, in general, the state hiring process is time-consuming and cumbersome. As a result, potential applicants may lose interest and seek employment in other fields here or in another state. The HSCCD further contends that cuts in the state budget and hiring freezes frustrate new hiring by interrupting or permanently halting the hiring process.

To overcome this, the HSCCD suggests that specialized vocational rehabilitation positions be exempted from hiring freezes to facilitate recruitment. In addition, it recommends that the recruitment and hiring process be simplified by either instituting measures to streamline hiring within the Department of Human Resources Development or by delegating hiring directly to the Department of Human Services. Furthermore, the search for qualified personnel should not be limited to Hawaii.

Locally, the HSCCD urged the DVR to:

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"... be more aggressive in providing services to potential clients who could become DVR counselors or service-related providers. DVR should be more willing to cover costs of both undergraduate college and graduate school (local and mainland) for those who meet academic requirements. DVR should also be more aggressive in encouraging recruitment of Deaf and Hard-of-Hearing professionals in the local community."

Training of Current Hearing Providers: The HSCCD believes that training of existing vocational rehabilitation providers who are hearing is a viable option to a certain extent. In general, it feels that were such training to be given, it "... should be more extensive and intensive than just once-at-a-time workshops" or a session lasting a few weeks at a college. In particular, it stressed the importance of sign language training that is "much more extensive/intensive than currently offered" — especially for counselors and staff on the neighbor islands. General counselors, particularly on the neighbor islands, need this specialized staff development in order to serve those who are deaf and hard of hearing within their general client population.

Hawaii Services on Deafness Response: The HSOD submitted two sets of surveys.² The two responses reflect a distinct ambivalence towards this issue. The first response agreed that deaf clients benefit more from deaf or hard of hearing providers compared to otherwise equally qualified hearing providers. The second qualified its agreement by saying it depends heavily on whether or not the person is deaf-sensitive, e.g., a hearing child of deaf parents. Neither offered an opinion for hard of hearing clients. However, both agreed strongly that:

1. Hearing impairment creates communication difficulties requiring the services of professionals who are *knowledgeable* specifically about the implications of hearing loss, *fluent* in ASL, and *sensitive* to the specialized needs of deaf or hard of hearing clients; and
2. Services to deaf or hard of hearing clients are *less effective* if providers do not possess these three characteristics.

Other than this, however, the two responses consistently differed. While the first agreed strongly that *only* deaf or hard of hearing providers can be:

- *Knowledgeable* specifically about the implications of hearing loss;
- *Fluent* in ASL; and
- *Sensitive* to the specialized needs of deaf or hard of hearing clients;

the second indicated the exact opposite by strongly disagreeing with the above statement.

On the one hand, the first HSOD response strongly agreed that, compared to qualified deaf or hard of hearing providers, qualified hearing providers, on balance, *cannot* be as:

- *Knowledgeable* specifically about the implications of hearing loss;
- *Fluent* in ASL; and
- *Sensitive* to the specialized needs of deaf or hard of hearing clients.

On the other hand, the second HSOD response indicated almost a polar opposite opinion by strongly disagreeing that hearing providers *cannot* be as knowledgeable or fluent, and by disagreeing somewhat that they cannot be as sensitive.

The conflict between the two HSOD survey responses extends to whether hearing providers, compared to deaf providers, *can* be as knowledgeable or ASL-fluent. The first response

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disagreed somewhat while the second response agreed strongly. The first response disagreed strongly that they *can* be as sensitive; the second agreed strongly.

Similarly, the first HSOD response agreed strongly that, in providing services to deaf and hard of hearing clients, it is *not just preferable, but essential*, to use qualified deaf or hard of hearing providers, and not qualified hearing providers. The second HSOD response disagreed strongly.

Furthermore, the first HSOD response disagreed strongly that there is *no difference in quality of service* given by deaf or hard of hearing providers and equally qualified hearing providers. The second response agreed somewhat.

Finally, the first HSOD response indicated that from one-half to three-quarters of both deaf and hard of hearing clients have expressed a *preference for deaf or hard of hearing providers* over otherwise equally qualified hearing providers. The second HSOD response indicated that it "depends on the deaf and hearing involved" and that the HSOD was unable to give reasonable estimates with current statistical information.

The two sets of responses from the HSOD were not as clearly divergent on the following:

- The first HSOD response reported a "no opinion" on whether hearing providers can be trained to provide services equally well as qualified deaf providers. The second agreed somewhat that they can be so trained;
- The first HSOD response agreed strongly that deaf or hard of hearing providers give better services than hearing providers, *by virtue of their being deaf or hard of hearing*, assuming that they are otherwise equally qualified; the second agreed somewhat; and
- The first HSOD response agreed strongly that deaf and hard of hearing clients *identify more with and are more receptive to services* given by qualified providers who are deaf or hard of hearing, as compared to hearing providers; the second response agreed somewhat.

Only the second HSOD response indicated that training of current hearing providers is a viable option. The HSOD also said that increasing deaf awareness and sensitivity among hearing providers would enhance their effectiveness.

Goodwill Industries of Honolulu, Inc. Response: Goodwill notes that there is a need for qualified deaf or hard of hearing persons to provide vocational rehabilitation services to deaf and hard of hearing persons in Hawaii and that the need is unmet. According to Goodwill:

"Education is the key to making more Deaf and hard of hearing service providers available to the community. Education must take place in the disciplines of fluency in the primary language of the recipients of service (ASL) and in counseling techniques, case management[,] and strategies to discourage dependence and [to] foster independence. . . . This condition [need for and lack of qualified deaf or hard of hearing providers] is the result of an educational system that does not graduate enough Deaf or hard of hearing persons who are also educated in human service delivery systems and techniques for effective counseling and teaching independent living skills. This is complicated by an attitude that seems to emphasize the differences between qualified Deaf service providers and qualified hearing service providers."

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In contrast to the responses of the other groups surveyed, Goodwill feels that deaf and hard of hearing clients do not benefit more from deaf or hard of hearing service providers as compared to otherwise equally qualified hearing providers. It also strongly disagreed that it is essential, not just preferable, to use deaf or hard of hearing providers to provide services to deaf and hard of hearing clients. However, it did strongly agree that:

1. Hearing impairment creates communication difficulties requiring the services of professionals who possess three traits: being *knowledgeable* specifically about the implications of hearing loss, *fluent* in American Sign Language (ASL), and *sensitive* to the specialized needs of deaf or hard of hearing clients;
2. Services to deaf or hard of hearing clients are *less effective* if providers do not possess these three traits; and
3. Deaf and hard of hearing clients *identify more with and are more receptive to services* given by qualified providers who are deaf or hard of hearing, as compared to hearing providers.

Goodwill also disagreed somewhat that there is no difference in quality of service given by deaf or hard of hearing providers, as compared to otherwise equally qualified hearing providers. Thus, it acknowledges that there may be *some difference in quality of service*, presumably favoring deaf or hard of hearing providers.

Nonetheless, Goodwill strongly disagreed that *only* deaf or hard of hearing providers can be sensitive to the specialized needs of the deaf and hard of hearing. That is, it feels that hearing providers can also be sensitive to clients' needs. Goodwill disagreed to a lesser extent that *only* deaf or hard of hearing providers can be knowledgeable specifically about the implications of hearing loss. Goodwill did agree, although not strongly, that *only* deaf or hard of hearing providers can be fluent in ASL. The implication here is that, more often than not, one can expect deaf persons to be more fluent in ASL than hearing persons who learn ASL but who do not totally depend on it to communicate.

Comparing equally qualified deaf or hard of hearing and hearing providers, Goodwill agreed somewhat that hearing providers *cannot* be as fluent but disagreed somewhat that they cannot be as knowledgeable or as sensitive. This position is generally consistent with its response in the preceding paragraph. This may mean that knowledge and sensitivity are not the exclusive province of the deaf or hard of hearing but that hearing providers, on balance, may not be able to acquire these two traits to the same degree or with the same ease.

Overall, it appears to be Goodwill's position that vocational rehabilitation service providers, whether hearing or not, need to possess certain traits and that these traits enhance services delivered. However, deaf or hard of hearing providers do not seem to have a monopoly on these traits although they may have an advantage over hearing providers in acquiring some of them to a greater degree. Worthy of note is Goodwill's belief that deaf or hard of hearing persons have a clear advantage in becoming fluent in ASL. Despite this, Goodwill does not believe that it is essential to use deaf or hard of hearing providers in place of hearing providers. Furthermore, unlike the other respondent groups, Goodwill indicated that, to its knowledge, neither deaf nor hard

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of hearing clients have expressed a preference for obtaining services from deaf or hard of hearing providers over otherwise equally qualified hearing providers.

Training of Current Hearing Providers: In support of this position, Goodwill strongly believes that hearing providers can be trained to provide services equally well, compared to otherwise equally qualified deaf or hard of hearing providers. Goodwill believes that:

"Yes, there is a need to train current hearing providers who can provide a different perspective and have a differing set of expertise to provide [services to] the Deaf population. The need is for effective transition and inclusion which results in the blending of the Deaf and hearing cultures, as such[,] there is a need for trained professional service providers representing both cultures."

Ohana Kokua Ano Kuli Response: The OKAK agreed that there is a lack of deaf or hard of hearing providers who are qualified to provide vocational rehabilitation services to deaf or hard of hearing clients. It believes that deaf or hard of hearing individuals "... are often most sensitive, understanding, and enthusiastic concerning the needs of other deaf and/or hard of hearing individuals." However, the OKAK believes that services still need to be delivered regardless of the availability of qualified deaf or hard of hearing providers. That is, given the current lack of qualified deaf or hard of hearing providers, services should not cease to be delivered even if only hearing providers are available to deliver them.

The OKAK indicated its belief that both deaf and hard of hearing clients benefit more from qualified deaf or hard of hearing providers, as compared to otherwise equally qualified hearing providers. Consistent with its other responses, the OKAK strongly agreed that:

1. Hearing impairment creates communication difficulties requiring the services of professionals who possess three traits: being *knowledgeable* specifically about the implications of hearing loss, *fluent* in American Sign Language (ASL), and *sensitive* to the specialized needs of deaf or hard of hearing clients; and
2. Services to deaf or hard of hearing clients are *less effective* if providers do not possess these three traits.

The OKAK disagreed somewhat that *only* deaf or hard of hearing providers can be knowledgeable about the implication of hearing loss but disagreed strongly that *only* they can be fluent in ASL. It agreed somewhat that *only* the deaf or hard of hearing can be sensitive to the special needs of deaf and hard of hearing clients. These responses seem to give hearing providers the benefit of the doubt. However, responses to subsequent questions were somewhat inconsistent with its previous views. It agreed somewhat that hearing providers *cannot* learn ASL as well nor be equally sensitive to the needs of deaf or hard of hearing clients. It did disagree somewhat that they cannot be as knowledgeable. In an ensuing set of questions, the OKAK agreed somewhat that hearing providers *can* learn ASL equally well, be as sensitive to the needs of deaf and hard of hearing clients, and be as knowledgeable as deaf or hard of hearing providers.

The OKAK agreed somewhat that deaf clients identify more with and are more receptive to deaf providers and that deaf providers give better service by virtue of their disability. The OKAK

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also strongly disagreed that there is no difference in quality of service given by deaf or hard of hearing and hearing providers who are equally qualified. However, it strongly disagreed that the use of deaf or hard of hearing providers is essential. In summary, it appears that although the OKAK acknowledges the value of deaf or hard of hearing providers, it is somewhat ambivalent when it comes to comparing their abilities to those of hearing providers. In clarification of its responses, the OKAK submitted the following additional comments:

"In providing services for individual with hearing losses, it should be clear that the needs of the deaf and hard of hearing are often very different. Service providers need to be knowledgeable and sensitive to the needs of various individuals with various hearing losses. This includes the ability to communicate with their clients.

In addition, while it is indeed preferable to have service providers who are deaf or hard of hearing themselves, it would be discriminating to hire only such individuals [by] virtue of their hearing loss. That is, it would be discriminating to hearing individuals who are qualified and able to provide such services. Again, whereas it is preferable to have deaf/hard of hearing service providers, there are other qualities that make the service provider 'qualified' — qualities such as sensitivity and knowledge of deaf/hard of hearing issues, ability to communicate with clients clearly, etc."

Less than 25% of the OKAK's own sub-population of hard of hearing persons have expressed a preference for deaf or hard of hearing providers. It did not provide information concerning deaf clients' preferences.

Training of Current Hearing Providers: The OKAK strongly agreed that, under the assumption that deaf or hard of hearing providers provide better services than hearing providers, the latter can be trained to provide services equally well. However, the OKAK warned that this was only viable as an interim measure and that ". . . aggressive recruitment of deaf/hard of hearing trainees is a must!" It recommended that training programs be instituted and that trainees be supported with stipends during training, and that particular efforts be made to recruit deaf and hard of hearing individuals as trainees.

Aloha State Association of the Deaf Response: The ASAD *did not agree* that deaf or hard of hearing clients benefit more from deaf or hard of hearing providers who are equally qualified as comparable hearing providers ("Not really, as the qualifications of hearing staff knowing sign language and fundamentals can do it too."). However, its clarification reveals some ambivalence:

"We [the DVR and the State's vocational rehabilitation system] don't have deaf staff at present, but it may be possible to have one or two in the future if a Deaf Service Branch is set up. Without a doubt, it will work better for our Deaf clients. . . . Yes, [there is a need for or a lack of qualified persons who are deaf or hard of hearing to provide services] it would be very helpful to have a qualified deaf or hard of hearing person for bilingual clients. On the other hand, it is the qualification of that person that is required for ability and knowledge of vocational services."

The ASAD explained that it was "rather hard" to answer the set of questions comparing equally qualified deaf or hard of hearing providers with hearing providers "because of a diversity among those qualified and unqualified persons or clients. . . . Even with Number 12, [a question asking what proportion of deaf and hard of hearing clients have expressed a preference for deaf or hard of hearing providers over otherwise equally qualified hearing providers] it is impossible [t]o

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rate the percentage due to the diversity again.”

The ASAD suggested that the high cost of living in Hawaii is an obstacle to hiring qualified deaf or hard of hearing vocational rehabilitation staff. The level of required professional experience is also an obstacle especially for recent deaf or hard of hearing graduates or those who have insufficient credentials but who are interested in this career path. According to the ASAD, the hiring of interns would be ideal. However, it feels that such interns never remain to serve in Hawaii upon their graduation. Presumably, the high cost of living is a contributing factor. It suggests the solution lies in formulating a suitable recruitment strategy that both capitalizes on recruits' interest in a vocational rehabilitation career and addresses the cost of living obstacle.

Training of Current Hearing Providers: The ASAD believes that training of current hearing providers a viable option “if necessary due to no qualified deaf persons at this time.” It approves of additional training about deafness for current hearing providers on Oahu and the neighbor islands such as the current practice of having them attend courses at “Monmouth College for a month or so.”

ENDNOTES

1. An initial response from the Hawaii Services on Deafness was received on August 29, 1996. That initial response provided background information on the HSOD and dealt with issues two and three relating to services for high school students and briefly touched on the need for adjustment services (issue seven). It had been intended that the HSOD board of directors, which includes several deaf and hard of hearing persons, would provide an institutional response to the remaining issues at its board meeting on September 7, 1996. However, because of the absence of a board member at that meeting, it was decided that an unspecified number of the board's deaf or hard of hearing members would meet with Bureau staff at a later date, using an interpreter. Despite repeated attempts, that meeting was never scheduled. As a result, in order to have its input included in this study, the Bureau requested the HSOD to return the Bureau's survey instead, part of which was received on September 30, 1996.
2. The first survey response was received on September 30, 1996 unsigned; the second was signed and was received on October 7, 1996.

CHAPTER 5

NEED FOR STAFF SUPPORT AND ADJUSTMENT SERVICES

This chapter deals with two related issues — issues five and seven of the resolution:

- “(5) An identification of the need for staff support for clients placed in jobs; . . .
- (7) An assessment of the need for adjustment services for deaf and hard of hearing persons due to the lack of coping skills to deal with problems that arise.”

Issue seven is taken out of turn because it is related to issue five. Issue six — the impact of the change in service delivery from the Hawaii Services on Deafness (HSOD) to Goodwill — is a wholly separate issue and is dealt with in the next chapter. Unless otherwise indicated, quoted material is attributed to the respective respondent group.

Issue Five: Need for Staff Support for Clients Placed in Jobs

A 1994 U. S. Department of Education publication¹ on the topic of deaf and hard of hearing students in postsecondary education helps to shed light on the nature of support services. The study surveyed, among other things, the types of support services provided by two- and four-year postsecondary educational institutions in the fifty states and Washington, D.C. and Puerto Rico. Data were collected for the four academic years from 1989-1990 through 1992-1993. Support services, in summary form, that were offered consisted of:²

- “1. Sign language interpreters or transliterators (use manual communication for voice-to-sign and sign-to-voice interpretation);
- 2. Oral interpreters or transliterators (facilitate speech reading by silently repeating what is said, with facial and gestural enhancements and selective semantic rewording);
- 3. Classroom notetakers (take notes during class sessions to enable deaf and hard of hearing students to focus attention on the instructor or interpreter);
- 4. Tutors to assist with ongoing coursework (teach coursework in subject area; tutors know how to communicate with deaf and hard of hearing and also know the subject area);
- 5. Assistive listening devices (systems for classrooms that augment and clarify sound, such as personal and group FM systems, loop systems, and infrared systems); and
- 6. Other support services (special testing accommodations, personal, academic, vocational, or career counseling, assistance with registration, classroom seating arrangements, tape recording, and advocacy or consultation with instructors).”

Vocational Rehabilitation and Services for the Blind Division (DVR) Response: The DVR reports that staff support services consist of the “arrange[ment, by staff,] for sign language interpreter services or assistive listening devices.” Consequently, staff support probably refers to the statutorily-defined “interpreter services for the deaf” (§348-2(4)(B)(ix), HRS) and “telecommunications, sensory, or other technological aids and devices” (§348-2(4)(B)(x), HRS),

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or both. Both of these services are also provided for in the Hawaii Administrative Rules (HAR). According to §17-401-16(a), HAR (Department of Human Services) regarding "Interpreter services for the deaf," the DVR is required to:

"... provide manual interpreting services for deaf applicants and clients when necessary to assure the provision of efficient and meaningful VR services to the deaf ... [and to] provide interpreter services for the deaf, as appropriate, throughout the VR process."

According to §17-401-16(c)(1), HAR, interpreter services are to be provided without the need for applying an economic means test when they are:

"... in support of the following:

- (A) VR services of a diagnostic nature;
- (B) Counseling, guidance, and referral services; and
- (C) Placement services."

According to §17-401-18(a), HAR:

"... telecommunications, sensory and other technological aids and devices shall be provided, as appropriate, to help VR clients achieve their vocational rehabilitation goals.

- (1) Technological devices and services may be provided during an extended evaluation to determine eligibility for rehabilitation services, during the period of rehabilitation to eligible clients, and during vocational training or on-the-job training as equipment needed to perform the selected occupation."

According to the DVR, support services are not generic for all disability populations. Deaf persons do not need braille embossing equipment meant for the blind nor hearing aids meant for the hard of hearing. Similarly, the hard of hearing mostly have little use for American Sign Language interpreters and a suggestion to learn it is considered insulting. According to the DVR, various types of staff support services are needed for hearing-impaired clients placed in jobs because of difficulty communicating with hearing employers and co-workers. Clients often need counselor assistance to help them understand their role as employees. Because of poor education and deficient experience in socialization, the deaf find it hard to adopt work habits commonly taken for granted such as punctuality and carrying out an assigned task through to completion.

The DVR feels that the limited time that the current staff has available to devote to staff support is an obstacle to providing more support. Its suggested solution is to hire more staff, which requires increased funding. There are only a limited number of DVR staff serving the deaf and hard of hearing population (one full-time vocational rehabilitation counselor and one full-time and one half-time social service assistants).

Hawaii State Coordinating Council on Deafness Response: Not unexpectedly, the HSCCD believes that staff support services are needed. One caveat, though, is that "Special communication and language needs are involved and require individualized services." The HSCCD cites "... poor, or lack of, independent living skills and work habits [that] often interfere with the client's ability to hold down jobs." Lack of professional and communication training for staff is viewed as an obstacle to providing more staff support services. Funds that may support this

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needed training are lacking at the same time that the state budget has been cut. In addition, the HSCCD warns that the problem is especially critical for those on the neighbor islands and in rural areas of Oahu.

Similar to its recommendation regarding the provision of more adjustment services (below), the HSCCD counsels the centralization of services for deaf and hard of hearing clients. According to the HSCCD, this would minimize lag times in the service process, utilize current staff more efficiently, and enable more staff to be recruited to meet caseload demands. Moreover, the HSCCD advocates the establishment of an interpreter position in the DVR to help DVR staff not proficient in sign language to serve both Oahu and the neighbor islands. Further recommendations include the hiring of job coaches and tutors and the contracting out for follow-up services.

Hawaii Services on Deafness Response: The HSOD pointed out that funding is a major consideration in providing support services such as interpreters. There is a need for psychologists who sign and for interpreters in general.³ It also commented that:

"With increased community education and awareness, greater numbers of employers may be made aware of the wide range of skills and work potential of the deaf and hard-of-hearing, the ADA [Americans with Disabilities Act], and their responsibilities to provide equal communications access to the deaf and hard-of-hearing in work situations."

Goodwill Industries of Honolulu, Inc. Response: Not surprisingly, Goodwill agrees that there is a need for staff support. However, Goodwill points out a need to differentiate between deaf or hard of hearing individuals who have other physical or psychological limitations due to additional disabilities and those who do not. The former require "... more intensive support based on the specific limitations faced and strategies employed to address those limitations." The latter "... do not need as much support ... [and] may require supports such as the need for an ASL interpreter in order to participate in discussions with their employers, or for certain supports outside of the work environment."

The major obstacle, according to Goodwill, to providing more staff support is the same as that obstructing the provision of other vocational rehabilitation services for the deaf and hard of hearing:

"Again, we identify the biggest barrier as being lack of qualified ASL interpreters who also have employment and placement experience and capabilities. There is a lack of an educational system that is capable of training enough ASL interpreters as well as a lack of resources to hire additional staff when they are available."

Ohana Kokua Ano Kuli Response: The OKAK feels that there is a need for staff support services. Its reason for taking this position is the same as that for believing that there is a need for adjustment services. It reasons that obtaining "any simple job" is not too hard. However, it contends that "... maintaining successful employment is much more difficult. Adjustment services [and] staff support would help provide for more successful and long-term employment of deaf and hard of hearing people." The OKAK believes an obstacle to the provision of more support and adjustment services is the lack of service providers and counselors who are sensitive,

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understanding, and knowledgeable of the needs of deaf and hard of hearing people. Accordingly, it advocates the use of these personnel.

Aloha State Association of the Deaf Response: The ASAD agrees that there is a need for staff support services. It believes that DVR clients will be helped to become more motivated and to gain self-esteem. According to the ASAD, a "job club" program has been reinstated within the DVR after a lapse of about two or three years. The ASAD related an account of one of its volunteers who had attended that club and who reported having enjoyed the experience. That person now feels prepared to visit the state employment office and finds that looking up potential job openings in the office's computer is "neat."⁴

Issue Seven: Need for Adjustment Services for Deaf and Hard of Hearing Persons Due to the Lack of Coping Skills to Deal with Problems that Arise

It is not entirely clear what "adjustment services" means. The term "adjustment" makes various appearances throughout the statutes and rules. For example, "vocational adjustment" is described as being included under "vocational and other training services" in §17-401-4(a)(1)(D), HAR. Under training services (§17-401-12(b)(3), HAR), "personal adjustment training" is described as including training given for any one or a combination of the following reasons:

- "(A) To assist the individual to acquire personal habits, attitudes, and skills that will enable the individual to function effectively in spite of the individual's disability;
- (B) To develop or increase work tolerance before engaging in prevocational or vocational training or in employment;
- (C) To develop work habits and to orient the individual to the work world; and
- (D) To provide skills or techniques for the specific purpose of enabling the individual to compensate for the loss of a member of the body or the loss of a sensory function."

Adjustment also takes place as part of follow-up services after job placement to assure the success and performance of the placement. According to §17-401-23(d), HAR, follow-up services deal with:

- "(1) Client's job performance;
- (2) Adjustment to the job, supervisor, and co-workers;
- (3) Safety and health factors;
- (4) Needed interventions for emerging problems;
- (5) Assisting employers in understanding and accommodating the disabled individual; and
- (6) Assuring the stability and permanence of the job placement."

According to §17-401-4(a)(1)(B), HAR, "personal adjustment counseling" is part of "counseling and guidance" where a "... counseling relationship [is maintained] throughout a handicapped individual's program of services." It is further described in §17-401-10(a)(6), HAR: "Adjustment in a suitable job to the satisfaction of all parties concerned."⁵

DVR Response: The DVR listed adjustment under "counseling and guidance" services for both the blind and the deaf or hard of hearing. Counseling and guidance includes "understanding and relating health, disability, personal, and social problems to clients' vocational adjustment."

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Furthermore, the DVR reported adjustment under "work evaluation and work adjustment training." However, this latter was listed under services for blind clients only; its component services are defined in §17-402-16(a)(2), HAR:

- "(2) Adjustment-training services shall include an extended period of prevocational exploration and development, specified vocational adjustment and training, training for sheltered workshop employment, and documentation of such services."

The DVR also commented⁶ that adjustment services are oriented more towards dealing with conditions external to the person. For example, a client may need help in adjusting to problems generated by having a job and dealing with co-workers and supervisors on both work and personal levels, and dealing with pressures and relationships arising at home. On the other hand, counseling is more internally oriented, having to do more with addressing a client's psychological needs. In a complementary remark in response to the Bureau's survey, the DVR comments that "adjustment services" are needed to cope with:

"Problems with federal and state assistance programs, housing, employment and adjustment to employment. Because of communication, difficulties both in person and in writing, deaf and hard of hearing clients often need assistance."

The DVR affirmed that adjustment services are a necessary part of its program of services. Adjustment services are provided to almost all deaf or hard of hearing clients, except for a very small percentage who do not need it.⁷ These services are not generic for the blind and deaf or hard of hearing groups because adjustment depends on and varies with the nature of one's disability. Even within the deaf or hard of hearing subgroup, differing degrees of hearing-impairment (deaf vs. hard of hearing) may require different adjustment services. In general, the coping skills that clients lack and that make adjustment services necessary include the ability to understand social and work situations in the way that non-impaired persons perceive them. These include appropriate work attitudes and habits and understanding employers' expectations regarding work. They also include the ability to deal with the frustrations that inevitably arise from a disabled person's limited functioning in work and social settings. Ideally, adjustment services help to improve disabled persons' reaction to and handling of work and social situations. The DVR also identified as an obstacle to providing more such services the fact that "existing staff do not have the time to provide the services needed." As a solution, the DVR suggested "hiring more staff to provide adjustment services."

Hawaii State Coordinating Council on Deafness Response: The HSCCD agrees that there is a need for adjustment services for deaf or hard of hearing clients placed in jobs which is:

"... individual, based on each employment situation and on each client's ability to do the essential functions of the job. Special adaptive modification and assessment may be needed, but adjustment services also involves more than just helping with job adjustment. Many clients need to learn not only work skills and work ethics, but also independent living skills (living on own, transportation, money management, functional reading/writing skills, interpersonal relationships, etc.)"

The HSCCD's inclusion and definition of independent living skills as part of adjustment services appears to contrast with how "adjustment services" is treated in the statutes, the rules, and

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by the DVR. (The DVR reported assistance with activities of daily living under "personal assistance services" and reported "transportation services" separately. Furthermore, the DVR provides "personal and home management services" (albeit for blind clients only) which includes activities of daily living such as grooming and eating and instrumental activities of daily living such as shopping and cooking. [See chapter 2.]

Like the DVR, the HSCCD sees the lack of adequately trained staff and service programs as obstacles to providing more adjustment services. The HSCCD offers two solutions: "Centralize coordination of adjustment services to tie in with vocational services. Contract out with more agencies with trained staff for adjustment services."

Hawaii Services on Deafness Response: The HSOD's view on the need for adjustment services for clients placed in jobs is that "it depends on the job and the circumstances of hiring." The HSOD would prefer that deaf or hard of hearing clients prepare for job opportunities in the same way that hearing people do, that is, with prior education and training for selected careers. It hopes that, through increased efforts at community education, more employers will become aware of the wide range of skills and the work potential of deaf and hard of hearing individuals, and of employers' responsibility to provide equal communications access for the deaf and hard of hearing in work situations as mandated by the American with Disabilities Act. The HSOD also indicated that a lack of funding for adjustment programs is a major obstacle.⁸

Goodwill Industries of Honolulu, Inc. Response: The deaf and hard of hearing population constitutes only about five percent of the larger population served by Goodwill. Goodwill provides, under contract, adjustment services to DVR clients. Goodwill believes that there is a need for adjustment services. However, it feels that they are best introduced *after* a job has been obtained. According to Goodwill, adjustment services are currently provided to clients *before* progressing to the training and job search and placement functions. Goodwill feels that the skills that are learned are often lost by the time a job is obtained because, in the interim, clients have no chance to practice the skills they have learned in real work situations. Adjustment services as they are now provided — before obtaining a job — have value and should be continued, according to Goodwill. However, the benefits of such services cannot be maximized. Providing adjustment services *after* getting a job allows the service to be "... tailored to real life situations where the need to reach competency has practical meaning."

Goodwill's view of obstacles to providing more adjustment services reflects an oft-cited view:

"A primary obstacle [to] providing additional services is the lack of qualified personnel who are knowledgeable in both ASL and experienced in overall case management and counseling as a profession. In addition, there is a lack of revenue and resources required to plan for the best service delivery system . . . The most desirable program design would be to have Deaf service providers working with the Deaf population. It is also true, however, that there is a goal . . . for increased integration of persons who are Deaf and hard of hearing into the hearing community. A service delivery system that [allows for both] Deaf service providers as well as hearing service providers will be needed as long as such a [lack] of Deaf service providers exist[s]."

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Ohana Kokua Ano Kuli Response: The OKAK response to this issue was the same as for issue five, above, regarding the need for staff support for clients placed in jobs. [See issue five above.]

Aloha State Association of the Deaf Response: The ASAD agreed that there is a need for adjustment services for deaf or hard of hearing clients placed in jobs. However, the ASAD apparently took the issue to apply only to *students*. Nonetheless, its views are presented below:

"Yes, [adjustment services are needed] because some . . . students who immigrate to Hawaii or are mainstreamed [in the school system] are not knowledgeable about independent living skills. That kind [of assistance] should be a part of the school program so the juniors and seniors will be better prepared for the [reality of being] 'out-in-the-world.' There is also no program at [the] HCDB [at] this time. There are problems with the students from neighbor islands who are enrolling at Kapiolani Community College (KCC) as they have no skills in being independent to manage their [Supplemental S]ecurity Income benefit checks . . . a group home or an apartment for independent living skills training would be great for them."

ENDNOTES

1. U.S., Department of Education, Deaf and Hard of Hearing Students in Postsecondary Education: Statistical Analysis Report, Office of Educational Research and Improvement, National Center for Education Statistics, NCES 94-394, March, 1994.
2. Ibid., pp. 18-19.
3. HSOD response received October 7, 1996.
4. It appears, however, that the ASAD's response to the need for staff support may inadvertently have been addressing somewhat different services, such as adjustment services or other vocational rehabilitation services not precisely having to do with language interpreter services or assistive communications services. The ASAD seems to be addressing job preparation and job searching activities.
5. The term "adjustment training" also appears in §348-2(10)(A)(iv), HRS, as one of five types of services provided by a rehabilitation facility. (The others are (1) testing, fitting, or training in the use of prosthetic devices; (2) prevocational or conditional therapy; (3) physical or occupational therapy; and (4) evaluation or control of special disabilities.)
6. DVR interview of July 2, 1996 with Neil Shim, administrator, Vocational Rehabilitation Services for the Blind Division, and Carol Young, program coordinator, DVR..
7. DVR interview of July 2, 1996. The DVR reports that about 98% of all clients placed in jobs receive adjustment services.
8. HSOD response received October 7, 1996.

CHAPTER 6

IMPACT ON DEAF AND HARD OF HEARING PERSONS DUE TO THE CHANGE IN SERVICE DELIVERY

This chapter deals with the impact of the change in delivery of services from the Hawaii Services on Deafness (HSOD)¹ to Goodwill — the final issue addressed in this study. Unless otherwise indicated, quoted material is attributed to the respective respondent group.

Issue Six: Impact of Change in Service Delivery from the HSOD to Goodwill

According to the Vocational Rehabilitation and Services for the Blind Division (DVR), the division had a purchase of service contract with the HSOD for adjustment services. The change in service delivery at issue refers to the change in contractor from the HSOD to Goodwill Industries of Honolulu, Inc. [See chapter 1 for a more detailed description of Goodwill Industries, its mission, and the services it provides.] The HSOD has been providing services for the deaf in Hawaii for at least twenty years. However, it has gradually reduced its services as its operating budgets have decreased over the years. Reportedly, its share of funds from the Aloha United Way and other sources has become insufficient for it to continue providing adjustment services and counseling.² Therefore, as a result of financial constraints, the HSOD had decided to discontinue its contracted adjustment services program before the end of 1995.³ Consequently, the DVR's contract with the HSOD for adjustment services was opened for bids and subsequently awarded to Goodwill Industries of Honolulu, Inc., the sole bidder. The actual change took place in January, 1996. Goodwill now provides adjustment services under contract with the DVR. (The HSOD is continuing to provide interpreter services referral under contract with the DVR. This is a service that locates interpreters for those wishing to use one to communicate with the deaf. The interpreter bills the requestor directly. The DVR pays the HSOD for the referral service.)

DVR Response: The DVR supports the change in service delivery despite the possible disadvantages that may be perceived by clients. The DVR observes that, for deaf persons, the switch to Goodwill is a big change. Goodwill may be perceived as an unfamiliar environment, quite understandably, by clients who had gotten used to familiar faces and routines at the HSOD. According to the DVR, all staff at the HSOD, even the secretaries who do not provide direct vocational rehabilitation services, could communicate easily with deaf clients. Familiar relationships had been built — with the benefit of time — between HSOD staff and DVR clients. According to the DVR, over the years, staff at the HSOD provided multiple services — not only adjustment services — to DVR clients and habitually performed a variety of other tasks like reading letters for clients. Thus, “doing business” with the HSOD had been easy, convenient, and familiar for DVR clients.

The transfer of the service contract to Goodwill involves only adjustment services. Nonetheless, given the history and past pattern of assistance offered by the HSOD staff, it would not be surprising if DVR clients become disappointed if Goodwill did not replicate that pattern, however unreasonable it may be to expect it. Clients may feel that there is not the same open door

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at Goodwill. The relatively awkward location of Goodwill's operations at Shafter Flats does not help. *[The nature of deaf clients' disability obviously places a premium on confidence and trust that is greatly enhanced by effective communication. Thus, aside from communication issues, building trust that facilitates the server-client relationship may simply require greater effort over time by both parties. See the next chapter for the Bureau's observations on the seven issues.]*

Hawaii State Coordinating Council on Deafness Response: Consistent with information provided by the DVR, it appears that staff at the HSOD, usually deaf themselves, were trained and able to communicate directly with deaf clients. The HSCCD maintains that most deaf and hard of hearing persons regard Goodwill's program as one for mentally retarded people and thus prefer not to be associated with them. Furthermore, according to the HSCCD:

"Many Deaf and Hard-Of-Hearing individuals had come to depend on HSOD services and are having difficulty adapting to the change of the major service provider in the deaf community. . . [The] HSOD emphasized independent living skills and accepted all referrals, while the Goodwill's Deaf Program focuses more on work-related skills and serves only DVR referrals."

In addition, the HSCCD claims that:

"Although Goodwill is commended for their efforts to meet the needs of the Deaf and Hard-Of-Hearing community, their staff does not have comparable training or experience [as compared to staff at the HSOD]. The signing ability of Goodwill's primary counselor for the deaf is in the beginning stage."

Hawaii Services on Deafness Response: The HSOD's only comment was that it "had heard from others that the deaf are not being well-served in this area, but have not had first-hand knowledge of this."⁴

Goodwill Industries of Honolulu, Inc. Response: According to Goodwill, it had hoped that another provider would bid for the contract formerly held by the HSOD. Goodwill entered a bid because it was concerned that if no other providers applied, the contracted services would be left unprovided. The organization felt that it had "the expertise to help people become employed." As it turned out, no one else made a bid and Goodwill found itself the new service provider.

Goodwill began providing contracted services in February, 1996 in a ". . . specific program designed to provide adjustment services, personal guidance with a component to help resolve one time issues in an outreach context." *[Apparently, this refers to the broader pattern of assistance that HSOD staff had gotten into the habit of providing over the years. See the DVR's comment on how HSOD staff habitually performed a variety of tasks for clients not necessarily related to adjustment services, above. Despite being assisted to resolve "one time issues," DVR clients may have gotten used to the assistance they received at the HSOD beyond adjustment services.]* Although Goodwill does employ deaf persons, they are not qualified vocational rehabilitation service providers in the adjustment services program.⁵ Goodwill asserts that it is well aware that the deaf community prefers having a deaf or hard of hearing provider in its program. However, no qualified personnel have been located. According to Goodwill:

". . . we made sincere attempts to recruit a Deaf individual to coordinate the service and provide the program. We were unsuccessful at locating someone, and thus have put agency resources into one of our own staff members to see [that the person] developed ASL skills, with a plan to becoming certified as part of our commitment to the program."

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One possible source of discomfort with the change in service delivery may be the misperception that Goodwill should, but does not, accept all referrals, including those from private referrals. However, under Goodwill's contract for adjustment services, it is under no obligation to do so.

There may also be some confusion over the nature of the adjustment services program and what the goal is. For example, Goodwill's perception of the goal is "... to prepare Deaf individuals progress to a level of understanding sufficient to resolve problems independently and is modeled on an Independent Living Skills Curriculum." *[This contrasts with the HSOD's comment that the HSOD emphasized independent living skills whereas Goodwill focused on work-related skills.]* In other words, Goodwill's goal is to vocationally rehabilitate deaf persons sufficiently so that they have a better chance of getting and keeping a job. Because Goodwill's expertise is in working with persons with disabilities and other special needs, it expected — and reportedly was told — that clients referred under the DVR contract "... would have an accompanying disability in addition to their deafness." Instead, Goodwill reported that:

"... most of the individuals that are referred to us have a primary need of employment. There may be some underlying [disability] issues that need to be dealt with as part of their program, but these are secondary in nature, with the need for employment being in the forefront."

That is, DVR-referred clients' most pressing need appeared to be to find jobs, not to be trained in independent living skills or work-related skills so that they are better prepared to work. This is consistent with an observation made by the DVR that many clients appear to view the division mainly as an employment agency and to consider job placement — and not vocational rehabilitation — as its chief service.⁶ As a result, this client misperception may be contributing to deaf clients' sense of dissatisfaction with the change in service delivery because their primary expectation of being placed in a job, right or wrong, is not being met.

Ohana Kokua Ano Kuli Response: With regard to the impact of the change in service delivery from the HSOD to Goodwill Industries, the OKAK mentioned only that reduced funding had resulted in fewer services provided by both the HSOD and Goodwill and that there is a need to better provide and coordinate various services for the deaf and hard of hearing.

Aloha State Association of the Deaf Response: The ASAD feels that it was disappointing to have the contract shifted to Goodwill although it was difficult and time-consuming to provide services under the previous contract due to limited staffing. It sees the shift to Goodwill as being a gradual one because deaf clients seem to be hesitant to go for services there. This view is consistent with others that have been expressed to the effect that deaf clients do not wish to be associated with an organization (Goodwill) that is known for its work with persons with other disabilities, such as mental retardation. According to the ASAD, "They [deaf clients] feel that they don't belong in Goodwill, especially not having other handicaps."

The ASAD reports that the idea of locating deaf services in a location away from Goodwill's other operations that serve persons with other disabilities has or is being considered. It supports such a potential move especially if it results in a "vocational center similar to Hoopono or a part of HSOD and ASAD" in which case the program can be the subject of another contract with the DVR. The ASAD contends that it is "... confident that the deaf clients will feel more comfortable going

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to Goodwill if it is separate from the present site where other disabled or deaf [persons] with other handicaps are trained."

ENDNOTES

1. See footnote nos. 1 and 2 in chapter 4 explaining how the HSOD returned its response. Originally, several issues were to be left to the HSOD board of directors to address. The impact of the change in service delivery from the HSOD to Goodwill was one of these issues. However, the board did not manage to finalize a response to this issue as well as to the issue relating to the need for staff support.
2. DVR interview of July 2, 1996 with Neil Shim, administrator, Vocational Rehabilitation Services for the Blind Division and Carol Young, program coordinator, DVR.
3. Ibid.
4. HSOD response received on October 7, 1996.
5. According to Goodwill, it employs 11 deaf persons in positions including donations processors, warehousemen, and custodial staff (Goodwill's survey response).
6. DVR Interview of July 2, 1996.

CHAPTER 7

SUMMARY AND CONCLUSIONS

This chapter is divided into two sections. The first contains a summary of findings and the second, conclusions regarding the seven issues the Bureau has been requested to examine.

Summary

1. The Vocational Rehabilitation and Services to the Blind Division (DVR) within the Department of Human Services provides vocational rehabilitation services to multiple populations of the disabled. The blind and the deaf are relatively large subgroups of the disabled served by the DVR. The DVR has a Services to the Blind Branch. It does not have a separate branch for the deaf.

2. The DVR served slightly more blind clients than deaf or hard of hearing clients over the last three fiscal years. A yearly average of 265 blind vs. 222 deaf or hard of hearing clients were served from FY 1994 through FY 1996. Over the same period, 14.5 full-time equivalent (FTE) positions within the DVR provided direct vocational rehabilitation services to the blind while 2.5 FTE positions provided services to the deaf or hard of hearing. In terms of *client/staff ratios*, these were: 16.8-to-1, 19.8-to-1, and 18.3-to-1 for the blind, and 77.6-to-1, 92.8-to-1, and 92.5-to-1 for the deaf or hard of hearing for the last three fiscal years.

3. The DVR provides seventeen direct services to *both* the blind and the deaf or hard of hearing. In addition to these, the DVR provides fourteen other direct services *exclusively* to blind clients and one other direct service *exclusively* to deaf or hard of hearing clients.

4. *The number of deaf or hard or hearing high school students aged sixteen or older who were referred to the DVR for vocational rehabilitation services in the last three school years varied from four to nine per year.* The DVR expects a slight increase in referrals over the next 1-, 3-, 5-, and 10-year periods at from six to ten students per year. The Hawaii Center for the Deaf and the Blind (HCDB) expects an increase in referrals in the next 1-year period only and anticipates a leveling off and a stable number of referrals thereafter.

5. All groups consulted by the Bureau unanimously agreed that *a gap in services to these students lies in the lack of a transition program/counselor or coordinator at the HCDB.* The following were also cited as further gaps in services to these students:

- A lack of more extensive career and higher educational counseling similar to that provided for hearing students; and community education efforts to raise awareness of these greater opportunities;
- A lack of exposure to adaptive equipment, assistive technology, and reasonable accommodations for the deaf and hard of hearing to help smooth the transition to the workforce; and
- A lack of successful deaf or hard of hearing adult role models.

SUMMARY AND CONCLUSIONS

The following were suggested as *ways to fill the identified gaps in services*:

- Establishing at the HCDB a coordinated plan for all deaf or hard of hearing students regarding transition to the work world;
- Increasing the number of trained staff;
- Providing more extensive staff development;
- Improving coordination among responsible state agencies;
- Revising the order of selection of students for services to enable them to receive services before graduation;
- Increasing awareness of career and higher educational opportunities through statewide workshops for deaf and hard of hearing students;
- Instituting at an early stage a referral service to private providers to address the issue of transition to the work world;
- Improving overall coordination of vocational rehabilitation services to students;
- Gathering statistics on unemployment and underemployment of deaf or hard of graduates to support the need for a transition program or counselor at the HCDB;
- Increasing staffing at the HCDB to four full-time positions for these students; and
- Establishing a separate branch within DVR for deaf or hard of hearing persons.

6. With respect to the *need for qualified deaf or hard of hearing vocational rehabilitation service providers*, all groups consulted¹ strongly agreed that:

- There is a need for qualified vocational rehabilitation personnel who are deaf or hard of hearing;
- Hearing impairment creates communication difficulties requiring the services of professionals who possess three traits: being *knowledgeable* specifically about the implications of hearing loss; being *fluent* in American Sign Language (ASL); and being *sensitive* to the specialized needs of the deaf or hard of hearing; and
- Services to deaf or hard of hearing persons are *less effective* if providers do not possess these three traits.

7. All but one group generally disagreed that *only* deaf or hard of hearing providers (as opposed to equally qualified hearing providers) can be knowledgeable, ASL-fluent, and sensitive. Table 7-1 below depicts responses to the statement that **ONLY** deaf or hard of hearing providers can be knowledgeable, fluent in ASL, and sensitive to the needs of deaf or hard of hearing clients.

D+ = disagree strongly; D = disagree somewhat; (~) = no opinion; A+ = agree strongly; A = agree somewhat

Table 7-1

ONLY deaf or hard of hearing providers can be	DVR	HSCCD	HSOD	Goodwill	OKAK	ASAD
Knowledgeable	D+	D	A+/D+	D	D	NA
Fluent in ASL	D+	D	A+/D+	A	D+	NA
Sensitive to needs	D+	D	A+/D+	D+	A	NA

 Note: Two separate surveys were received from the HSOD on 9/30/96 and 10/7/96; thus the dual responses.

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8. Similarly, all but one group generally disagreed that qualified hearing providers, on balance, *cannot* be as knowledgeable, compared to qualified deaf or hard of hearing providers. Opinions were less uniform for the ASL-fluency and sensitivity traits. Table 7-2 depicts responses to the statement that qualified hearing providers, on balance, CANNOT be as knowledgeable, fluent in ASL, or sensitive, as compared to qualified deaf or hard of hearing providers.

Table 7-2

Compared to deaf or hard of hearing providers, hearing providers CANNOT be as	DVR	HSCCD	HSOD	Goodwill	OKAK	ASAD
Knowledgeable	D	D+	A+/D+	D	D	NA
Fluent in ASL	D	D+	A+/D+	A	A	NA
Sensitive to needs	D+	D+	A+/D	D	A	NA

9. Most groups consulted disagreed that there was *no difference in the quality of services* provided by deaf or hard of hearing providers and hearing providers, assuming that the two are otherwise equally qualified. (That is, most felt there was a difference.)

Table 7-3

	DVR	HSCCD	HSOD	Goodwill	OKAK	ASAD
NO difference in quality of service provided by equally qualified deaf or hard of hearing and hearing providers	D+	A	D+/A	D	D+	NA

However, there was sharp disagreement over whether deaf or hard of hearing clients benefit more from deaf or hard of hearing providers as compared to otherwise equally qualified hearing providers. (Three groups felt clients benefitted more; two groups felt they did not.)

10. Most groups felt that deaf or hard of hearing providers give better services than hearing providers *by virtue of their being disabled*, assuming the two groups are otherwise equally qualified.

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Table 7-4

	DVR	HSCCD	HSOD	Goodwill	OKAK	ASAD
Deaf or hard of hearing providers, by virtue of their disability , give better services than equally qualified hearing providers	A+	A	A+/A	D	A	NA

11. There was general agreement (although in varying degree) that *deaf or hard of hearing clients identify more with and are more receptive to services given by qualified providers who themselves are deaf or hard of hearing*, as compared to hearing providers.

Table 7-5

	DVR	HSCCD	HSOD	Goodwill	OKAK	ASAD
Deaf or hard of hearing clients identify more with and are more receptive to deaf or hard of hearing providers	A+	A	A+/A	A+	A	NA

12. However, there was no general consensus that the *use of qualified deaf or hard of hearing providers over qualified hearing providers is essential*, and not just preferable.

Table 7-6

	DVR	HSCCD	HSOD	Goodwill	OKAK	ASAD
Use of deaf or hard of hearing providers over equally qualified hearing providers is essential , not just preferable	A+	D	A+/D+	D+	D+	NA

13. There was a general feeling that *current hearing providers can be trained to provide services as well as equally qualified deaf or hard of hearing providers*, assuming that the latter provide better services, and that such training is an option.

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Table 7-7

(~) = no opinion

	DVR	HSCCD	HSOD	Goodwill	OKAK	ASAD
Hearing providers can be trained to provide services as well as equally qualified deaf or hard of hearing providers; such training is an option	D	A	(~)/A	A+	A+	NA

14. All groups surveyed believed that *there is a need for staff support* for clients placed in jobs. Obstacles to the provision of more staff support were identified as follows:

- Limited time of current staff to devote to staff support; lack of staff;
- Lack of professional and communication training for staff;
- Lack of funds for staff training;
- Continuing general state budget cuts;
- Lack of qualified American Sign Language interpreters who also have employment and placement experience and capabilities;
- Inadequate educational system that is incapable of training enough ASL interpreters; and
- Lack of funds to hire qualified staff.

Recommendations by the groups surveyed to overcome these obstacles include:

- Increased funding to hire more staff;
- Centralization of services for deaf and hard of hearing clients to minimize lag times for all services including staff support; to utilize existing staff more efficiently; and to enable more staff to be recruited;
- Establishment of an interpreter position in the DVR to help DVR staff not proficient in ASL to serve both Oahu and neighbor island clients;
- Hiring of job coaches and tutors; and
- Contracting out for follow-up services.

15. Like staff support, all groups surveyed agreed *there is a need for individualized adjustment services* that help improve disabled persons' reaction to and handling of work and social situations. Obstacles preventing the provision of more adjustment services were identified as:

- Limited time of current staff to devote to adjustment services; lack of staff;
- Lack of qualified staff who are knowledgeable in both ASL and who are experienced in overall case management and counseling as a profession; and
- Lack of revenues and resources.

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Recommendations by the groups surveyed to overcome these obstacles include:

- Hiring additional staff to provide adjustment services;
- Centralizing coordination of adjustment services to tie in with vocational services;
- Contracting out with more agencies with trained staff for adjustment services;
- Increasing community education to raise employers' level of awareness of their responsibilities and the needs and skills of deaf and hard of hearing employees;
- Providing adjustment services after, rather than before, getting a job to maximize effectiveness of the service; and
- Working toward a system that allows both hearing and deaf or hard of hearing providers to provide services including adjustment services.

16. Goodwill Industries of Honolulu, Inc. began providing adjustment services under contract with the DVR in January 1996, taking over from the Hawaii Services on Deafness. The *perceived impact on deaf or hard of hearing persons of the change in service delivery* reported by the groups surveyed was a possible reduction in the number of clients seeking services because of:

- General unfamiliarity with the new service provider and staff on the part of clients who have a disability the nature of which requires trust that takes time to build;
- Clients' aversion to being associated with the new provider because of its other programs that serve persons with other disabilities, particularly mental retardation;
- The new provider's relatively awkward geographic location;
- Lack of staff who can communicate effectively in American Sign Language with clients;
- Clients' unmet expectations of being assisted with miscellaneous tasks not contracted for but which the previous provider had habitually performed; and
- Clients' disappointment at not obtaining jobs stemming from the misperception that the contracted service is primarily job placement and not adjustment services to help prepare clients to get and keep jobs (referrals of clients who reportedly have a primary need of employment with only secondary underlying disability issues that need to be dealt with through adjustment services).

Conclusions

The seven specific issues the Bureau has been directed to examine form neither a unified nor comprehensive basis for evaluating any one overall solution or approach to providing vocational rehabilitation services to the deaf and hard of hearing. Therefore, the study's conclusions are limited to the seven issues at hand. The inclusion of these issues in the resolution appears to reflect the view among some consumers and advocacy groups within the deaf and hard of hearing community that certain specific problems should be explored. These issues touch on disparate aspects of services to the deaf or hard of hearing. They do not work in concert toward any one goal, such as the feasibility of creating a separate deaf branch within the DVR. Rather, they address distinctly different service problems. Nonetheless, the information gathered in this study may be of use to the Department of Human Services in its consideration of internal divisional restructuring. Indeed some survey respondents felt that a streamlined, separate deaf branch providing coordinated and centralized services would go a long way towards resolving, or at least alleviating, some of the specific problems examined in this study.

VOCATIONAL REHABILITATION SERVICES

Client/Staff Ratios: To begin with, the inclusion of the first issue relating to client/staff ratios in the resolution appears aimed at establishing that the deaf or hard of hearing subgroup, based on its numbers, merits equivalent treatment from the DVR vis-à-vis the blind subgroup. In fact, the numbers of blind and deaf or hard of hearing clients served by the DVR in recent years were in the same approximate range. However, the numbers of DVR staff devoted to providing services for the two subgroups diverged widely, with many more staff providing services to blind than to deaf clients. This is reflected in the rather lopsided client/staff ratios reported in chapter 2 and in the "Summary" section above. The blind subgroup also receives more services than the deaf subgroup. Based on these findings, there seems to be no question that the deaf are not receiving services from the DVR on a par with the blind subgroup.

At the same time, there is also no question that the Department of Human Services is required to provide vocational rehabilitation services to multiple populations, including the deaf or hard of hearing subgroup. That the blind and deaf populations have different needs should not obscure the fact that the deaf population has not been receiving services on a par with the blind population. Equal treatment does not necessarily mean providing both groups with identical services, precisely because their respective needs differ. Nonetheless, it is reasonable to conclude that, taking into account any differences in (or even degree of) need between the two groups, the number of services and staff devoted to vocational rehabilitation for the deaf group should be substantially greater than at present. The Department of Human Services and the DVR should immediately develop a detailed plan to rectify this imbalance that includes the recruitment of new staff and the training and development of existing staff to provide vocational rehabilitation services to the deaf and the hard of hearing.

Need for Qualified Deaf or Hard of Hearing Staff: An argument can be made that no staff are available to provide such services. However, several assumptions first need to be aired. First, is there an absolute and essential need for vocational rehabilitation staff who, themselves, are deaf? Second, is it essential to meet this need immediately? If the need for deaf professionals is essential and immutable, then the pool of potential recruits becomes drastically restricted. If not, then the reality of achieving parity of treatment vis-à-vis the blind population becomes much more attainable as a larger pool of talent becomes available. As all agree, there are few, if any, such qualified deaf or hard of hearing persons locally. Recruiting from the mainland remains an option, although possibly a costly one.

It is entirely understandable that using qualified deaf or hard of hearing professionals to provide vocational rehabilitation services to the deaf population is highly desirable. It is clear that the difficulty in communicating between hearing and deaf and hard of hearing persons is unique. It is also clear that staff who can use American Sign Language communicate more easily with their deaf clients. It has been almost universally asserted that staff who are fluent in ASL have an advantage over those who are not. In addition, it is only logical that the process of, and the motivation for, becoming fluent in ASL would render a person quite knowledgeable about the specific implications of hearing loss — another trait identified as being essential for serving the deaf. Furthermore, it is difficult to conceive of any person who is both knowledgeable and fluent in ASL to be insensitive to the special needs of the deaf or hard of hearing.

SUMMARY AND CONCLUSIONS

The question is, does the description of staff above pertain to deaf or hard of hearing staff or to hearing staff? Can the description apply to both? Clearly, a deaf person may have an advantage over a hearing person in learning and communicating in ASL just as a native speaker of any language has an edge over someone learning that language as a second language. Similarly, a deaf person can more easily draw on personal experience for knowledge about the implications of hearing loss and in expressing a sensitivity to the special needs of the deaf while a hearing person cannot. Nonetheless, it is obvious that ASL fluency is not limited to deaf persons. However, knowledge of the implications of hearing loss can only be indirect and secondary for hearing persons. Yet, regardless of the source, knowledge can be attained. Likewise, sensitivity to the special needs of the deaf can be learned and be no less genuine and extensive for hearing persons. The bottom line is that hearing persons are at a disadvantage vis-à-vis deaf persons in attaining or expressing these three traits that have been identified as essential in providing services to the deaf or hard of hearing.

However, it should not mean that hearing staff are disqualified from providing services by virtue of not being deaf or hard of hearing. What is essential is that staff possess or acquire those three traits and use them, not whether a person is hearing or deaf. In other words, deaf or hard of hearing persons who are also professionally qualified to render vocational rehabilitation services to the deaf population are highly desirable but not absolutely essential to the exclusion of qualified hearing staff.

This said, it should also be clear that the pattern of staffing must be a two-way street. That is, just as qualified hearing staff can learn and should be trained in ASL and be educated to acquire other essential traits, deaf or hard of hearing individuals can and should be strongly encouraged and supported to obtain professional qualifications in the field of vocational rehabilitation.

The problem is, becoming fluent in ASL, learning about the implications of hearing loss (for hearing staff), and becoming professionally qualified (for deaf or hard of hearing persons) are goals that cannot be achieved quickly. This leads to the second assumption: Is it essential to meet the need for deaf or hard of hearing vocational rehabilitation staff *immediately*? Certainly, the dearth of qualified deaf or hard of hearing local or mainland recruits should not lock the system into using only qualified hearing providers. The immediate need is for services to be provided. Because qualified deaf staff are not available right now, available qualified hearing staff who may not know ASL must be used. However, a strong effort should be made immediately to upgrade existing staff skills, particularly in ASL fluency and specific knowledge of the implications of hearing loss. This upgrading process should not be seen as a short-term fix but should be continued over time. At the same time, a similar strong effort should be made to train deaf persons to become professionally qualified, or to recruit deaf persons already qualified.

In other words, the *development* of both qualified hearing and deaf or hard of hearing professional staff, especially in Hawaii, should be a *long-term* goal but one that should be embarked upon immediately. The *training* of existing hearing staff, the *training* of deaf persons to become professionally qualified, and the *recruitment* of already qualified deaf professionals should be begin *immediately* and should continue over the long-term.

VOCATIONAL REHABILITATION SERVICES

Impact of Change in Service Delivery: The current lack of deaf or hard of hearing vocational rehabilitation staff, or at least staff who can sign, is a major reason why the change in service delivery from the HSOD to Goodwill is seen as an issue. Goodwill, the new provider, does not have a staffer who is fluent in ASL. After having been unsuccessful at locating and hiring a qualified deaf professional who can sign, Goodwill has begun ASL training for one of its staff. However, Goodwill's other programs, including those for persons with mental retardation, seem to be having a greater impact on deaf clients. That is, deaf clients are reluctant to be associated with Goodwill because of their desire to avoid being stigmatized as mentally retarded.

Furthermore, clients may feel uncomfortable with a new and unfamiliar situation. However, any change takes time for people to adapt to. This is particularly true for persons who have a disability the nature of which places a premium on confidence and trust — things that take time to develop in any relationship. Perhaps in the case of deaf and hard of hearing persons, the change of provider may take longer to adapt to. In other words, current difficulties may simply require greater effort over time by both sides.

Dissatisfaction with the change to Goodwill also seems to stem from a fundamental misperception of what services are contracted out to Goodwill and what services clients appear to want. Goodwill is required to provide adjustment services by its DVR contract, not miscellaneous and incidental tasks that clients may have gotten used to receiving from the HSOD. Helpful though those extra tasks may have been to clients, they do not comprise adjustment services. Over time, as the service relationship between Goodwill and its clients matures, this new relationship may even spawn similar extra free "services" although any such eventuality would be impossible to predict.

Another example of this misperception lies in clients' expectation of receiving job placement rather than adjustment services from Goodwill. Clients seem more interested in getting placed right away whereas Goodwill expects to help deaf clients with accompanying disabilities to be better able to get and keep jobs by providing them with contracted adjustment services. The mismatched perceptions and expectations between provider and clients contribute much to dissatisfaction with services in general and with the change in services to Goodwill in particular.

Clients need time to get used to the new provider. Both sides need time to build trust. Aside from this, despite universal agreement that adjustment services are needed and in short supply, the DVR and other service and advocacy agencies may do well to reevaluate that need, especially in the context of what clients themselves seem to want. Perhaps "adjustment services" needs to be redefined to better reflect client needs. Or, perhaps, other services in addition to adjustment services need to be contracted out. As a result, the DVR may find that adjustment services could receive less emphasis, and job placement, more. The DVR may also wish to consider what type of clients it refers to Goodwill for services — those that need adjustment services as they exist now or those who really just want to be placed in jobs. A shift in service priorities may involve contracting out to other providers for job placement, or expanding and improving in-house job placement services.

On the other hand, Goodwill may wish to consider moving its service location to a more

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geographically accessible site. Although it has attempted to recruit a deaf professional who can sign and has invested in ASL training for one of its staff, Goodwill should redouble its efforts at either hiring a qualified professional who can sign or training current staff to be fluent in ASL.

Need for Adjustment Services and Staff Support: As already mentioned, adjustment services need to be continued, preferably provided by professionals who can sign. The same applies to staff support, which all agree is scarce but needed. No conflict has arisen over staff support in the manner described above relating to adjustment services. But perhaps a similar dissatisfaction would have arisen if staff support (rather than adjustment services) were contracted out but where clients actually seem to want to be placed in jobs. In any case, there is no evidence that this would have occurred.

On the contrary, the lack of interpreters is a lasting problem that needs to be addressed through increased efforts at training and recruitment of staff and in education of the community in general and employers in particular about the rights and needs of the deaf and hard of hearing. In the matter of providing education, both the DVR and all service and community and advocacy groups need to share the burden.

To meet the need for adjustment services and staff support, the efficiency of current service delivery must be improved, services and staffing must be increased, or both. If new positions are needed, the legislature must have the will to fund them while the executive branch must commit itself to aggressively recruit new staff and train and develop existing staff. Like all other staffing difficulties examined in this study involving qualified vocational rehabilitation professionals, qualified interpreters need to be found or trained. This is a task for immediate action and should continue over the long-term until the need for staff support is adequately met.

Gaps in Services to Deaf and Hard of Hearing High School Students: Similar to the universal consensus on the need for staff support and adjustment services, all appear to agree that a major service gap for deaf and hard of hearing high school students lies in the lack of a transition program/counselor or coordinator at the HCDB. (See other service gaps identified in "Summary" item 5, above.)

Coordination among all service agencies and advocacy and consumer groups involved with deaf and hard of hearing high school students needs to be improved. The delivery of vocational rehabilitation services needs to be coordinated among the service agencies. Whether or not this coordination may result from or be enhanced by the creation of a separate branch for the deaf and hard of hearing is an issue sure to be examined by the Department of Human Services. Referrals to private providers for transition services may also be a possibility. At the least, coordination needs to be improved between the HCDB, the Department of Education, and the DVR. Various steps can be taken towards this goal. For example, an informal working group can be set up with members from each agency to enhance cooperation and timely interdepartmental communication. In addition, the HCDB should develop a coordinated plan to assist its students and any other deaf or hard of hearing students in other schools statewide to make the transition to the work force. This should include an established and expedited process for referrals to the DVR for vocational

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rehabilitation services. Naturally, all agencies involved should cooperate in the development of this plan.

It should not be surprising that any such coordinated plan may consider either increasing the number of staff or instituting more intensive and extensive staff training to improve the efficiency of service delivery. The general shortage of transition staff who are fluent in sign language requires the same dual approach of aggressive new staff recruitment and development and training of existing staff. (*See "Need for Qualified Deaf or Hard of Hearing Staff" above.*)

ENDNOTES

1. Caveat when interpreting the phrase "all groups consulted": The Aloha State Association of the Deaf chose to respond to the Bureau's survey via open-ended written responses rather than by answering specific questions. Thus, its response is not directly comparable to those of the other groups consulted.

HOUSE CONCURRENT RESOLUTION

REQUESTING A STUDY TO DETERMINE HOW TO IMPROVE PRE-VOCATIONAL
AND VOCATIONAL SERVICES FOR DEAF AND HARD OF HEARING
PERSONS WITHIN THE DEPARTMENT OF HUMAN SERVICES.

1 WHEREAS, the Department of Human Services, Vocational
2 Rehabilitation and Services for the Blind Division has a
3 special branch providing services for persons who are blind at
4 Ho'opono; and
5

6 WHEREAS, in 1995, Ho'opono served 200 blind or visually
7 impaired persons statewide, in comparison to the 138 deaf
8 individuals and 94 hard of hearing persons served statewide by
9 the Vocational Rehabilitation and Services for the Blind
10 Division; and
11

12 WHEREAS, hearing impairment in the State of Hawaii is a
13 higher incidence disability than blindness, numbering
14 approximately 73,200, of which 49,044 persons are between the
15 ages of 16 and 64 years; and
16

17 WHEREAS, persons profoundly deaf are estimated to total
18 9,700 (6,499 who are of work age), use American Sign Language
19 as their first language, and have a separate and unique
20 culture; and
21

22 WHEREAS, deafness or a hearing loss creates communication
23 difficulties requiring the services of professionals who are
24 knowledgeable specifically about the implications of hearing
25 loss, fluent in American Sign Language, and sensitive to the
26 specialized needs of deaf and hard of hearing persons; and
27

28 WHEREAS, the Pacific Basin Rehabilitation Research and
29 Training Center prepared an "Unserved/Underserved Study to
30 Improve Service for Persons Who are Deaf and Hard of Hearing"
31 in November, 1995, which confirmed that the current service
32 delivery system to deaf and hard of hearing persons is
33 fragmented among various State and private nonprofit agencies,
34 making it difficult for an individual to access services and
35 eventually become employed; and

1 WHEREAS, a branch within the Department of Human Services
2 dedicated to providing pre-vocational and vocational services
3 to persons who are deaf or hard of hearing could centralize
4 services by including counseling, adjustment, and employment
5 sections similar to Ho'opono, and thus provide a more
6 streamlined and efficient service system for deaf and hard of
7 hearing persons; and
8

9 WHEREAS, a centralized services to the deaf branch could
10 provide more comprehensive services geared specifically for
11 persons who are deaf or hard of hearing to obtain prevocational
12 skills, higher education opportunities, adjustment services,
13 vocational skills training, and finally job placement; and
14

15 WHEREAS, a centralized services to the deaf branch could
16 provide easier access for deaf and hard of hearing persons
17 needing services; now, therefore,
18

19 BE IT RESOLVED by the House of Representatives of the
20 Eighteenth Legislature of the State of Hawaii, Regular Session
21 of 1996, the Senate concurring, that the Department of Human
22 Services, in its ongoing efforts to restructure the
23 organization, consider the creation of a branch providing
24 services to persons who are deaf or hard of hearing, or other
25 restructuring alternatives to meet the needs of hearing
26 impaired persons; and
27

28 BE IT FURTHER RESOLVED that the Legislative Reference
29 Bureau conduct a study to address the following issues:
30

- 31 (1) A comparison of the client/staff ratio for blind
32 services in comparison to deaf services;
33
- 34 (2) An identification of the number of deaf and hard of
35 hearing high school students ages 16 and older who
36 will be referred for services from the Vocational
37 Rehabilitation and Services to the Blind Division;
38
- 39 (3) An identification of the gaps in services for deaf
40 and hard of hearing students and ways to fill those
41 gaps, such as having a transition program/counselor
42 at the Hawaii Center for the Deaf and the Blind,
43 underemployment, and support services on the job;
44
- 45 (4) An identification of the need for qualified persons
46 who are deaf or hard of hearing to provide services
47 mentioned thereof;
48

- 1 (5) An identification of the need for staff support for
2 clients placed in jobs;
3
4 (6) An identification of the impact on deaf and hard of
5 hearing persons due to the change in service delivery
6 from the Hawaii Services on Deafness to Goodwill; and
7
8 (7) An assessment of the need for adjustment services for
9 deaf and hard of hearing persons due to the lack of
10 coping skills to deal with problems that arise;
11

12 and
13

14 BE IT FURTHER RESOLVED that the Department of Human
15 Services and the Legislative Reference Bureau consult with
16 individuals who are deaf or hard of hearing who are current and
17 past recipients of vocational rehabilitation services, as well
18 as representatives from the Hawaii State Coordinating Council
19 on Deafness, the Aloha State Association of the Deaf, Hawaii
20 Services on Deafness, the Ohana Kokua Ano Kuli, Goodwill
21 Industries of Honolulu, Inc., and the Vocational Rehabilitation
22 and Services for the Blind Division; and
23

24 BE IT FURTHER RESOLVED that the Department of Human
25 Services submit to the Legislature a report of findings,
26 completed actions, and future plans regarding the restructuring
27 of services to persons who are deaf or hard of hearing no later
28 than twenty days prior to the convening of the Regular Session
29 of 1997; and
30

31 BE IT FURTHER RESOLVED that the Legislative Reference
32 Bureau is requested to submit to the Legislature a report of
33 its findings and recommendations no later than twenty days
34 prior to the convening of the Regular Session of 1997; and
35

36 BE IT FURTHER RESOLVED that certified copies of this
37 Concurrent Resolution be transmitted to the Director of the
38 Legislative Reference Bureau, the Director of Human Services,
39 the Chair of the Hawaii State Coordinating Council on Deafness,
40 the Executive Director of the Aloha State Association of the
41 Deaf, the President of the Board of Hawaii Services on
42 Deafness, the Administrator of Vocational Rehabilitation and
43 Services for the Blind Division of the Department of Human
44 Services, the President of Ohana Kokua Ano Kuli, and the Chief
45 Executive Officer of Goodwill Industries of Honolulu, Inc.