Model For A State Plan For Vocational Rehabilitation of Deaf Clients

Jerome D. Schein

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MODEL FOR A STATE PLAN
VOCATIONAL REHABILITATION OF DEAF CLIENTS

Introduction

Effective delivery of VR case services to deaf people is an important goal of the State-federal VR program. The CSAVR and the NRA have established task forces to provide specific leadership and direction to the State VR agencies. Organizations of deaf consumers and voluntary and professional workers for deaf people are more and more involved with local, State, and national VR personnel to encourage more and better services to deaf clients. Professional training-in-depth on deafness in colleges over the country has been established and maintained to provide necessary personnel resources. Hundreds of VR-sponsored workshops, involving thousands of VR personnel, professionals of many disciplines, special educators, voluntary workers, and deaf consumers, have focused awareness on the problems of deafness and on the available solutions to those problems. Research and demonstration projects have developed new knowledge and methods for bringing to deaf people the equal opportunity for rehabilitation that is their birthright.

Despite the foregoing evidence of progress, services for deaf clients vary widely from State to State in both quantity and quality. Many reasons doubtless contribute to the discrepancies and perpetuate deficiencies. One factor may be the lack of a frame of reference relating the deaf clients’ problems to the VR program’s resources. The plan which follows is designed to fill this void and to propose basic requirements for an adequate program of services for deaf clients.

Commenting on an earlier effort to develop a model state plan, Mr. Craig Mills, Director, Vocational Rehabilitation, Florida State Department of Health and Rehabilitation Services, supported the desirability of such a plan with these words:

So I think those of us who are enthusiastic about [improving services for deaf clients] need to temper our enthusiasm with the reminder that everybody doesn’t share our enthusiasm for the need for expanded services for the deaf or for the unique and distinct, and specialized services for the deaf. And we labor against the opposition of a rather substantial body of opinion of well-intentioned people in our ranks who feel that the deaf are just another disability group who can be served like everybody else, and can take their share of services from general counselors in the routine way that orthopedic disabilities are served and all other handicaps are served. And again, I say this not to be critical, but I think this is part of the uphill climb that we have in creating an atmosphere of understanding of what it is we’re trying to do for deaf people and why it is that it has to be done this way.

The Model State Plan is presented in nine chapters. It does not cover every aspect of VR services, though it does discuss most of them, nor will its recommendations satisfy all points of view, though they represent a consensus of a broad spectrum of specialists whose unanimous objective is to improve the delivery of services to deaf clients.
I. Philosophy

A. Every deaf client has a right to be provided all of the services he needs to achieve the degree of vocational independence that reflects his native abilities.

Studies have shown deaf workers to be equal or superior to their hearing peers. Achieving good results with deaf clients can be the routine expectation, rather than an exception, if each step in the VR process is a joint client-counselor undertaking leading to: (1) adjustment and/or vocational training of sufficient duration and intensity, (2) job placement accompanied by counseling, (3) consideration of physical restoration needs and provision of the indicated services, and (4) follow-along services.

B. Every unemployed deaf person should be considered possible for vocational rehabilitation until diagnosis and evaluation prove otherwise.

Many deaf people are considered infeasible for vocational rehabilitation, because resources able to cope with their disability do not exist. They are victims of national failure to provide proper opportunity despite vocational rehabilitation demonstrations that show their handicaps do yield to intensive long-term training. Permanent resources as do exist are under-staffed by experts on deafness.

C. Every seriously underemployed deaf person should be considered a candidate for VR until otherwise indicated by thorough case study, including review of community resources and current economic conditions.

Despite normal strength and mobility and average or better intelligence, a random selection of deaf employees in a given state may have mean annual earnings below the poverty level. Often these people have been VR cases that were closed as rehabilitated.

II. Population

A. Definition. Deaf people are those who cannot hear and understand speech through the ear alone. For them, language reception is a visual process.

Deafness may occur at any age. The earlier the age at onset of deafness the more severe are its handicapping characteristics likely to be and the greater the challenge to vocational rehabilitation. Those who lost their hearing before age 19 are called prevocationally deaf to distinguish them from those whose deafness occurred after they completed their basic education. Prelingually deaf people are those whose onset is at birth or before language skill is established; they are often extremely handicapped, with serious limitations in receiving and transmitting thoughts in spoken or written English. They may also manifest behavioral problems that are rooted in the frustrations attending their unsatisfactory experiences in understanding and being understood through speaking, reading, and writing, despite having normal or above-normal intelligence. They usually communicate well in sign
language. As onset of deafness moves up the age scale beyond the point of rudimentary language development, the accompanying handicap may diminish but never to the moderate or mild level. All deaf people are severely handicapped.

B. Number. As of 1971, approximately 6.5 percent of the United States population (13.6 million people) are estimated to have a significant, bilateral impairment of hearing (see Table 1). Between 2 and 3 million persons are deaf; i.e., have no usable hearing for speech. Of the deaf group, approximately 400,000 lost their hearing before 19 years of age. This latter group—the prevocationally deaf—provides the principal focus for this proposed model statewide plan (see paragraph D below).

C. Specific State Data. Regarding any State, an approximation of the prevocationally deaf population can be obtained by applying the national rate of 200 per 100,000 people. Significant bilateral hearing impairment (better-ear hearing levels at or above 26 dB), regardless of age at onset, has a national rate of 6,500 per 100,000 population. New York University's Deafness Research & Training Center will provide, on request, State estimates based on the National Census of the Deaf Population. Data for smaller geographical units will require special studies, if greater accuracy is desired than would be achieved by applying the State's rates to the estimated size of the local population within the State.

D. Other Communicative Disorders. Because of the unique features of this disability, a rehabilitation program only for prevocationally and prelingually deaf clients is discussed. However, the program outlined here will in most respects also serve those with later onsets and milder degrees of hearing loss. Thus, this program should be made a part of a plan for all communicative disorders.

E. Additional Disabilities. Deaf people may also suffer from other disabilities; e.g., blindness, cerebral palsy and mental retardation. These multiply disabled persons require special assistance beyond what they would receive if their deafness were uncomplicated. Recent research indicates that, given the proper supportive services, they can be helped to secure employment and/or improved adjustment to the demands of daily living.

### TABLE 1

<table>
<thead>
<tr>
<th>Hearing Impairment</th>
<th>Estimated Number (in millions)</th>
<th>Estimated Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Hearing Impairment</td>
<td>13.6</td>
<td>6,500</td>
</tr>
<tr>
<td>Deaf, All Ages at Onset</td>
<td>2 to 3</td>
<td>1,000 to 1,500</td>
</tr>
<tr>
<td>Prevocationally Deaf</td>
<td>.4</td>
<td>200</td>
</tr>
</tbody>
</table>

III. The Vocational Rehabilitation Process

Casefinding and Referral. Deaf people tend to live in a subculture that has its own associations and activities. Casefinding and referral, therefore, require some contacts outside the usual coverage of the VR agency. The following are sources of referral with which the State agency should establish regular contact and close liaison. Each source needs to be periodically reminded of the opportunities for deaf people in the VR process. Each source should understand that its role is to explain and direct the unemployed or underemployed deaf person to the State VR agency, not to attempt to determine eligibility or to plan services:

- Residential schools for deaf students
- Public school classes for deaf students
- Clergy serving deaf congregations
- State associations and local clubs of the deaf
- Interpreters for deaf people
- Hearing and speech centers
- Welfare agencies
- Hearing aid dealers
- Associations of parents of deaf children
- State hospitals and community medical facilities
- Mental health facilities
- Veterans Administration

Communication with Deaf Clients. Deaf people are visually oriented which underscores the critical need for agency staff to be instantly and visibly gracious. A frown, harried movements, manifestation of confusion may be misinterpreted by the deaf person, diluting his confidence in the agency—with cumulative impact as he spreads his negative information in the tightly knit deaf community. He must always leave his agency or service contact knowing clearly the time and place for his next involvement. His inability to react to vocal inflection or to receive the input of other explanatory detail that hearing people take for granted brings out the need for him to be assured that services are not being unnecessarily delayed. Such assurance may be particularly important in the diagnostic and evaluation steps. He may resist medical and other diagnostic procedures until their importance is carefully explained and accepted by him. State VR programs that do not thus assure the deaf person may lose the opportunity to serve him. More importantly the deaf client does not receive service.

The ideal is that central, district, and local office VR personnel who meet clients all learn manual communication or, at the least, fingerspelling. RCDs, counselor aides, clerical workers serving these professionals, and vendors of diagnostic, evaluative, restorative and training services to deaf clients should be proficient in sending and receiving manual communication. Moreover, the professionals should also be knowledgeable about the handicapping aspects of deafness.
Qualified interpreters are necessary in all case services that are delivered by staff or vendors who are not proficient in communicating with deaf persons. Interpreters must be cautioned that all communication in the rehabilitation process is confidential and that accuracy in portraying the client’s thinking is essential. The use of members of the deaf client’s family in lieu of an interpreter is rarely desirable.

In all steps of the VR process described below, the foregoing is basic to an effective experience for deaf clients and to their rights to equal opportunity. Certain special considerations are noted under each step.

**Intake Procedures.** Intake interviewers who do not sign should begin their communication with deaf applicants in clear and simple written sentences. Initially urging a deaf person to rely upon the guessing involved in lipreading may undermine his ego and generate discomfort. Resort first to writing, venturing to lipreading when the applicant is relaxed and responsive, and returning immediately to writing if lipreading proves to be a strain or of questionable effectiveness.

Do not assume that the deaf applicant really knows what he has been told. Have him clearly confirm every fact that he must know, to avoid breakdown in the chain of service delivery.

**Diagnosis.** The times, dates, and places for all diagnostic appointments are given to deaf applicants in writing. Confirm his understanding of these arrangements and determine his awareness that he honor his appointments.

Otolological, audiological and psychological examination reports that are current may be supplied by the applicant’s school. This procedure will save much time in advancing the applicant to client status and, by reducing delay, decrease his resistance to the diagnostic process. If doubts arise as to the current validity of such information, further tests are indicated.

Special consideration should be given to the vision of the deaf applicant. An ophthalmological examination should be secured, if there is the slightest evidence of need.

**Evaluation.** Involving the deaf client in evaluation of his diagnosis will contribute significantly to his motivation to succeed, especially if his history and aspirations are also taken into consideration. The counselor is also more likely to avoid stereotyping the client, and, instead, to prepare a plan based on the client’s unique configuration of assets and liabilities.

**Determination of Eligibility.** The counselor can assist deaf clients in better understanding what they can and cannot receive through VR. Because their formative years are often spent in a residential setting, deaf clients may have unrealistic expectations which can be dispelled through patient, insightful counseling.

**Physical Restoration.** Hearing aids should be purchased whenever there is evidence that they will materially contribute to better occupational adjustment and to improved capacity to meet the demands of daily living. However, unlike eyeglasses, hearing aids do not restore normal functioning. Eyeglasses refocus light, and if the retina is intact, the user sees normally. Hearing aids only amplify sound, so if the cochlea or eighth nerve is damaged, the person will still receive a distorted signal. Furthermore, to use eyeglasses properly requires virtually no instruction; to use hearing aids...
properly requires careful instruction—something often lacking in delivery of this service.

Adjustment Training. Deaf clients can profit greatly from long-term adjustment training, when managed by qualified professionals. Adjustment services of various modalities, including behavioral modification especially for those who are underachievers, should be undertaken. For deaf clients who have already had years of auditory training and speech correction before entering VR, these therapies are apt to be resented. However, for persons recently deafened, speech and hearing services are highly recommended.

Vocational Training. Many deaf people respond well to vocational training in regular schools, provided that the emphasis is on activities which they can observe rather than on discussions which they cannot follow.

Higher Education. Since the founding of Gallaudet College, in 1865, deaf students have demonstrated their ability to successfully complete degrees in higher education. Selected community colleges across the country and the National Technical Institute for the Deaf (established by Congress in 1966) have established programs to accommodate deaf students. Many universities have had great success with deaf master's and doctor's candidates, as well as those seeking baccalaureate degrees.

The institutions which recruit deaf students nationally require a special relationship with VR agencies: general counselors may be unaware of their programs, and some flexibility in State regulations may be needed to take best advantage of the facilities. The State manual of VR operations could have a special section on the use of out-of-state training facilities for deaf clients, thus avoiding confusion of both the client and his counselor. Some States have also found it beneficial to assign to one or two counselors responsibility for all out-of-state training for deaf clients.

Maintenance. As noted in the preceding section, appropriate post-secondary training facilities for deaf clients may only be available out of state. It is important, therefore, that consideration be given to this fact in establishing budgetary guidelines for maintenance and transportation. Even within the State, deaf clients may need assistance in locating suitable quarters while in training, particularly if they have been educated exclusively in residential schools. Attention of counselors should be directed to the possible use of Aid to the Totally Disabled, under H.R. 1, to supplement existing financial resources.

Transportation. Please note comments under “Maintenance” above. Also, deaf clients may need more careful orientation to urban transportation systems than normally hearing persons, who can inquire casually as they proceed.

Counseling. In a counseling interaction with a deaf client, the counselor’s effectiveness depends mostly upon his communication skills. The naievete of many deaf clients coupled with limited communication ability of the counselor may lead to heavy reliance on a superficial, advice-giving relationship of little lasting benefit. With adequate communication, increased sophistication about deafness, and sufficient time, the counselor will find broader application of good counseling practices accelerating the develop-
ment of his client's independence, in turn yielding more satisfactory voca-
tional and life adjustment.

Placement. The counselor should accompany his deaf client to a job in
a place that is unfamiliar with deaf workers. Subsequent deaf clients who are
clearly mature and confident may choose to report alone. If there is doubt
of the client’s readiness to cope with entry circumstances, the counselor or
aide should accompany him.

Follow-up. Do not call the employer. The counselor or his aide should
see the client to be sure that a satisfactory job situation exists. The follow-up
should cover life factors other than job; such as, housing, food, transporta-
tion, community adjustment, etc. The RCD should allow ample time to
elapse before closing the case, in order to be sure the deaf client is satis-
factorily adjusting specifically to the job and generally to the world of work.

Other Goods and Services. Any additional services to preserve job and
independence that prove to be needed after closing of the case should be
provided without reopening it.

IV. Manpower

Having established that deafness is unique because of the communica-
tion barriers that separate the deaf person from easy access to traditional
rehabilitation services, it follows that the VR agency make provision within
its administration to tailor services to meet the rehabilitation needs of the
deaf consumer. It is the responsibility of State agencies to support and assure
adequate and effective delivery of rehabilitation services; therefore, it is
recommended that each agency should have at the administrative level a staff
person who has as his chief responsibility planning, developing and imple-
menting structured, identifiable programming of rehabilitation services for
deaf persons—the SCD.

A. Qualifications of a State Coordinator of Services for Deaf Clients.
The SCD shall have the following qualifications:

1. Ability to relate and communicate with the deaf population on an
effective and meaningful basis.
2. Conviction about and commitment to the goal of quality services
for deaf clients.
3. Knowledge and understanding of the disability; i.e., the educa-
tional, psychological, sociological, and vocational implications of deafness.
4. Knowledge of existing community resources and the necessary skills
to relate these resources to the rehabilitation needs of deaf clients.
5. The necessary education and experience to meet satisfactorily the
State's criteria for employment. (Knowledge of deafness per se or experience
with the deaf population per se should not be the only criterion for this
position. Deaf people, too, have a right to services from professionals of high
standards.)
B. Functions of the State Coordinator of Services for Deaf Clients.

1. To identify needs and coordinate program planning for the development of quality agency services.
2. To spearhead the recruitment of, and to assist the appointing officer in selecting, qualified personnel to deliver agency services to deaf people within the State.
3. To assume appropriate responsibility for inservice training and orientation in deafness across all staff levels within the agency.
4. To provide ongoing consultation and direction to all phases of the State agency's programs which have bearing on the quality of service provided deaf persons, including direct assistance to district supervisors and their RCDs in finding solutions to the unusual problems of service delivery to deaf clients.
5. To review, evaluate, and make recommendations relating to grant proposals having a bearing on services to deaf persons.
6. To provide consultation to the State rehabilitation administration on the composition and operation of the State advisory council and to serve as the agency liaison to the advisory council.
7. To stimulate and provide technical assistance to other community resources in developing programs of service which will supplement VR services to deaf clients (e.g., diagnostic services, evaluation, and adjunct services, such as, mental health, educational programming, etc.)
8. To maintain lines of communication for exchange of information between the deaf community and the State agencies.

C. The Vocational Rehabilitation Counselor for Deaf Clients (RCD). A ratio of one RCD per 500,000 of the general population is desirable. His qualifications should include:

1. Communication skills sufficient to relate meaningfully to clients—or a willingness to learn to communicate effectively.
2. Education and experience consistent with agency standards for personnel at this level.
3. Knowledge of deafness—its psychological, educational, social and vocational implications.
4. Rapport with the deaf community.

Because of severe manpower shortages, it may not be possible to recruit readily counselors knowledgeable and experienced with deaf people. Therefore, recruitment of counselors inexperienced in deafness should presume considerable commitment on the part of the agency to provide the counselor with necessary training opportunities to develop expertise.

D. Functions of the Vocational Rehabilitation Counselor for Deaf Clients. The RCD will carry out the same functions as any counselor providing state-federal VR services. In addition, the RCD will become involved with the deaf community, in order to provide outreach services and to be tuned to the problems of the deaf community within his geographic area. He will keep the SCD advised of the resource gaps in his area, and cooperatively
plan with him in developing the necessary resources. In addition, he will serve as a consultant on deafness to his fellow counselors.

E. Counselor Aides/Interpreters. Because of shortages of specialists on deafness, administrators may wish to utilize counselor aides who have skills in communicating with deaf persons but do not have the academic qualifications to be counselors. Caution should be exercised to be certain that the counselor aide or interpreter does not supersede the counselor’s role. A job description should clearly outline the extent of the counselor aide’s responsibilities; his primary role is to perform those functions assigned to him by the counselor. The primary function of the aide is to provide the communication linkage between deaf client and resource personnel.

F. Special Considerations. The casework supervision, approval of financial and rehabilitation plans, and case review of the RCD should be clearly expressed in the agency manual. Many times confusion exists as to who should supervise the RCD—district supervisor or SCD. The assignment of supervisory role to a line or a staff person ought to be spelled out to the appropriate parties.

A second factor relating to serving deaf clients is time. Caseload assignments for the RCD take into account the following:

1. The communication factor. Interviews may take longer and allowances should be made for adequate time to effect communication in the service process.

2. The dearth of knowledgeable resources. The counselor will need to spend greater time in the development and education of resources on behalf of his client.

3. The limited use of the telephone with deaf clients. Deaf clients cannot easily be contacted for appointments, job leads, etc. Counselors may need more time to make contacts in person (travel time) or by letter. A growing number of deaf persons have access to a TTY phone unit; the agency should install such units for improved communication linkage to the deaf community.

4. Isolation of the deaf population. Deaf persons may be unaware of available services. Thus more time-consuming outreach is necessary. Caseload requirements should reflect such activity.

5. The complexity of placement. Placement of deaf persons is a difficult process requiring more than mere referral of the client. Often, it involves on-the-spot assistance to the deaf client in job seeking, filling out the application, etc. An educational program for prospective employees is a frequent prerequisite to successful placement.

G. Recruitment. The recognized shortage of qualified personnel needed to serve deaf persons underscores the need to develop and sustain a program for the recruitment of capable individuals into the professional fields serving deaf persons. The SCD should assist local administrators in evaluating applicants when RCD and other specific positions are available. Educationally and otherwise qualified deaf persons deserve special attention in filling these positions.
Paraprofessionals may play a significant role in extending services beyond the present availability of professional manpower. Interpreters and counselor aides who have working knowledge about and rapport with the deaf community may supplement and assist in the implementation of a rehabilitation program. Able deaf, as well as hearing, individuals should be encouraged to apply for counselor aide positions. Skillful selection of such individuals and provision of inservice training to provide opportunity to secure professional competency opens the "career ladder," and further reduces critical manpower shortages.

H. Training. The phase-out of federal funding for university training programs substantially adds to the manpower shortage, thereby increasing the need for the State agencies to provide inservice training and staff development programs. State VR agencies should develop long-range training plans, including earning of degrees, and should provide for development of regularly scheduled inservice training experiences for all staff involved with deaf persons.

In addition to the basic skills of rehabilitation counseling, other special skills are essential to an effective service program for the deaf community. Critical skills which the RCD must possess include:

1. Proficiency in sending and receiving manual communication.
2. Knowledge of the special psychological and sociological problems of adventitiously and congenitally deaf persons.
3. Ability to assist in the evaluation and adjustment aspects of rehabilitation casework with deaf persons and to discern the deaf individual's real abilities and potential.
4. Skill in guiding the deaf person to his best achievement with the resources available inside and outside the community setting.

Another conspicuous training problem is the preparation of interpreters. Until very recently, interpreters received no instruction in interpreting. The first manual on interpreter training was published in 1973, and the first certification examinations also took place in 1973. Programs to teach interpreting—as distinguished from teaching manual communication only—are now being established throughout the country. State agencies can look to these programs in their area to relieve the interpreter shortage and to upgrade the existing level of this service. If these programs are not presently available, the State agency should encourage their establishment.

V. State Advisory Council on Deafness

The State Advisory Council on Deafness is a vital component in the plan. Deaf persons ought to participate in the shaping of programs that affect them. Since deafness is an invisible disability, the deaf person's needs are often overlooked. The Council and the improved intrastate communications arising from it will help to assure that more deaf persons are identified and served and that, in general, they will attain more secure vocational and life adjustments.
A. **Purpose of the State Advisory Council on Deafness.**

1. Gather data on existing services for deaf people in the State.
2. Evaluate annually existing services for deaf people in the State.
3. Make recommendations relative to unmet service needs of deaf people.

Among the specific functions of the committee will be the following:

a. conducting financial planning to insure that funds adequate to the needs of deaf clients are allocated.

b. obtaining equal opportunity for deaf people to partake in all rehabilitation services;

c. undertaking cost-benefit studies for deaf clients having different achievement levels;

d. performing an advocacy role to assist deaf clients in developing fully their physical, social, psychological, educational and vocational potential (i.e., access to effective mental health services, treatment by law enforcement agencies and judicial bodies, vocational and adult educational program, community health services, public assistance agencies, and placement agencies).

B. **Composition of Advisory Council on Deafness.**

1. All councils should have representatives from the following groups:
   a. deaf consumers—representatives from the state chapters of the National Association of Deaf, alumni associations of schools for the deaf, religious organizations of the deaf, etc.,
   b. parents of deaf children—include both hearing parents of deaf children and deaf parents of deaf children.
   c. previous or present deaf vocational rehabilitation clients,
   d. administrators of schools for deaf children,
   e. VR agencies.

2. Following are examples of other groups or agencies which could also receive representation:
   a. service program of the developmentally disabled,
   b. Registry of Interpreters for the Deaf,
   c. community mental health programs,
   d. law enforcement agencies and judicial bodies,
   e. vocational and adult education,
   f. community health,
   g. social services,
   h. placement agencies,
   i. employers of deaf people,
   j. noneducational facilities serving deaf people.

C. **Operation of the Advisory Council on Deafness.**

1. Organization. There are at least two ways in which input from the
Council could be delivered to the State vocational rehabilitation director: (see Figures 1 and 2.)

a. recommendations to go directly to the director, or

b. the chairman of the Council could be a member of the advisory group on all rehabilitation services. The chairman would submit the Council's recommendations to the latter, which would then make recommendations to the VR administrator.

Figure 1. Possible Organizational Structure, I.

![Organizational Structure Diagram]

*Only the chairmen of these subcommittees are members of the State Advisory Council for Rehabilitation Services. The chairman of the subcommittee then appoints additional members with appropriate expertise who can assist him. The statewide planning staff support and coordinate all Council and subcommittee efforts.
2. The Council should meet frequently enough to be an effective force. To encourage participation by deaf consumers, meetings might be held on weekends.

3. Non-agency representatives should be reimbursed by the State for expenses which they incur during attendance in advisory meetings (i.e., costs of loss of work and maintenance).

4. The VR agency should provide staff support to the Council.

D. Other recommendations regarding the Advisory Council on Deafness

1. VR administrators are encouraged to review the recommendations regarding this subject made by the CSAVR’s Committee on Services for the Deaf.

2. The SCD should have a specified role with respect to the Council, in order to facilitate communication among all interested parties.
VI. Interagency Cooperation

Deafness affects an individual’s entire spectrum of life activities. Because both public and private services are not easily accessible to deaf people as a result of the problem in communication and the general lack of public understanding of their special needs, the resources of agencies other than the VR agency must be explored and developed.

Experience has shown that deaf people frequently approach the VR agency for types of services that are not strictly appropriate to the State-federal VR programs. This is partly due to: (1) the fact that VR agencies have attempted to secure specialized staff for serving the deaf; (2) the VR agency has a specific, concrete objective (i.e., work) to offer which no other agency has the responsibility and/or the expertise to provide; (3) the resources of education for the deaf have been limited in preparing a deaf person to function in the world of work; and (4) generally no other public or private agency has made a concerted attempt to serve the deaf community.

Since the VR agency is in fact the only public service agency with a legal base to meet the entire adjustment needs of the deaf clients insofar as they are conditions of appropriate employment and since it is not able, and should not try, to establish all of the necessary services, it must strengthen its mission through tapping the resources and shaping the responsibilities of other existing public and private programs.

The formal statement of cooperation is the instrument that will accomplish these objectives. It should include, in addition to the usual agreements, clear provision that the cooperating partner will provide meaningful services through staff who are able to communicate with deaf clients.

Following is a partial listing of public and private resources to be considered in developing a plan for serving the needs of deaf persons in the VR process:

- Social Security Trust Fund Program.
- Public Welfare. Specifically the resources of Title XIX, as well as relating to the overall PA/VR effort under Expansion in Grants.
- State and Community Mental Health Programs.
- Religiously Affiliated Deaf Organizations. Many of these organizations provide family and marital counseling.
- Legal Aid.
- United Fund Affiliates.
- Adult Education.
- Public Schools.
- State Residential Schools for the Deaf.
- Rehabilitation Facilities. Diagnosis, evaluation, and work training.
- Sheltered Workshops. Work evaluation and work training.
- Specialized Training Institutions. For example, Gallaudet College, NTID, Delgado, TVI (St. Paul), Seattle Community College.
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— Hearing and Speech Centers.
— Multi-Service Centers. Coordinating centers for deaf clients.
(See also Chapter VII.)

Some specific mechanisms for developing relationships with public and/or private agencies are:

1. Third-Party Cooperative Funding. This is a popular way for financing joint programs. VR can establish a unit within an institution providing direct services. Advantages include convenience to both the agency and the client, expedition of services, more effective screening for potential clients.

2. Cooperative Agreements. These assist in delineating roles and responsibilities for services among VR and other programs serving the same clients. This can prevent duplicating and overlapping of services, and insures continuity in the delivery of supplemental and complementary services.

3. Section 2 “Establishment Authority.” Allows for direct financing of focused program activities.

4. Vocational Education Act requirement of 10% expenditures of funds authorized to be expended for the handicapped.

VII. Special Facilities

Of top priority for consideration in responding to the need for agency cooperation in developing a State plan is the important matter of a comprehensive rehabilitation center for deaf people, particularly in large cities. There is a paucity of such centers designed to provide personal and social adjustment training, community counseling, and referral. In terms of planning, it should be important to keep in mind exploring opportunities for the establishment or development of such a center whenever possible in undertaking cooperative activities with other programs and agencies. The potential for upgrading already existing comprehensive centers to serve deaf clientele should be explored before development of a new center is undertaken.

The unique handicaps associated with prevocational deafness require two special service patterns for most deaf people:

1. Coordinating, referral, and supportive-counseling center. Deaf people seldom know about available community services that they may urgently need. A center of this kind in a metropolitan area helps deaf persons find needed services and provides extensive supportive counseling. Such centers are important vocational rehabilitation resources and have been established by section 4 (a) 2 (A) and Section 2 grants. Each State needs at least one center.

2. Adjustment centers. No complete programs exist although extensive adjustment services are the greatest vocational rehabilitation need of at least a third of the deaf population. Efforts in sheltered workshops and rehabilitation centers have not penetrated deeply enough. Since the high cost is a deterrent to any one state, regional centers are necessary, supported largely by state case-service purchases.
Because outside facilities are used by VR agencies for client assistance in nearly every phase of the rehabilitation process, it is difficult for deaf clients to receive adequate services. While the communication problem is at the heart of the matter, the unavailability of trained personnel who understand and interact with all levels of the deaf population is another important problem. In rehabilitation facilities, staff people trained in communication skills and knowledgeable about deafness are essential to an effective experience for the deaf client. If such people are not available, provision for interpreter services is an absolute minimum standard. This applies to both facilities directed by VR agencies and ones from which the agency purchases services.

**Diagnostic and evaluative** facilities need personnel who are able to assess a deaf person’s psychological, social, physical, vocational, and interpersonal strengths and weaknesses (i.e., psychologists, social workers, work evaluators, medical personnel, residential staff).

**Mental health** facilities need qualified personnel (psychiatrists, psychologists, counselors, ministers, etc.) who understand not only the deaf person’s communications but also his psychological and social needs.

**Sheltered workshops** will most likely serve deaf individuals with complex physical, emotional, and/or intellectual problems. The staff should be able to communicate even the most basic information to deaf clients and should be aware of the special handicapping effects of deafness connected with another disability.

**Adjustment** facilities require a staff capable of assisting deaf individuals to become aware of their environment and to be able to deal with it effectively in vocational, social, physical, and interpersonal situations.

**Postsecondary training and higher education** are discussed in Chapter III.

VIII. Deaf Community Development

The effectiveness of a public service relates directly to the responsiveness of its target population. The current superficial nature of VR services to deaf people is a case in point. The deaf population is relatively unsophisticated, uninformed, sociologically introverted. These circumstances, coupled with the sharp break in normal patterns of communication that isolate deaf people from the mainstream of social intercourse and seriously baffle the usual case worker, produce a social limbo that is unique among humans of normal intelligence.

The State VR agencies have a mandate to provide eligible disabled persons with equal opportunities. Equal opportunities are those provided to achieve the degree of independence that is appropriate to individual potentials. Equal opportunities do not materialize in sociological vacuums. Hence, the State VR agencies undertake unusual measures in outreach and advocacy to generate the essential awareness, demand and involvement upon which an effective State capability for delivery of meaningful services to deaf clients can be built.
Actions that will contribute materially to this prerequisite social evolution are:

1. Establish a firm schedule of visibility and availability of RCDs in clubs for deaf persons. The least pattern should provide for the RCD to be present regularly in the place in which deaf people congregate a suitable number of hours each week, a portion of which should be in the evening. Space for counseling interviews might be rented from the site, if the circumstances of the group indicate need for such support.

2. Organize and conduct seminars, workshops and other training projects aimed at developing leadership capability among deaf consumers and their associates.

Other activities appropriate for the deaf community and the State VR agency should also be undertaken. Deaf consumers should be encouraged to cooperate fully and perhaps initiate reasonable demands, while receiving the agency’s support and supporting the agency which will ensure that enlightened requests and informed presentations are being made.

IX. Communication: National-State-Local

Every statewide plan for VR services to deaf persons will be dependent upon, and contribute to, improved communication between national, State, and local authorities, both public and private. As proposed herein, a model statewide plan will include diverse facets relating to population characteristics, advisory mechanisms, interagency relationships, rehabilitation procedures, and manpower patterns. Given these complex planning elements which must be addressed in all states, two systems of communication develop to insure the effectiveness of implementation.

First, methods of exchange of information within States between and among public, private, State and local agencies must be devised. This communication system will open the model plan to all relevant agencies for their input to priorities, strategies, and planning decisions. Each plan should specifically address communication needs with the State, proposing strategies for drawing upon existing organizations such as state chapters of the Professional Rehabilitation Workers with the Adult Deaf (PRWAD) and the National Association of the Deaf (NAD). Even more importantly, where existing organizations are embryonic or nonfunctional, the plan should recognize that stimulation of such groups is a necessary aspect of deaf community organization and is a proper role for the statewide coordinator (See Chapter VIII).

A second communications system should extend from the state level to regional and national organizations, including the national organizations of deaf consumers and the regional and central offices of RSA and other relevant agencies. Communication exchanges among States should be an aspect of this second network. On some occasions, such as regional conferences or specific inquiries, exchanges might be limited to a region or between two or three States. Improved statewide planning for all States will result,
however, if State-to-State and intraregional communication exchanges are “programmed” and shared with all appropriate States. Thus, it would be preferable for coordinators within a region to organize for the purpose of regular meetings (perhaps at regional conferences of professional organizations) where specific transmittal of plans from States to the regional and federal offices of RSA will permit excerpting of information for national and regional profiles, and for use in interpreting statistical data.

These communication observations are based on the assumption that there should be some national uniformity in level of services to deaf persons. Since resources vary widely and are scattered, communication on the elements of State programs should be an integral part of assembling regional and national inventories. These inventories should not be mere compilations of “who is doing what and how” but should be used regionally and nationally to provide feedback to the States. Communication should occur on parallel tracks, at all levels.

An approximation of the multiple communication linkages that should encompass State planning is provided in Figure 3. The lines in the illustration should be viewed as two-way communication. The key man in the diagram is the state coordinator. He should act, with the knowledge and support of his administrator, to establish and maintain linkages with all of the other agencies outlined.

Missing at present from state planning for deaf clients is a systematic, technical-assistance function. This role should include consultant and information clearinghouse activities, and utilization of meetings, workshops, and similar capacity-building efforts. The central office of RSA, while ideally situated for some aspects of this role, cannot meet the total needs for the ongoing and highly specialized assistance that is required in many areas of planning for services to the deaf population. Nor can regional offices fill the void. Rather, there is a need for some national reference point in planning and services, with technical-assistance capacity available as a component of the model statewide plan. It should be identified and become a part of the National State-Local Communications System on Deafness (Figure 3). As these linkages improve, so too will all of the elements noted in the model statewide plan for deaf people.
Figure 3. National-State-Local Communication System on Deafness.

Legend

- Technical Assistance (Projected national technical assistance facility, including consultants, workshops, materials, etc.)
- Direct communication of PFP directives.
- Consumer support and advocacy; e.g., COSD, NAD.
- Professional organizations; e.g., CSAVR, NRA, PRWAD.

Line relationships

Advisory relationships
M.H. – Mental Health agencies
B.E.H. – Bureau of Education for the Handicapped
D.P.W. – Department of Public Welfare

C – Counselors
SCD – State Coordinators for the Deaf
RO's – Regional Offices
DS – District Supervisor
APPENDIX I

STATEWIDE PLANNING FOR THE DEAF
Richard P. Melia

Planning for the deaf has been the subject of numerous meetings over the past few years. Why, then, should yet another meeting be held? What goals have not yet been addressed?

It is true that we have had excellent conferences and recommendations on planning for the deaf. Nevertheless, our direction is not clear. Past conferences and committees have shown that there are substantial areas of agreement. Yet, basic assumptions have not been set down. We have recommended that "model state plans" for the deaf be established, but we have not presented specifics of what these would be.

This paper is presented as an overview of the subject area to help guide discussion. It proposes to identify basic areas of agreement on what statewide planning (SWP) for the deaf should be, and how to achieve it. A basic premise is that planning for the deaf must be accomplished within the framework of the VR program, but that the needs are broader than traditional VR practices and, as such, warrant special planning attention.

I. The Need for Statewide Planning

It may be that a part of the fascination many deaf leaders have held for statewide planning (SWP) dates back to the prominence SWP had in the early and mid 1960's in rehabilitation as well as several other areas. The summary by Gehrke of the famous 1967 Las Cruces, New Mexico, National Conference for Coordinating Rehabilitation and Education Services for the Deaf, for example, was captioned "Bring the Deaf into Statewide Planning." It read:

Much comment was made in our group discussions as to statewide planning. To those of you who may not be aware of it, there is a project for statewide planning going on within your state at the present time. If you are uncertain as to whether the deaf are represented on these committees, either the statewide committee or regional committees within the state, I think you should be sure to contact your state rehabilitation administrator. Find out whether or not the deaf are represented, and how they may be able to work with the state planning agencies undertaking these planning projects (OTT, 1967).

Mr. Melia is Special Assistant to the Commissioner, Rehabilitation Services Administration.

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Events which followed Las Cruces indicate that while the idea of deaf SWP retained its favor, implementation of SWP encountered obstacles. The 1966-1968 SWP in vocational rehabilitation resulted in recommendations in many states which related to services and continued planning for the deaf. However, few states provided for ongoing SWP for the deaf, either as a part of continued overall SWP, or as a special area of attention.

Even more significant, while the consensus grew that SWP for the deaf was needed, no common patterns emerged to command attention on the important questions of who should plan, how to plan, and what to plan. More-than-ever, in the late 1960's, SWP for the deaf represented an ideal rather than an accepted process with readily identifiable components found in all states.

One outgrowth of the Las Cruces Conference was the large number of regional and state meetings held to provide opportunity for parents, state and local agency officials, and others in the deaf community to frame recommendations for future state programs for deaf persons. These conferences have no doubt contributed much to improved communications and increased involvement of and among parents and professionals in programs for the deaf. The many conferences have not resolved, however, the basic need for agreeing upon the essentials of SWP for the deaf, and how to achieve it.

While it is risky to build broad conclusions on only a capsulized list of planning activities, reports at the Delgado College Workshop indicated a range of activities underway to establish planning groups of various stripes, but little by way of viable strategies to incorporate ongoing SWP for the deaf within the emerging planning emphasis in rehabilitation agencies. The Las Cruces and Delgado meetings addressed the need for proving the existence of deaf persons in need. The awakening of both public officials and parents required the regional and state conferences which linked Las Cruces to Delgado. Some excellent results were achieved through this strategy; for example, the Arkansas R and T Center's *Deaf People in Arkansas in the Seventies: A Report of the Arkansas Statewide Conference on Coordinating Education and Rehabilitation Services for the Deaf*. Yet, conferences and committees are an ephemeral element in the total approach needed to institute SWP for the deaf in state government.

Thus, by 1971, the scene was set for strategies which would specifically address the question of how to build statewide planning for the deaf into the state structure. The need for statewide planning, as well as other problem areas in the rehabilitation of deaf persons, was set forth at the *Tarrytown Conference on Current Priorities in the Rehabilitation of Deaf People* in September, 1971:

*The problem.* State Vocational Rehabilitation agencies vary widely in the quality, quantity, and effectiveness of their services to deaf clients.

*The Need.* Services for deaf persons have not been given a high priority in State Vocational Rehabilitation agencies for a number of reasons. These include the current lack of a high priority for services to deaf people by the Social and Rehabilitation Service.
and the Rehabilitation Services Administration, the lack of understanding of the unique problems of deafness among State Agency administrators and others, the lack of any specific program guidelines or State Plan requirements by the Rehabilitation Services Administration, and the competition with other program priorities.

Recommendation. (a) That federal guidelines for the development of state plans pursuant to the Vocational Rehabilitation Act include the requirements for an appropriate vocational rehabilitation service for deaf clients. (b) That this state plan requirement be in the nature of a model for vocational rehabilitation services to deaf people. It must include provision for a statewide coordinating service to encourage fully the marshalling of the resources of all state and local programs that have a responsibility for and/or interest in deaf people. These programs are state schools for the deaf, state and local special education, vocational education, state employment service, and so on. Development and implementation of formal statements of working relationships between these agencies on behalf of deaf clients must be initiated by the State Vocational Rehabilitation agency within two years of the adoption of this state plan requirement.

The Tarrytown Conference also indicated the developing complexity of the SWP concept in deafness. Tarrytown, unlike many of the previous conferences, recognized that planning for the deaf at the state level necessitated linkages to ongoing federal planning strategies, to the organizations of parents and professionals concerned with services to deaf persons, and to increasingly complex state and federal laws affecting deaf persons in a variety of human services. The seven major headings in the Tarrytown report illustrates the wide range of topics which SWP for the deaf must address. These include: Administration, Organizations, Manpower, Facilities, Job Development, Communication and Research.

There need be no contradiction between the concept of a model planning approach and the wide range of areas in deafness requiring planning. Ideally, the planning function for programs for the deaf should be a component of planning activities in administration, in rehabilitation organizations, in manpower, in facilities, in job development, and in research and program evaluation. Clearly, while Tarrytown addressed the specific need of a model plan for the deaf, its documentation of the broad range of activities requiring planful development illustrates that statewide planning for the deaf must be addressed in several ways.

One functional element is a specialized planning locus to coordinate and stimulate planning across agency divisions and agency lines, advocating and coordinating the special needs of deaf persons. In the Developmental Disabilities Program, another planning area which crosscuts many programs and groups, this role has been called "leadership planning."

A second planning role must concern inclusion of the needs of the deaf in ongoing program planning. As ongoing program administration is likely to
be concerned with establishing priorities and distribution of scarce resources among program areas, this function may well be expected to be performed by the agency planning officer. In vocational rehabilitation, an ongoing Rehabilitation Services Administration priority is to improve state program and financial plans (PFP). If specific priorities for deafness are to find new expression in state agency planning, they should ultimately be expressed as components of the agency PFP; for example, as a specific number of positions or a target goal of rehabilitations, or as action steps in the plan’s narrative.

A third element suggested by Tarrytown’s juxtaposition of the specific need for model plans, and the wide range of subjects and organizations outlined, is the need for strong ongoing support for a balanced planning approach. This last point is perhaps the key outgrowth of the many conferences and papers that have been written on SWP for the deaf. If special committees, conferences, parents’ groups, and the like can be thought of not as a substitute for planning, but rather as a communications linkage to planning—local, state and national—then, the ingredients for an approach to model state planning for the deaf are at hand.

A number of recent planning developments, conferences and committees may be quickly reviewed to indicate that major pre-planning components are in place. We may be only awaiting the direction for a clear and concise path of action to allow statewide planning for the deaf to really take hold.

These healthy signs for statewide planning for the deaf include:

- An NRA Task Force on Rehabilitation Services to the Deaf has dealt with issues such as NRA involvement with the deaf, more visibility for deaf persons within the NRA structure, more information on deafness in NRA conventions and in their publications, and NRA’s role as an advocate for the cause of deaf people. The task force met several times prior to the time of the NRA National Conference and has worked closely with organizations of and for the deaf and with the CSAVR Committee on Vocational Rehabilitation Services for the Deaf.

- The Council of State Administrators of Vocational Rehabilitation (CSAVR) has established a Committee on Vocational Rehabilitation Services for the Deaf.

- The CSAVR committee, together with the Arkansas Rehabilitation Research and Training Center, sponsored in February, 1972, *A National Conference on Rehabilitation Services for the Deaf*, which provided specific staffing and program recommendations for DVR services to deaf persons. Many of these recommendations, prepared by State Directors, Educators for the Deaf, and Program Specialists with the Deaf, relate directly to state program and financial plan considerations.

- An FY 1973 operational planning objective is to prepare a model statewide plan for vocational rehabilitation services to the communicatively disordered.
In June, 1972, A Conference of State-wide Coordinators of Vocational Rehabilitation Services to the Deaf was held at Airlie House, Virginia. Recommendations and discussion from this conference complement the CSAVR-Arkansas Conference and the RSA objective by providing specific indications of the implementation of the statewide coordinator role.

Between December, 1972, and June, 1973, “Operation TRIPOD” workshops have been held for all ten federal regions. Parents, educators and program specialists have participated in TRIPOD, setting a base for grassroots support of SWP for the deaf.

A long-needed planning base is now available in the form of the detailed data of the National Census of the Deaf. The Census will make it possible for detailed evaluation of program outreach, staffing justifications, services coordination, and other major program planning areas.

These several activities all point to the necessity of bringing together what we are now sure of in statewide planning for the deaf. The time is ripe for initiating a model planning approach with specific components that may be acted upon and reacted to by state directors, parents and other constituency groups, and the federal government. The examples cited above indicate that these parties are supportive of the concept of statewide planning for the deaf. There is no question of that fact. Areas of concern are likely to arise in relation to specific objectives or methods. These potential trouble spots should not be a deterrent to action, but rather should be clearly identified wherever possible for debate.

II. Potential Directions for SWP for the Deaf.

In the discussion in Part I above, three different, but interrelated planning considerations were identified. One consideration focused on administrative and program planning activities—the Program and Financial Plan (PFP) type of planning. Another suggested a specialized look at programs and problems of deaf persons, and action across division and agency lines to coordinate, influence, and redirect priorities—the “leadership planning” or advocacy role. A third planning consideration was the opening of the planning process to the deaf community—the support function for sustained, continuing planning activity.

However these elements might be listed or described, it is difficult to imagine statewide planning for the deaf that does not have an explicit or implicit policy for handling each element. The need at present is to set forth a range of planning activities or procedures suggested under the identified categories. Then, the checklist of questions and/or activities can be reviewed by State Directors, Program Specialists for the Deaf, educators, and constituency/parent groups. Ideally, such a process should draw out a state’s policy, whether explicitly stated or implicitly practiced.

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A. Program and Financial Plans for the Deaf

In the state-federal VR program, the PFP is used to identify priority service target groups. The instructions read as follows:

Priority Service Target Groups:

Provision is made here for estimates as to the numbers of persons to be served and rehabilitated within designated Federal priority service target groups for each Fiscal Year included in the Plan. The Federal priority service target groups are: (a) Disabled Public Assistance Recipients; (b) Disabled Public Offenders; (c) Alcoholics; (d) Drug Addicts; (e) Severely Disabled. In addition, State agencies may at their discretion designate State priority service target groups (lines f and g). The same person may be included in more than one target group if he meets the criteria for more than one.

In determination of priority target group estimates, consideration should be given to special funds reserved for services to these groups.

A model SWP approach for the deaf might call for a uniform and continuing assessment for planning of the numbers of deaf persons in the universe of eligible persons, the number of these to be served, and of those served, the number to be rehabilitated. SWP informational suggestions such as these could be tied to the National Census, and could show how resources for the deaf were meeting overall needs.

Other PFP type considerations could identify classes of personnel for services to the deaf:

- Supervisory and statewide coordinators
- Counselors — General and specialized
- Other professionals, such as consultants, physicians, psychiatrists, psychologists
- Technicians, aides—such as interpreters, placement specialists
- Staff in state DVR agency operated facilities available for deaf persons

Similarly, the PFP for the deaf, whether or not a part of the agency’s overall PFP submitted to the Federal government, could be used to present a narrative justification of programs for the deaf. In the Basic Assumptions and Guidelines for State VR Agency Program and Financial Plan, the narrative justification is prescribed as follows:

The narrative justification of the Program and Financial Plan is of considerable importance to both the State Director and to the Commissioner, Rehabilitation Services Administration. The narrative provides the State Director a forum from which to present an overview of the State’s rehabilitation program and to review past accomplishments. It also provides an insight on the present program, goals for the future, problem areas, program trends in the State, and other matters of importance to the State agency.
To the Commissioner, Rehabilitation Services Administration, the narrative provides information of tremendous importance for the determination of nationwide direction of the program, the designation of disability categories and target groups for priority services, the analysis of trends within the program and the general administration of the program.

Anticipated State legislative or administrative action affecting the organizational structure or jurisdiction of the agency should be described as well as other anticipated events or activities that will favorably or unfavorably affect program performance.

The area of services for deaf persons is significant enough among state agency concerns to warrant a continuing narrative of the scope outlined above. The purpose of preparing such a document might differ from the agency PFP, yet, the need is evident. If such documentation existed it could provide a basis for linking the State Director, state program specialists for the deaf, planning staff, and constituency groups. Assistance in the preparation of the plans could be made available by Regional Offices, and perhaps, over time, by a formal program of technical assistance in planning analogous to the new Developmental Disabilities National Technical Assistance Project.

A PFP approach could also be used to assure that special provisions for the deaf are included in the following areas:

- **Rehabilitation Facilities.** A description of the role of rehabilitation facilities as they relate to agency goals and objectives for the deaf established within the Program and Financial Plan.

- **Third Party Funding Programs.** A review of the nature and extent to which the State agency has entered into third party arrangements with other public agencies for program expansion and funding purposes relating to the deaf.

- **Staff Development and Training.** A discussion of the agency’s policy in regard to procurement of staff needed to attain goals for the deaf set forth by the Program and Financial Plan. Ongoing in-service training programs to assure staff proficiency would be included.

- **Research Utilization.** A review of the nature of any current or planned rehabilitation research being conducted on deafness under the jurisdiction of the State agency. Areas where additional research could be beneficial to the rehabilitation program would also be identified.

- **Beneficiary Rehabilitation Program (Trust Funds).** Accomplishments, problems or special staffing and administrative arrangements in the program relating to deafness and communicative disorders would be included.

- **Aging Program.** Agency programs especially geared to meet the rehabilitation needs of older deaf clients (65 years of age and over) would be reviewed.
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- **Supplementary Security Income Program (Title XVI of SS Act).** Provision for the deaf under the SSI program would be identified, and issues framed for VR and Social Security.

- **Funding Resources Other than VR.** Identification of the different funding resources being utilized by the State VR agency other than VR resources (such as Medicaid, Title IV of the SS Act, etc.) in the rehabilitation of deaf individuals. Would also indicate the impact that these resources have on the total resources available for deaf persons.

- **Interagency Cooperative Programs (including cooperative school programs).** The narrative justification should include an evaluation of agency involvement in interagency cooperative programs for the deaf, such as urban and rural poverty, education, crime, unemployment, etc. Discussion should include agency program efforts in relation to the Model Cities legislation, Office of Economic Opportunity, Cooperative Area Manpower Planning System (CEP), Manpower Development and Training Act (MDTA), Work Incentive Program (WIN), and other Federal, State, and local manpower programs.

- **Program Evaluation.** Review of techniques employed to review program efficiency, effectiveness and utilization of resources. Of particular importance are methods and procedures employed for self-evaluation. Indicate studies underway and perhaps percentage of rehabilitation for follow-up on quality of rehabilitations and/or deficiencies that may require resolution.

A number of administrative difficulties can be anticipated in establishing a PFP type of model SWP for the deaf. Many states do not presently have a strong state DVR planning staff. The existing planning staff, in all likelihood, is not knowledgeable about deafness. If a statewide coordinator for the deaf is present, he probably is overwhelmed with administrative and supervisory, and perhaps direct case responsibilities. It may be, that to present specific and feasible goals for improving planning for the deaf along the lines outlined above, different strategies may have to be used with different states. If a “checklist” of planning activities for the deaf can be designed, however, it should serve as a basis for cooperation between agency planning staff, the State Director, and program staff working with deaf persons.

**B. Leadership Planning for Deaf Persons.**

A research report prepared for the DHEW administered Developmental Disabilities program, entitled the *Roles and Functions of State Planning Systems*, identified a concept called leadership planning:

Leadership-planning, as embodied in the DD Act and regulations, is best described by its components, which include: coordination
of services; statewide or comprehensive planning and evaluation; data-gathering and/or studies; the building of effective and influential state advisory councils; and establishment of liaison and other forms of cooperative arrangements among existing agencies. Some components of L-P are not specifically mentioned in present law but form an important basis for the effectiveness of leadership-planning efforts. One component is the heightening of awareness of the developmentally disabled and their needs among the general public, legislators, administrators, and the professions. Another is the undertaking of community organizations on behalf of the disabled. Such efforts were primary elements of early state planning for the retarded and remain fundamental to sound statewide efforts within the context of the DD Act. The overall term leadership-planning is used throughout this report to distinguish this responsibility and its components from those planning responsibilities of DDV's associated with the administration and management of direct service and grant-in-aid programs.

The Developmental Disabilities Report went on to note that the "leadership planning" role presents a difficult challenge to state officials, "for it requires them to help generic and specialized organizations to change their existing policies, priorities, attitudes, and patterns of operation." A basic distinction can be drawn, it appears, between leadership planning and the PFP type planning outlined above. The latter emphasizes the form of a plan, the periodic statement of resource allocation, training plans, program targets, and the like. These would seem to be essential to SWP for the deaf. Leadership planning, however, would go beyond these elements and reach out in an advocacy role across public/private, intra-and-inter-agency, and professional/consumer groups.

One might envision most aspects of PFP type planning being carried out by a DVR planning staff, with input provided by program specialists for the deaf. Leadership planning implies an advocate role, however, which, while it might be carried out on occasion by a state director or other state leaders, would be expected to fall to program specialist staff such as the state coordinator.

It may be of fundamental importance for those who advocate SWP for the deaf to identify and specify the significance they assign to leadership planning. If a true leadership planning role is desired, the duties of the State Coordinator for Services to the Deaf and program staff for the deaf should be described to reflect the leadership planning role. The Coordinator's role would be ongoing, authoritative, linked to the State Director, and sufficiently unencumbered by administrative and technical duties to permit a viable role in leadership planning activities such as consultation services to generic or other state agencies, educating the public on the problems and the potentials of deaf persons, and inducing employers to provide job opportunities for the deaf. The role could appropriately extend (with the obvious concurrence of State Directors) to technical assistance, legislation, courts and specialized agencies such as taxation bureaus, where the necessity of
addressing the special needs of the deaf exist, but knowledgeable staff do not.

It would seem to make more sense, if leadership planning is desired, to pose these dimensions of the role and gain approval for them, rather than defining the coordinator's role narrowly, and then seeking to undertake leadership planning. The leadership planning function should not be thought of as a substitute for a strong coordinator role in supervising services delivery, hiring and placement of staff, and interface with PFP planning. However, if these functions can be identified and stabilized (through job descriptions, routinized procedures, administrative support, and the like) then the full coordinator role can be achieved. It should, perhaps, be the ideal to be sought.

C. Citizen Support and Statewide Planning for the Deaf.

In the discussion in Part I above, the need for strong, ongoing support for a balanced planning approach was mentioned. It was noted that conferences, special committees, and parents' groups should not be viewed as a substitute for planning, but rather as a vital source of input for planning. There is an urgent need for community organization and improved processes of communication among the deaf community and between the deaf community and the decisionmakers who plan, legislate, and administer services for deaf persons. This need should not be viewed, however, as a separate and distinct process goal. Rather, community organization and citizen participation by the deaf community should be seen as instrumental, among other contributions, to the goals of statewide planning for the deaf.

At the Tarrytown Conference, for example, the following observation was made:

Consumer groups and organizations are becoming more and more influential in shaping federal and state service programs. This is a constructive development since consumer involvement results in more meaningful services. The Tarrytown Conference recognized the importance of the contribution of organizations of and for deaf people in the development of more meaningful rehabilitation services for the deaf community.

Five areas of need were identified, each of which was seen as expressive of basic problems encountered by deaf persons and their advocates in organizing to influence or augment the provisions of services to deaf persons:

1. There is a need for counseling and other supporting services for parents of deaf children to help them cope successfully with the problems inherent in raising a deaf child.
2. There is a pressing need for local organizations of and for deaf people to consolidate and coordinate their activities in a manner that will result in greater efficiency and impact in efforts to obtain community services for deaf people.
3. Lines of communication need to be established to and from agencies at all levels which are involved with problems of deafness;
between such agencies and the deaf persons themselves; between deaf persons and members of the family constellation; and between all elements comprising the deaf community and the public at large.

4. Because adequate services to deaf people can best be achieved through joint efforts involving the providers of services and the consumers of these services, it is critical that deaf community leaders upgrade the quality and quantity of their activities. This can be encouraged by providing these leaders with proper training.

5. Deafness is an invisible handicap. Because of this, the needs of deaf people are often overlooked by legislative and administrative bodies, which tend to favor action on behalf of the handicaps which have more political appeal. There is a need for organizations interested in helping deaf people to develop and use their political potential.

The challenge in statewide planning for the deaf will be to undertake PFP planning and leadership planning within the context of an underdeveloped, yet potentially potent and expressive citizen support base in the deaf community. This challenge suggests that the PFP process and the leadership planning process should become the setting for leadership development of parents and other potential deaf community spokesmen.

At Tarrytown, a number of recommendations addressed the need for quasi-formal training settings to develop and foster the citizen support base needed in the deaf community. For example, recommendations read:

- That the Office of Education and the Social and Rehabilitation Service fund short-term training programs designed to provide citizens in the deaf community with greater expertise in leadership. These training programs should be carried out through a voluntary consumer organization such as the National Association of the Deaf in cooperation with appropriate universities.

- That the Office of Education and the Social and Rehabilitation Service fund a series of national and/or regional workshops for the purpose of developing comprehensive guidelines that would provide direction in the establishment of counseling programs for parents of deaf children throughout the country.

There can be little doubt that skillful conference planning and short-term training courses (e.g., TRIPOD) can contribute much to organization of the deaf community. It may be unrealistic, however, to continue to think narrowly in terms of federally sponsored training to accomplish highly desirable organization goals. Instead, we should, perhaps, be exploring the possibilities that the planning processes of SWP for the deaf should become both the learning experience and an expressive opportunity for the deaf community.

This would require an organizational base linked to, but independent of, the state DVR and other state, local, and federal agencies. This
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An organizational base would be needed to allow independent review and advocacy; it could also provide a setting within which skilled organizers could work freely with the deaf community. At Tarrytown a possible locus was identified in two recommendations:

— That guidelines for effective political action by organizations of and for deaf people be developed and disseminated. The Council of Organizations Serving the Deaf would be a logical choice to spearhead the development of these guidelines.

— That local organizations of and for deaf people consolidate their efforts by establishing a local Council of Organizations Serving the Deaf, and use their combined capabilities to secure appropriate community services for deaf people.

To look ahead, one might see leadership training activities, such as local or state TRIPOD conferences, organized with support from both state sources and COSD, utilized as a setting for discussing the targets, priorities, narrative justifications, and other activities of ongoing statewide planning for the deaf. COSD chapters would also digest, disseminate, and channel comments on state plans, or lack thereof, to and from the deaf community. There would be considerable citizen interaction, or "process", but process alone would not be the end product. The continuing goal would be sustained and organized support for a planning stance for services to deaf persons in rehabilitation and other significant areas.

CONCLUSION

This paper has attempted to review the recent history of statewide planning for the deaf, and, from that experience, present some observations that might be a basis for future SWP. Its basic assumption has been some common denominators, some minimum requirements, should be gathered together into a guide or proposal format for consideration by the deaf community.

It is hoped that those persons most familiar with the challenge, responsibility, needs, and resources for improved planning for the deaf will react frankly and openly to these ideas. It may well be that we have arrived at the threshold for sustained action in the planning and organization of services for deaf persons.
### Table 2

<table>
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<th>Major Disabling Condition of Clients Rehabilitated by State VR Agencies, FY 1966-1970</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
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<td>7,171</td>
<td>3.0</td>
<td>6,746</td>
<td>3.3</td>
<td>5,440</td>
<td>3.1</td>
<td>6,284</td>
<td>6.1</td>
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<td>Blindness, both eyes</td>
<td>7,364</td>
<td>2.9</td>
<td>7,105</td>
<td>3.0</td>
<td>6,469</td>
<td>3.2</td>
<td>6,116</td>
<td>3.5</td>
<td>5,968</td>
<td>3.9</td>
</tr>
<tr>
<td>Other visual impairments</td>
<td>15,056</td>
<td>5.9</td>
<td>13,411</td>
<td>5.7</td>
<td>11,749</td>
<td>5.8</td>
<td>9,895</td>
<td>5.7</td>
<td>8,474</td>
<td>5.5</td>
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<tr>
<td>Orthopedic</td>
<td>45,688</td>
<td>17.8</td>
<td>43,589</td>
<td>18.5</td>
<td>39,796</td>
<td>19.4</td>
<td>36,218</td>
<td>20.9</td>
<td>40,533</td>
<td>25.5</td>
</tr>
<tr>
<td>Absence/amputation of extremities</td>
<td>9,653</td>
<td>3.9</td>
<td>9,645</td>
<td>4.1</td>
<td>9,520</td>
<td>3.7</td>
<td>9,587</td>
<td>4.1</td>
<td>9,790</td>
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<td>63,267</td>
<td>24.7</td>
<td>54,531</td>
<td>23.2</td>
<td>40,158</td>
<td>19.6</td>
<td>27,987</td>
<td>16.1</td>
<td>21,991</td>
<td>14.3</td>
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<tr>
<td>Mental retardation</td>
<td>30,356</td>
<td>11.8</td>
<td>26,762</td>
<td>11.4</td>
<td>21,775</td>
<td>10.7</td>
<td>17,724</td>
<td>10.2</td>
<td>14,293</td>
<td>9.3</td>
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<tr>
<td>Speech impairments</td>
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<td>0.9</td>
<td>2,214</td>
<td>0.9</td>
<td>2,067</td>
<td>1.0</td>
<td>1,924</td>
<td>1.1</td>
<td>1,625</td>
<td>1.1</td>
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<td>Heart disease</td>
<td>7,386</td>
<td>2.9</td>
<td>7,456</td>
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<td>7,387</td>
<td>3.6</td>
<td>5,989</td>
<td>3.4</td>
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<td>25.9</td>
<td>47,881</td>
<td>27.5</td>
<td>36,222</td>
<td>22.2</td>
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**Source:** "Characteristics of clients rehabilitated in FY 1966-1970." DHEW Publication No. (SRS) 72-25402
<table>
<thead>
<tr>
<th>Major disabling condition</th>
<th>Number Closed</th>
<th>Percent</th>
<th>Number Rehabilitated</th>
<th>Percent</th>
<th>Not Rehabilitated</th>
<th>Percent</th>
<th>Ratio</th>
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<tbody>
<tr>
<td>All disabilities</td>
<td>132,530</td>
<td>100.0%</td>
<td>256,544</td>
<td>100.0%</td>
<td>72,921</td>
<td>100.0%</td>
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<td>Hearing impairments</td>
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<td></td>
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<tr>
<td>Hearing impairments</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Deafness</td>
<td>4,074</td>
<td>3.1%</td>
<td>14,334</td>
<td>5.6%</td>
<td>1,745</td>
<td>2.4%</td>
<td>8.21</td>
</tr>
<tr>
<td>Unable to talk</td>
<td>665</td>
<td>0.5%</td>
<td>2,123</td>
<td>0.8%</td>
<td>462</td>
<td>0.6%</td>
<td>4.60</td>
</tr>
<tr>
<td>Able to talk</td>
<td>930</td>
<td>0.7%</td>
<td>3,792</td>
<td>1.5%</td>
<td>505</td>
<td>0.7%</td>
<td>7.51</td>
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<tr>
<td>Other hearing impairments</td>
<td>8,549</td>
<td>6.5%</td>
<td>15,056</td>
<td>5.9%</td>
<td>2,316</td>
<td>3.2%</td>
<td>6.50</td>
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<tr>
<td>Visual impairments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual impairments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blindness</td>
<td>2,569</td>
<td>1.9%</td>
<td>7,364</td>
<td>2.9%</td>
<td>1,545</td>
<td>2.1%</td>
<td>4.77</td>
</tr>
<tr>
<td>Other visual impairments</td>
<td>8,549</td>
<td>6.5%</td>
<td>15,056</td>
<td>5.9%</td>
<td>2,316</td>
<td>3.2%</td>
<td>6.50</td>
</tr>
<tr>
<td>Orthopedic impairments</td>
<td>30,194</td>
<td>22.8%</td>
<td>45,688</td>
<td>17.8%</td>
<td>14,156</td>
<td>19.4%</td>
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</tr>
<tr>
<td>Absence/amputation of extremities</td>
<td>2,090</td>
<td>1.6%</td>
<td>9,520</td>
<td>3.7%</td>
<td>1,723</td>
<td>2.4%</td>
<td>5.53</td>
</tr>
<tr>
<td>Mental illness</td>
<td>38,635</td>
<td>29.2%</td>
<td>63,267</td>
<td>24.7%</td>
<td>29,448</td>
<td>40.4%</td>
<td>2.15</td>
</tr>
<tr>
<td>Mental retardiation</td>
<td>10,037</td>
<td>7.6%</td>
<td>30,356</td>
<td>11.8%</td>
<td>7,629</td>
<td>10.5%</td>
<td>3.98</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>3,012</td>
<td>2.3%</td>
<td>4,228</td>
<td>1.7%</td>
<td>1,723</td>
<td>2.4%</td>
<td>2.87</td>
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<tr>
<td>Endocrine disorders</td>
<td>2,277</td>
<td>1.7%</td>
<td>4,437</td>
<td>1.7%</td>
<td>1,723</td>
<td>2.4%</td>
<td>2.87</td>
</tr>
<tr>
<td>Allergies</td>
<td>2,287</td>
<td>1.7%</td>
<td>4,471</td>
<td>1.7%</td>
<td>1,723</td>
<td>2.4%</td>
<td>2.87</td>
</tr>
<tr>
<td>Benign/unspecified neoplasms</td>
<td>10,037</td>
<td>7.6%</td>
<td>30,356</td>
<td>11.8%</td>
<td>7,629</td>
<td>10.5%</td>
<td>3.98</td>
</tr>
<tr>
<td>Mental retardiation</td>
<td>38,635</td>
<td>29.2%</td>
<td>63,267</td>
<td>24.7%</td>
<td>29,448</td>
<td>40.4%</td>
<td>2.15</td>
</tr>
<tr>
<td>Major disabling condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

Source: "Major disabling conditions of clients of State vocational rehabilitation agencies whose cases were closed during FY 1970." Statistical Notes. HEW-SRS-RSA, No. 30, June 1972.

Published by WestCollections: digitalcommons@wcsu, 1973

Schein: Model For A State Plan For Vocational Rehabilitation of Deaf Clients
## PROGRAM AND FINANCIAL PLAN FOR VOCATIONAL REHABILITATION AGENCIES, AVERAGE COST, ESTIMATED NUMBER

### TABLE 4

<table>
<thead>
<tr>
<th>Average Cost to Serve Clients — Closed Cases</th>
<th>FY 1973</th>
<th>FY 1974</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 1974</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Blind</td>
<td>4.27</td>
<td>4.27</td>
</tr>
<tr>
<td>2. Deaf</td>
<td>3.94</td>
<td>3.94</td>
</tr>
<tr>
<td>3. Drug Addiction</td>
<td>2.07</td>
<td>2.07</td>
</tr>
<tr>
<td>4. Heart Disease</td>
<td>1.70</td>
<td>1.70</td>
</tr>
<tr>
<td>5. Amputations &amp; Orthopedics</td>
<td>2.11</td>
<td>2.11</td>
</tr>
<tr>
<td>6. Mental Retardation</td>
<td>1.25</td>
<td>1.25</td>
</tr>
<tr>
<td>7. Alcoholism</td>
<td>1.90</td>
<td>1.90</td>
</tr>
<tr>
<td>8. Other disabilities</td>
<td>2.73</td>
<td>2.73</td>
</tr>
<tr>
<td>9. Digestive System Disorders</td>
<td>3.47</td>
<td>3.47</td>
</tr>
<tr>
<td>10. Epilepsy</td>
<td>4.13</td>
<td>4.13</td>
</tr>
<tr>
<td>11. Speech Impairments</td>
<td>5.10</td>
<td>5.10</td>
</tr>
<tr>
<td>12. Speech Impairments</td>
<td>5.27</td>
<td>5.27</td>
</tr>
<tr>
<td>13. Headache</td>
<td>4.74</td>
<td>4.74</td>
</tr>
<tr>
<td>14. Hearing Impaired</td>
<td>4.90</td>
<td>4.90</td>
</tr>
<tr>
<td>15. Heart Disease</td>
<td>4.07</td>
<td>4.07</td>
</tr>
<tr>
<td>16. All other disabilities</td>
<td>3.75</td>
<td>3.75</td>
</tr>
<tr>
<td>17. Total</td>
<td>2.94</td>
<td>2.94</td>
</tr>
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</table>

### Source

Source: DHEW Publication No. (SRS) 72-25402. Clients closed either rehabilitated or not rehabilitated.

Average cost will be obtained by averaging item 8.1, Part III, Form SRS-RSA-300.

Clients major disability category.

Average cost will be obtained by averaging item 8.1, Part III, Form SRS-RSA-300.

Average cost will be obtained by averaging item 8.1, Part III, Form SRS-RSA-300.

Clients major disability category.

Average cost will be obtained by averaging item 8.1, Part III, Form SRS-RSA-300.

Clients major disability category.

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Clients major disability category.

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Clients major disability category.

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Clients major disability category.

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Clients major disability category.

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Clients major disability category.

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Clients major disability category.

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Clients major disability category.

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Clients major disability category.

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Clients major disability category.

Average cost will be obtained by averaging item 8.1, Part III, Form SRS-RSA-300.

Clients major disability category.

Average cost will be obtained by averaging item 8.1, Part III, Form SRS-RSA-300.
Appendix II — (continued)

TABLE 5
SOURCES OF REFERRAL TO VOCATIONAL REHABILITATION OF
DEAF CLIENTS: UNITED STATES, FY 1971

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Number</th>
<th>Percent*</th>
</tr>
</thead>
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<tr>
<td>All Sources</td>
<td>6,580</td>
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</tr>
<tr>
<td>Individuals</td>
<td>2,628</td>
<td>39.9</td>
</tr>
<tr>
<td>Educational institutions</td>
<td>1,606</td>
<td>24.4</td>
</tr>
<tr>
<td>Self-referred</td>
<td>1,299</td>
<td>19.7</td>
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<tr>
<td>School for handicapped</td>
<td>806</td>
<td>12.2</td>
</tr>
<tr>
<td>Elementary or High School</td>
<td>654</td>
<td>9.9</td>
</tr>
<tr>
<td>Artificial appliance co.</td>
<td>523</td>
<td>7.9</td>
</tr>
<tr>
<td>Welfare agencies</td>
<td>379</td>
<td>5.7</td>
</tr>
<tr>
<td>Public welfare agencies</td>
<td>345</td>
<td>5.2</td>
</tr>
</tbody>
</table>

*Percent of total served; figures are not additive, because more than one referral source is listed for some clients.

Appendix III — SELECTED REFERENCES


*Roles and functions of State planning systems: preliminary report on a nationwide survey of developmental disabilities programs*. SRS Grant No. 93-75174/1, March, 1972.


Stewart, L. G. *Toward more effective rehabilitation services for the severely handicapped deaf clients*. Hot Springs, Arkansas: Arkansas Rehabilitation Research & Training Center, 1971.


